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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Political Action Committee of the American Association of Orthopaedic Surgeons 317 Massachusetts Avenue, NE ADDRESS (number and street) 1st Floor Check if different than previously Washington DC 20002 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00343137 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Х Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. William J. Robb, III, MD Type or Print Name of Treasurer Electronically Filed by William J. Robb, III, MD 04 13 2006 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

## **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 <sup>®</sup> D D 0 1 0 1 2006 0.3 3 1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 652130.44 January 1 (b) Cash on Hand at 652130.44 Begining of Reporting Period ..... 321712.71 321712.71 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 973843.15 973843.15 6(a) and 6(c) for Column B) ..... 213032.42 213032.42 Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 760810.73 760810.73 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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:

M M

From:

01

<sup>Y</sup> 2 0 0 6

To:

м м 0 3 <sup>D</sup> 3 1

2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	286460.00	286460.00
	(ii) Unitemized	33741.00	33741.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	320201.00	320201.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	320201.00	320201.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	1511.71	1511.71
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	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))	321712.71	321712.71
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	321712.71	321712.71

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS

Operating Expenditures:

Operating Expenditures:

Operating Expenditures:

II. DISBURSEMENTS	COLUMN A  Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal     Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	2532.42	2532.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	2532.42	2532.42
Transfers to Affiliated/Other Party     Committees	0.00	0.00
3. Contributions to Federal Candidates/Committees	210500.00	210500.00
and Other Political Committees  4. Independent Expenditure	210300.00	210000.00
(use Schedule E)	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
9. Other Disbursements	0.00	0.00
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
1. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	213032.42	213032.42
<ol> <li>Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)</li> </ol>		
from Line 31)	213032.42	213032.42

### **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)	320201.00	320201.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	320201.00	320201.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2532.42	2532.42
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1511.71	1511.71
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1020.71	1020.71

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 6 / 200
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Robert J De Troye, . MD			Date of Receipt
Λ.	Mailing Address PO Box 2267			M M / D D / Y Y Y Y
				01 11 2006
	City	State	Zip Code	Transaction ID: 23378246
	Johnson City	TN	37605-2267	Amount of Each Receipt this Period
	FEC ID number of contributing	<u> </u>		1000.00
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	1	7
	Self Employed	Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	1000.00	
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address Taubman Ctr 2912 Box			M M / D D / Y Y Y
	Univ of Michigan Health	•	7' 0 1	01 11 2006
	City	State	Zip Code	Transaction ID: 23378248
	Ann Arbor	MI	48109-0328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Tederal political committee.			
	Name of Employer Self Employed	Occupation		
			edic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.00	
	Ciriei (specify)	-	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Charles D Hummer, III, MD			Date of Receipt
	Mailing Address 1 Med Ctr Blvd Ste 324			01 11 2006
	City	State	Zip Code	Transaction ID: 23378256
	<u>Upland</u>	PA	19013	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			000.00
	Name of Employer Self Employed	Occupation		7
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	300.00	
	Other (specify) ▼			
г				
•	UBTOTAL of Receipts This Page (optional)			2300.00
$\vdash$	ODITAL OF HOOGIPIS THIS Fage (Optional)		······································	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Star for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Randall J Lewis, , MD  Mailing Address 2021 K St NW Ste 400			Date of Receipt
	City	State	Zip Code	0 1 1 1 2 0 0 6  Transaction ID: 23378249
	Washington	DC	20006-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Doctors Lewis, Unger and Barth		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Stephen M McCollam, , MD			Date of Receipt
	Mailing Address 2001 Peachtree Rd NE S	01 / 11 / 2006		
	City	State	Zip Code	Transaction ID: 23378247
	Atlanta  FEC ID number of contributing federal political committee.	GA	30309-1476	Amount of Each Receipt this Period  500.00
	Name of Employer Peachtree Orthopaedic Cli- nic		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Alpesh D Shah, , MD			Date of Receipt
	Mailing Address 106 Fig Dr			01 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Dix Hills	State NY	Zip Code 11746-5657	Transaction ID: 23378254  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
S	JBTOTAL of Receipts This Page (optional)			1800.00
T	OTAL This Period (last page this line number or	nly)	<b>_</b>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 200 (check only one)
TI LIVIIZED RECEIP 13		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Political Action Committee of the America	can Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Harvey E Smires, Jr, MD			Date of Receipt
Mailing Address Princeton Orthopaedic A 325 Princeton Ave			01 11 2006
City Princeton	State NJ	Zip Code	Transaction ID: 23378253
FEC ID number of contributing	C	08540-1698	Amount of Each Receipt this Period  500.00
federal political committee.			
Name of Employer Princeton Ortho Associates	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Frank A B Gottschalk, , MD			Date of Receipt
Mailing Address U of TX Southwestern N 5323 Harry Hines Blvd	01 19 7 9 9 9		
City	State	Zip Code	Transaction ID: 23411447
Dallas	TX	75390-0001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer UT Southwestern Medical	Occupation	n edic Surgeon	
Ctr Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)  Dr. Don A Kovalsky, , MD			Date of Receipt
Mailing Address 4121 Veterans Memoria	l Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 23411446
Mount Vernon	<u>IL</u>	62864-6262	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer James C Chow, MD, Ltd	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number or	nlv)	<u>`</u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 200 (check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Dr. Marc I Malberg, , MD			Date of Receipt
	Mailing Address 1527 State Hwy 27 Ste			01 19 / 2006
	City Somerset	State NJ	Zip Code 08873-2979	Transaction ID: 23411456  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Bernard R Bach, Jr, MD			Date of Receipt
	Mailing Address 1029 Franklin Ave	01 19 7 2006		
	City	State	Zip Code	Transaction ID: 23411946
	River Forest  FEC ID number of contributing federal political committee.	C	60305-1339	Amount of Each Receipt this Period  500.00
	Name of Employer Midwest Orthopaedics	· · · · · · · · · · · · · · · · · · ·	edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. J Kenneth Burkus, , MD			Date of Receipt
	Mailing Address 6262 Veterans Pkwy			01 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Columbus	State GA	Zip Code 31909-3540	Transaction ID: 23411457  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	01000 0010	500.00
	Name of Employer Hughston Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
SI	UBTOTAL of Receipts This Page (optional)			2000.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 10 / 200	
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12	
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns	
Α.	Full Name (Last, First, Middle Initial) Dr. William C Cottrell, , MD			Date of Receipt	
	Mailing Address 430 Morton Plant St Ste			01 19 2006	
	City	State	Zip Code	Transaction ID: 23411449	
	Clearwater	FL	33756-3395	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Orthopaedic Associates of West Florida	Occupation Orthopae	n edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)	0 0	300.00		
В.	Full Name (Last, First, Middle Initial)			Date of Receipt	
Ь.	Dr. Marshall L Cook, , MD  Mailing Address 4521 E Pepper Tree Ln			M M / D D / Y Y Y Y	
	Mailing Address 4321 E repper free Life			01 19 2006	
	City	State	Zip Code	Transaction ID: 23411448	
	Paradise Valley	AZ	85253-3250	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	1	7	
	Self Employed 1	<u> </u>	edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Curior (specify)	0 0			
С.	Full Name (Last, First, Middle Initial)			Date of Receipt	
C.	Dr. John Kirk Drake, , MD  Mailing Address 3635 Bienville Blvd			M M / D D / Y Y Y Y	
				02 07 2006	
	City	State	Zip Code	Transaction ID: 23487410	
	Ocean Springs	MS	39564-5711	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Bienville Orthopaedic Spe-	Occupation		$\neg$	
	cialists	-	edic Surgeon		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		500.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	
$\vdash$	. 3 (1 4)				
TOTAL This Period (last page this line number only)					

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
	LIVIIZED NECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or f	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. Thomas E Trumble, , MD			Date of Receipt
	Mailing Address 1959 NE Pacific St Box# 356500			02 07 2006
	City	State	Zip Code	Transaction ID: 23487413
	Seattle	WA	98195-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Univ of Washington	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · ·	1000.00	
	Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. William C Cottrell, , MD			Date of Receipt
	Mailing Address 430 Morton Plant St Ste	02 10 2006		
	City	State	Zip Code	Transaction ID: 23547022
	Clearwater	FL	33756-3395	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Orthopaedic Associates of	Occupation		
	West Florida		edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		600.00	
	Full Name (Last, First, Middle Initial) Dr. James O Gemmer, , MD			Date of Receipt
	Mailing Address 11 Country Club Dr			0 2 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23555963
	<u>Fairfield</u>	CA	94534-1305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			1350.00
т	OTAL This Period (last page this line number on	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Richard lan Goldberger, , MD  Mailing Address 5106 N Armenia Ave Ste  City Tampa  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)   Other (specify)	State FL  C  Occupation Orthopae	Zip Code 33603-1433  n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / D D A 2 0 0 6  Transaction ID: 23555977  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Dr. Edward C Littlejohn, , MD Mailing Address 14911 National Ave Ste 3 City	State	Zip Code	Date of Receipt    M M
	Los Gatos  FEC ID number of contributing federal political committee.	CA	95032-2632	Amount of Each Receipt this Period  250.00
	Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼	•	edic Surgeon e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James A Moore, , MD Mailing Address 3 Peter Cooper Rd Apt 2F				Date of Receipt  0 2
	City New York	State NY	Zip Code 10010-6616	Transaction ID: 23555966  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100.000.0	250.00
	Name of Employer Montefiore Medical Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
Т	OTAL This Period (last page this line number onl	v)		

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 / 200
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
••	LIVIIZED REGENT 13	Detailed Summary Page	X 11a 11b 11c 12
Δ,	winformation conicd from auch Departs and Statement	may not be cold or used by any perce	13 14 15 16 17
or	ly information copied from such Reports and Statements for commercial purposes, other than using the name an	d address of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
$  \rangle$	Political Action Committee of the American As	sociation of Orthopaedic Surgeo	ns
$\angle$		, c	
	Full Name (Last, First, Middle Initial)		1 5. 75
Α.	Dr. Michael Vener, , MD  Mailing Address 1201 Mickelson Dr		Date of Receipt
	Mailing Address 1201 Mickelson Dr		02 14 2006
	City Stat	e Zip Code	Transaction ID: 23555967
	<u>Watertown</u> SD	57201-7100	Amount of Each Receipt this Period
	FEC ID number of contributing		050.00
	federal political committee.		250.00
	Name of Employer Occu Self Employed Octh	pation	
		opaedic Surgeon	
		egate Year-to-Date ▼	
	Primary General Other (specify)	250.00	
	Other (specify)		
_ _	Full Name (Last, First, Middle Initial) Dr. Brian S Ziegler, , MD		Date of Receipt
ъ.	Mailing Address 830 Executive Ln Ste 120		M M / D D / Y Y Y Y
	Withing Modress 850 Executive Lit Ste 120	0 2 1 4 2 0 0 6	
	City Stat	Transaction ID: 23555965	
	Rockledge FL	32955-3595	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		250.00
	federal political committee.		200.00
	Name of Employer Occu Self Employed Octh	pation	7
	Self Employed Ortho	opaedic Surgeon	
	Receipt For: Aggr	egate Year-to-Date ▼	
	Primary General	250.00	
	Other (specify) ▼	230.00	
_	Full Name (Leet First Middle Initial)		
C.	Full Name (Last, First, Middle Initial) Dr. Brian C Aamlid, , MD		Date of Receipt
	Mailing Address 1210 W 18th Ste G01		M M / D D / Y Y Y Y
			02 14 2006
	City Stat	•	Transaction ID: 23555970
	Sioux Falls SD	57104-4651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		500.00
	federal political committee.		
	Solf Employed 1	pation	
		opaedic Surgeon	
		egate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Cutor (specify)		
Г	<b>L</b>		
1			1000.00
s	UBTOTAL of Receipts This Page (optional)		1000.00
s	UBTOTAL of Receipts This Page (optional)	·····	1000.00

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 14 / 200
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ny information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\angle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Raymond E Bellamy, , MD			Date of Receipt
	Mailing Address 2534 Marston Rd			02 14 2006
	City	State	Zip Code	Transaction ID: 23555974
	Tallahassee	FL	32308-6485	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	1
	Receipt For:	<del> </del>	e Year-to-Date ▼	-
	Primary General	riggrogato	, real to Bate V	1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. James C Bolz, , MD			Date of Receipt
	Mailing Address 47601 Grand River Ave	Ste A105		M " M   / D " D   / Y " Y " Y " Y
				02 14 2006
	City	State	Zip Code	Transaction ID: 23555968
	Novi	MI	48374-1233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 n	$\dashv$
	Self Employed		edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. J William Follows, Jr. MD			Date of Receipt
٥.	Mailing Address 1200 1st Ave E Ste C			M M / D D / Y Y Y Y
				02 16 2006
	City	State	Zip Code	Transaction ID: 23585207
	Spencer	IA	51301-4342	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer NWIB	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000.00

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/200
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
۹.	Full Name (Last, First, Middle Initial) Dr. Gerald Q Greenfield, Jr, MD			Date of Receipt
	Mailing Address 2829 Babcock Rd Ste 70	0		0 2 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23585215
	San Antonio	TX	78229-6015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer San Antonio Orthopaedic	Occupation	n edic Surgeon	
	Group Receipt For:		Year-to-Date ▼	_
	Primary General	33 -3		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Robert N Hensinger, , MD			Date of Receipt
	Mailing Address Univ of Michigan Hosp 2912 Taubman Ctr Box 0	328		02 16 2006
	City	State	Zip Code	Transaction ID: 23585206
	Ann Arbor	MI	48109-0328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Univ of Michigan Medical	Occupation		
	Center	•	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼	0 0	250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Paul S Lin, , MD			Date of Receipt
	Mailing Address 900 Buffalo Rd			02 16 2006
	City	State	Zip Code	Transaction ID: 23585208
	Lewisburg	PA	17837-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Sun Orthopaedics	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date <b>V</b>	+
	Primary General	33.23		1
	Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 16/200		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
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				13 14	15 16 17	
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting soliciting soliciting soliciting soliciting from su	g contributions uch committee	
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to			
$  \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthopaedic Surgeo	ine		
	Tollical Action Committee of the Amen	Cari Associ	allori of Orthopaedic Surged	113		
	Full Name (Last, First, Middle Initial)					
A.	Dr. Joseph P Pizzurro, , MD			Date of Receipt		
	Mailing Address 537 Franklin Ave			0 2 1 6		
	Cit.	01-1-	7:- 0 - 4 -		2006	
	City	State	Zip Code	Transaction ID: 235		
	Wyckoff	NJ	07481-1344	Amount of Each Rece	apt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	rederal political committee.					
	Name of Employer Self Employed	Occupation				
			edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0				
_	Full Name (Last, First, Middle Initial)					
В.	Dr. Vincent J Russo, , MD			Date of Receipt		
	Mailing Address 10290 N 92nd St Ste 10	)3		M M / D D /		
				02 16	2006	
	City	State	Zip Code	Transaction ID: 23585213		
	Scottsdale	AZ	85258-4508	Amount of Each Rece	ipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.					
	Name of Employer Self Employed	Occupation	1			
	Self Employed		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify)		250.00			
C.	Full Name (Last, First, Middle Initial) Dr. Michael T Diment, , MD			Date of Receipt		
٠.	Mailing Address 770 Riverside Ave Ste 1	05		M M / D D /	YYYY	
	770 The Cold Two die 1	00		02 17	2006	
	City	State	Zip Code	Transaction ID: 235	91013	
	Adrian	MI	49221-1465	Amount of Each Rece	eipt this Period	
	FEC ID number of contributing				500.00	
federal political committee.  Name of Employer Self Employed  Occu Orth		<u> </u>			300.00	
		Occupation	 1	$\dashv$		
			edic Surgeon			
		· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	7		
		11.0		1		
Other (specify) ▼			500.00			
					1000.00	
S	UBTOTAL of Receipts This Page (optional)		······		1000.00	
T	OTAL This Period (last page this line number o	nly)	<b>)</b>			

COUEDINE A /EEC Form 2V)				FOR LINE NUMBER: PAGE 17 / 200
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas J Dennie, Jr, MD			Date of Receipt
	Mailing Address 7099 Scenic Hwy			02 17 2006
	City	State	Zip Code	Transaction ID: 23591024
	Pensacola	FL	32504-6842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	7
	Receipt For:		Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		1000.00	
	-			1
В.	Full Name (Last, First, Middle Initial) Dr. Gary Drillings, , MD			Date of Receipt
	Mailing Address 1777 Hamburg Tpke Sto	M M / D D / Y Y Y Y		
		02 17 2006		
	City	State	Zip Code	Transaction ID: 23591037
	Wayne	NJ	07470-5243	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer	Occupation	า	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Thomas K Fehring, , MD			Date of Receipt
	Mailing Address 1915 Randolph Rd			02 17 2006
	City	State	Zip Code	Transaction ID: 23591043
	Charlotte	NC	28207-1113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	7
	Receipt For:		Year-to-Date ▼	┦
	Primary General	55. 554.6	=	1
	Other (specify)		1000.00	
			1 1 1 1 1 1 1	4
	I			
_	LIDTOTAL of December Title D /			3000.00
$\vdash$	UBTOTAL of Receipts This Page (optional)			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 200				
		Use separate schedule(s) or each category of the	(check only one)				
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
		, ,	13 14 15 16 17				
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons				
Full Name (Last, First, Middle Initial)  Dr. Oran Daniel Fox, , MD			Date of Receipt				
Mailing Address 500 E Business Way Unit A			02 17 2006				
City	State	Zip Code	Transaction ID: 23591023				
<u>Cincinnati</u>	OH	45241-2374	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Beacon Orthopaedics	Occupation Orthopae	n edic Surgeon					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	250.00					
Full Name (Last, First, Middle Initial)  3. Dr. Richard W Garner, , MD			Date of Receipt				
Mailing Address 3260 Providence Dr Ste AFOC	02 17 2006						
City	State	Zip Code	Transaction ID: 23591051				
Anchorage	AK	99508-4603	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		500.00				
Name of Employer Anchorage Fracture & Orth-	Occupation						
opaedic Člini Receipt For:		edic Surgeon e Year-to-Date ▼					
Primary General	Aggregate	e real-lo-Dale V	1				
Other (specify) ▼		500.00					
Full Name (Last, First, Middle Initial)  Dr. Michael B Grillot, , MD			Date of Receipt				
Mailing Address 3045 S National			02 17 2006				
City	State	Zip Code	Transaction ID: 23591048				
Springfield	MO	65804-4247	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Ferrell-Duncom Clinic	Occupation Orthopae	n edic Surgeon					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	250.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line number or	ılv)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19/200
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
-	<del>-</del> - <del>-</del>		Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Robert J Hagen, , MD			Date of Receipt
	Mailing Address 1411 S Creasy Ln Ste 12	0		02 17 2006
	City	State	Zip Code	Transaction ID: 23591005
	Lafayette	IN	47905-7433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1250.00
	Name of Employer Lafayette Orthopaedic Cli-	Occupation	n edic Surgeon	
	nic Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Raymond L Horwood, , MD			Date of Receipt
	Mailing Address 1575 Balmoral Way	0 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 23591012
	Westlake	OH	44145-2416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Orthopaedic Associates,	Occupation		
	Inc	•	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	500.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. Floyd R Jaggears, , MD			Date of Receipt
	Mailing Address 2795 Millstone Plantation	Rd		02 17 2006
	City	State	Zip Code	Transaction ID: 23585556
	Tallahassee	FL	32312-3881	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Tallahassee Orthopaedic	Occupation		7
	Clinic		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
S	UBTOTAL of Receipts This Page (optional)			2250.00
т,	OTAL This Period (last nage this line number on	(v)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 200
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Randeep S Kahlon, , MD			Date of Receipt
	Mailing Address 4745 Ogletown-Stanton			02 17 2006
	City	State	Zip Code	Transaction ID: 23591064
	Newark	DE	19713-1340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer First State Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
	Full Name (Last, First, Middle Initial) Dr. Marc L Kahn, , MD			Date of Receipt
	Mailing Address Garden State Orthopaed 455 Route 70 West	02 17 2006		
	City	State	Zip Code	Transaction ID: 23590998
	Cherry Hill	NJ	08002-3599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Garden State Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. James F Kayvanfar, , MD			Date of Receipt
	Mailing Address Orthopaedic & Spinal Su 24318 Walnut St	ırgery		02 17 2006
	City	State	Zip Code	Transaction ID: 23591007
	Santa Clarita	CA	91321-2924	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
SI	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number on	ıly)	<b>)</b>	

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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)	a a		
$\rangle$	Political Action Committee of the America	can Associa	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. John R Kean, , MD			Date of Receipt
	Mailing Address 20 S Drexel Ave			02 17 2006
	City	State	Zip Code	Transaction ID: 23585565
	Columbus	OH	43209-1753	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Cardinal Orthopaedic Inst-	Occupation	n dic Surgeon	
	itute Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Dr. John J Larkin, Jr, MD			Date of Receipt
	Mailing Address 320 Thomas Moore Pkw	02 17 2006		
	City	Transaction ID: 23591030		
	Crestview Hills	KY	41017-3410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD			Date of Receipt
	Mailing Address 1663 Rollins Rd			0 2 1 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23591044
	Burlingame	CA	94010-2301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1500.00	
[ e	UBTOTAL of Receipts This Page (optional)			2250.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	R: PAGE 22/200		
ITEMIZED RECEIPTS		or each category of the	(check only one)			
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a   11b	$\vdash$		
				13 14	15 16 17	
Ar	ly information copied from such Reports and Stator commercial purposes, other than using the n	atements may	not be sold or used by any person dress of any political committee to	on for the purpose of s solicit contributions fr	oliciting contributions	
<u>~</u>	NAME OF COMMITTEE (In Full)	iamo ana ade	arood or arry pointion committee to		om caon committee.	
$  \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ine		
	Tollical Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	110		
	Full Name (Last, First, Middle Initial)					
A.	Dr. Dante A Marra, , MD			Date of Receipt		
	Mailing Address 10 Medical Park Ste 203	3			D / Y Y Y Y Y	
	Cit.	01-1-	7:- 0 - 4 -		17 2006	
	City	State WV	Zip Code	Transaction ID:		
	Wheeling	VVV	26003-6389	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			275.00	
	rederal political committee.					
	Name of Employer Self Employed	Occupation				
			edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		275.00			
	Other (specify)					
_	Full Name (Last, First, Middle Initial)					
В.	Dr. Rowland Brook Mayor, , MD			Date of Receipt		
	Mailing Address 1 Church St 4th Fl			M M / D	D / Y Y Y Y	
			0 2	17 2006		
	City State		Zip Code	Transaction ID: 23591065		
	New Haven	CT	06510-3330	Amount of Each	Receipt this Period	
	FEC ID number of contributing	C			500.00	
	federal political committee.				000.00	
	Name of Employer Center for Orthopaedics	Occupation	1			
	Center for Orthópaedics		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		500.00			
C.	Full Name (Last, First, Middle Initial) Dr. J Wesley Mesko, , MD			Date of Receipt		
٠.	Mailing Address 2815 S Pennsylvania Av	10 Sta 201		<del>-</del>	D / Y Y Y Y	
	2010 O F Gillioyivania 70	7C Old 204			17 2006	
	City	State	Zip Code	Transaction ID:	: 23591067	
	Lansing	MI	48910-3496	Amount of Each	Receipt this Period	
	FEC ID number of contributing				500.00	
Name of Employer Self Employed Ortho					300.00	
		Occupation	 1			
			edic Surgeon			
		-	Year-to-Date ▼	7		
		111		1		
Other (specify) ▼			500.00			
					1075.00	
S	UBTOTAL of Receipts This Page (optional)		1275.00			
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 200	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	,
۸r	ay information copied from cuch Poperts and Sta	tomonte may	reat he cold or used by any perso	n for the purpose of soliciting contributions	_
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\setminus$	NAME OF COMMITTEE (In Full)				_
$\rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns	
_	Full Name (Last, First, Middle Initial)				
Α.	Dr. Gregory R Misenhimer, , MD			Date of Receipt	
	Mailing Address 2150 Trawood Dr Ste A	150		02 17 2006	
	City	State	Zip Code	Transaction ID: 23585557	
	El Paso	TX	79935-3323	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer	Occupation	 n	┪	
	Self Employed		edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General		250.00		
	Other (specify)		250.00		
— В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey G Mokris, , MD			Date of Receipt	
	Mailing Address 1001 Blythe Blvd Ste 20	0 2 1 7 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23591052	
	Charlotte	NC	28203-5863	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Ortho Carolina	Occupation	n	7	
			edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)				_
C.	Dr. Richard K Muir, , MD			Date of Receipt	
	Mailing Address 3905 Waring Rd			02 17 2006	
	City	State	Zip Code	Transaction ID: 23591040	
	Oceanside	CA	92056-4405	Amount of Each Receipt this Period	_
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer	Occupation		-	
	Name of Employer Self Employed		edic Surgeon		
	Receipt For:		e Year-to-Date ▼		
	Primary General	1 1	250.00		
	Other (specify)		230.00		
SUPTOTAL of Descints This Page (onlines)					
SUBTOTAL of Receipts This Page (optional)					
Т	OTAL This Period (last page this line number or	nly)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 24 / 200	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
II LIWIZED RECEIP 13			Detailed Summary Page	X 11a 11b	11c   12
				13 14	15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of solicit solicit contributions from s	ing contributions such committee.
<u></u>	NAME OF COMMITTEE (In Full)		are or any point our committee to		74011 00111111111001
$  \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ine	
	Tollical Action Committee of the Ameri	04117133001	ation of Orthopacale Cargee	110	
_	Full Name (Last, First, Middle Initial)				
A.	Dr. Saint Elmo Newton, III, MD			Date of Receipt	
	Mailing Address 801 Broadway 10th Fl			02 17	2006
	City	State	Zip Code	Transaction ID: 23	
	Seattle	WA	98122-4396	Amount of Each Red	
			30122 4030	Amount of Lacif Rec	Jeipt tills Fellod
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Self Employed	Occupation			
			edic Surgeon		
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,	
	Other (specify)	' '	500.00		
	Strict (openity) V		1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 135 Bramble Brook Rd			M M / D D	/ Y Y Y Y
	-			02 17	2006
	City	State	Zip Code	Transaction ID: 23	
	Ardsley	NY	10502-2206	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	rederal political committee.				
	Name of Employer Self Employed	Occupation	า		
	Sell Employed	· · · · · ·	edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1000.00		
	Other (specify)				
	Full Name (Last, First, Middle Initial)				
C.	Dr. Tye Ouzounian, , MD			Date of Receipt	
	Mailing Address 5620 Wilbur Ave Ste 21	6		M M / D D	
				02 17	2006
	City	State	Zip Code	Transaction ID: 23	
	Tarzana	CA	91356-1309	Amount of Each Red	ceipt this Period
	FEC ID number of contributing	C			1000.00
federal political committee.					
	Name of Employer	Occupation	1		
			edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
Primary General		, ,	1000.00		
Other (specify) ▼					
0	UBTOTAL of Receipts This Page (optional)				2500.00
$\vdash$	ODI OTAL OF HOOGIPUS THIS Fage (optional)				
T	OTAL This Period (last page this line number or	nlv)			

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 25/200		
			Use separate schedule(s)	(check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c  12		
			Detailed Guillinary Fage	13 14	15 16 17		
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of solicit	ing contributions		
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from s	such committee.		
\	NAME OF COMMITTEE (In Full)						
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns			
_	Full Name (Lost First Middle Initial)						
۸.	Full Name (Last, First, Middle Initial) Dr. George Kyle Parkins, II, MD			Date of Receipt			
	Mailing Address 5131 Somerset Dr			<b>-</b>	/ <b>Y Y Y Y</b>		
				02 17	2006		
	City	State	Zip Code	Transaction ID: 23	591002		
	Prairie Village	KS	66207-2233	Amount of Each Red	ceipt this Period		
	FEC ID number of contributing	С			250.00		
	federal political committee.				250.00		
	Name of Employer	Occupation	1	$\dashv$			
	Name of Employer Self Employed		dic Surgeon				
	Receipt For:		Year-to-Date ▼				
	Primary General		050.00	1			
	Other (specify) ▼		250.00				
	Full Name (Last, First, Middle Initial)			Data of Descipt			
э.	Dr. James J Purtill, , MD  Mailing Address 25 Lane of Acres			Date of Receipt			
	Walling Address 25 Larie of Acres		02 17	2006			
	City	State	Zip Code	Transaction ID: 23	585553		
	Haddonfield	NJ	08033-3504	Amount of Each Red			
	FEC ID number of contributing				<del></del>		
	federal political committee.	C			1000.00		
	Name of European	0		_			
	Solf Employed	Occupation	i dic Surgeon				
	Receipt For:		Year-to-Date ▼	_			
	Primary General	riggregate	Tour to Bute V	1			
	Other (specify) ▼		1000.00				
				1			
	Full Name (Last, First, Middle Initial)						
Э.	Dr. Walter G Robinson, Jr, MD			Date of Receipt			
	Mailing Address 660 Golden Ridge Rd Ste	250		0 2 1 7	2006		
	City	State	Zip Code	Transaction ID: 23			
	Golden	CO	80401-9541	Amount of Each Red			
	FEC ID number of contributing		00101 0011	Amount of Each field	<del> </del>		
	federal political committee.	C			250.00		
Woodridge Ortho & Spine		Occupation					
	Center Pagaint For:		dic Surgeon Year-to-Date   Volume To-Date   Volume To-Dat	_			
	Receipt For: Primary General	Aggregate	Teal-10-Date ▼	,			
	Other (specify)		250.00				
				1			
SI	UBTOTAL of Receipts This Page (optional)				1500.00		
	,			-			
T	OTAL This Period (last page this line number only	y)	<b>)</b>				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 200			
TEMIZED RECEIPTS			or each category of the	(check only one)			
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns			
۹.	Full Name (Last, First, Middle Initial) Dr. Steven E Roser, , MD			Date of Receipt			
	Mailing Address Inter Mountain Ortho 600 N Robbins Rd Ste 40			02 17 2006			
	City Boise	State ID	Zip Code 83702-4566	Transaction ID: 23591050  Amount of Each Receipt this Period			
	FEC ID number of contributing	C	03702-4300	500.00			
	federal political committee.						
	Name of Employer Intermountain Orthopaedics	Occupation Orthopae	n edic Surgeon				
	Receipt For:		e Year-to-Date ▼	1			
	Primary General Other (specify) ▼		500.00				
	Citiei (Specify) 🔻		0 0 0 0 0 0				
3.	Full Name (Last, First, Middle Initial) Dr. Leonard M Rudolf, , MD			Date of Receipt			
	Mailing Address 129-C Mascoma St			0 2 1 7 2 0 0 6			
	City	State	Zip Code	Transaction ID: 23591062			
	Lebanon	NH	03766-2667	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		250.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon				
	Receipt For:	•	Year-to-Date ▼	-			
	Primary General	10 0 11					
	Other (specify) ▼		250.00				
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Alan Joseph Sarokhan, , MD			Date of Receipt			
	Mailing Address 10 Mountain Blvd			02 17 2006			
	City	State	Zip Code	Transaction ID: 23591032			
	Warren	NJ	07059-5614	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer Orthopaedic Surgical Asso-	Occupation					
ciates			edic Surgeon • Year-to-Date ▼	-			
	Primary General	39. 394.0					
	Other (specify) ▼		500.00				
s	SUBTOTAL of Receipts This Page (optional)						
	, , ,		•				
T	OTAL This Period (last page this line number onl	ly)	<b>&gt;</b>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 200 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the American A	Associa	ation of Orthopaedic Surgeo	ns
<b>A.</b>	Caldwell ID FEC ID number of contributing federal political committee.  Name of Employer Self Employed Oct	cupation	Zip Code 83605-4894 dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Michael S Schwartz, , MD Mailing Address 5515 Willow Wood Ln City St	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y		
	Dallas  TO  FEC ID number of contributing federal political committee.  C		75252-2658	Amount of Each Receipt this Period 250.00
	Self Employèd Ortl		dic Surgeon Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Robert A Sciortino, , MD Mailing Address 2821 N Ballas Rd Ste C-15		Date of Receipt    M M	
	•	tate	Zip Code	Transaction ID: 23591068
	Saint Louis  FEC ID number of contributing federal political committee.  C	10	63131-2300	Amount of Each Receipt this Period  500.00
	St Louis Orthopaedic Surg- eons Orth		dic Surgeon Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL 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 28 / 200 (check only one)
Any information of	oniad from such Poports and Sta	tomonte may		13 14 15 16 17
or for commercial	purposes, other than using the n	ame and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	MMITTEE (In Full) on Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
	st, First, Middle Initial) er Scutchfield, , MD			Date of Receipt
Mailing Addres	**	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City		State	Zip Code	Transaction ID: 23591018
<u>Danville</u>		KY	40422-9795	Amount of Each Receipt this Period
FEC ID numbe federal political	er of contributing I committee.	C		250.00
Name of Employed	oyer	Occupation Orthopae	n edic Surgeon	
Receipt For:		Aggregate	Year-to-Date ▼	
Primary Other (sp	☐ General pecify) ▼		250.00	
Full Name (Las Dr. William H S	st, First, Middle Initial) eitz, Jr, MD			Date of Receipt
	s 1730 W 25th St			02 17 2006
City		State	Zip Code	Transaction ID: 23591019
Cleveland		ОН	44113-3170	Amount of Each Receipt this Period
federal political		C		250.00
Name of Employed	oyer		edic Surgeon	
Receipt For:	Conord	Aggregate	Year-to-Date ▼	
Primary Other (sp	☐ General pecify) ▼		250.00	
Full Name (Las Dr. Paul D Shirl	st, First, Middle Initial) ey, , MD			Date of Receipt
Mailing Addres	s 3728 Phillips Hwy Ste 2	14A		02 17 2006
City		State	Zip Code	Transaction ID: 23591026
<u>Jacksonville</u>		FL	32207-6880	Amount of Each Receipt this Period
federal political	er of contributing I committee.	C		500.00
Self Employed 1		· · · · · ·	edic Surgeon	
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	1
Other (sp	pecify) ▼		500.00	
SUBTOTAL of R	Receipts This Page (optional)		······	1000.00
TOTAL This Per	riod (last page this line number or	nly)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 200
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Ira Joel Singer, , MD	Date of Receipt		
	Mailing Address 725 Reservoir Ave Ste 10	02 17 2006		
	City	State	Zip Code	Transaction ID: 23591055
	Cranston	RI	02910-4450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1 1	250.00	
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Gregory S Slappey, , MD			Date of Receipt
	Mailing Address 139 Fairway Dr	02 17 2006		
	City	State	Zip Code	Transaction ID: 23591017
	Carrollton	GA	30117-4134	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Carrollton Orthopaedic CI-	Occupation		
	inic		edic Surgeon	
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Smith, , MD			Date of Receipt
	Mailing Address 2646 N Foothill Dr			02 17 2006
	City	State	Zip Code	Transaction ID: 23591042
	Provo	UT	84604-4390	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General		E00.00	
	Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number on	ly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)			Llaa aanarata aahadula(a)	FOR LINE NUMBER: PAGE 30 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
II LIVIIZED RECEIP 13			Detailed Summary Page	X   11a   11b   11c   12
_				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any persitress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	ation of Orthopaedic Surge	ons	
A.	Full Name (Last, First, Middle Initial) Dr. Steven Brent Smith, , MD			Date of Receipt
	Mailing Address 7321 NE 84th Terr			02 17 2006
	City	State	Zip Code	Transaction ID: 23591025
	Kansas City	MO	64157-9584	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼	0 0	250.00	
В.				Date of Receipt
	Mailing Address 20 Medical Village Dr S	02 17 2006		
	City	State	Zip Code	Transaction ID: 23591022
	Edgewood	KY	41017-5407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hand Surgery Specialists,	Occupation Orthopae	n dic Surgeon	
	Inc Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) •	0 0	250.00	
c.	Full Name (Last, First, Middle Initial) Dr. David Thomas Sowa, , MD			Date of Receipt
	Mailing Address 4745 Stanton-Ogletown	Rd Ste 225	5	02 17 2006
	City	State	Zip Code	Transaction ID: 23591028
	Newark	DE	19713-1340	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer First State Orthopaedics	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify) 🔻	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number o			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 200
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		<del>-</del> -	
Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  Dr. Patrick M Sullivan, , MD			Date of Receipt
Mailing Address 6001 Westown Pkwy			02 / 17 / 2006
City	State	Zip Code	Transaction ID: 23585559
West Des Moines	IA	50266-7702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer DMOS	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. David B Thordarson, , MD			Date of Receipt
Mailing Address 1520 San Pablo St Ste	02 17 2006		
City	State	Zip Code	Transaction ID: 23591056
Los Angeles	CA	90033-5314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer USC Ortho Associates	Occupation		7
Receipt For:	-	edic Surgeon e Year-to-Date ▼	_
Primary General	Aggregate		1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. John A Welsch, , MD			Date of Receipt
Mailing Address PO Box 1358 210 W American Dr Ste	e 235		02 17 2006
City	State	Zip Code	Transaction ID: 23585566
Fond Du Lac	WI	54936-1358	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
		·	
TOTAL This Period (last page this line number of	only)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 32 / 200
•			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	iress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Steven B Wertheim, , MD			Date of Receipt
	Mailing Address 70 Old Stratton Chase I	١W		0 2 1 7 2 0 0 6
	City	State	Zip Code	
	Atlanta	GA	30328-3652	Transaction ID: 23591029
		αл	30320-3032	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Lossynstias		
	Name of Employer Self Employed	Occupation	dic Surgeon	
	Receipt For:	<u> </u>	Year-to-Date ▼	-
	Primary General	7.99.094.0		
	Other (specify) ▼	1	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Janet E Whirlow, , MD			Date of Receipt
ъ.	Mailing Address 4547 N 52nd Pl			M M / D D / Y Y Y Y
	Walling Address 4547 N 52Nd F1			02 17 2006
	City	State	Zip Code	Transaction ID: 23591015
	Phoenix	AZ	85018-3024	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	1	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)		230.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Thomas W Wright, , MD			Date of Receipt
	Mailing Address 8314 SW 42nd Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	02 17 2006
	Gainesville	FL	32608-3655	Transaction ID: 23585554  Amount of Each Receipt this Period
			32008-3033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Florida, De-	Occupation		
	pt of Ortho		edic Surgeon Year-to-Date <b>V</b>	$\dashv$
	Receipt For: Primary General	Ayyreyale	י ו כמו־נט־טמנכ <b>ע</b>	
	Other (specify)		250.00	
				'
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	1500.00
$\vdash$				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. John A Yezerski, , MD			Date of Receipt
	Mailing Address 300 S 8th St Ste 178w			02 17 2006
	City	State	Zip Code	Transaction ID: 23591034
	Murray	KY	42071-2444	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Brent Allen, , MD			Date of Receipt
	Mailing Address 4760 W Sunset Blvd	02 17 2006		
	City	State	Zip Code	Transaction ID: 23591006
	Los Angeles	CA	90027-6063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:		dic Surgeon Year-to-Date ▼	_
	Primary General	riggregate		
	Other (specify)		250.00	
).	Full Name (Last, First, Middle Initial) Dr. Peter C Amadio, , MD			Date of Receipt
	Mailing Address Mayo Clinic 200 1st St S W			02 / 17 / 2006
	City	State	Zip Code	Transaction ID: 23591000
	Rochester	MN	55902-3008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mayo Clinic	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
- 1	OTAL This Period (last nage this line number on	11//		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. David E Attarian, , MD			Date of Receipt
	Mailing Address Duke Health Ctr Ortho 3116 N Duke St			02 17 2006
	City	State	Zip Code	Transaction ID: 23591063
	Durham	NC	27704-2102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Duke Universitý	Occupation	n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	7
	Primary General	00 0		1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Philip L Barry, , MD			Date of Receipt
	Mailing Address 2100 Lynn Rd Ste 115	02 17 2006		
	City	State	Zip Code	Transaction ID: 23591053
	Thousand Oaks	CA	91360-8031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial)			
J.	Dr. Richard J Barry, , MD			Date of Receipt
	Mailing Address 2031 Anderson Rd Ste A			02 17 2006
	City	State	Zip Code	Transaction ID: 23591020
	Davis	CA	95616-0699	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Valloy Oak Orthonaedice	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_				
т	OTAL This Pariod (last nage this line number only	v)	<b>•</b>	

SO	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Benjamin E Bierbaum, , MD			Date of Receipt
	Mailing Address 91 Parker Hill Ave			02 17 2006
	City	State	Zip Code	Transaction ID: 23591045
	Boston	MA	02120-3215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Longwood Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)	1 1	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Harold S Boyd, , MD			Date of Receipt
	Mailing Address 1280 Center St N E	02 17 2006		
	City	State	Zip Code	Transaction ID: 23591059
	<u>Salem</u>	OR	97301-4113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Knute C Buehler, , MD			Date of Receipt
	Mailing Address 2200 NE Neff Rd Ste 20	0		0 2 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 23591041
	Bend	OR	97701-4281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Orthopedic & Neurosurgical	Occupation		7
	Ctr of the		edic Surgeon	
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	, [
	Other (specify)		250.00	
	(1 · <i>II</i> ) ₹	0 0	0 0 0 0 0 0 0	1
SI	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 200
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Any i	information copied from such Reports and State r commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
N	IAME OF COMMITTEE (In Full)			
⟩ P	Political Action Committee of the America	an Associa	ation of Orthopaedic Surgeo	nns
	ull Name (Last, First, Middle Initial) br. Thomas A Carothers, , MD			Date of Receipt
M	failing Address 10547 Montgomery Rd S	te 400		02 17 2006
С	ity	State	Zip Code	Transaction ID: 23591031
<u>C</u>	Cincinnati	OH	45242-4418	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		250.00
N T e	ame of Employer ristate Orthopaedic Cent- r	Occupation Orthopae	dic Surgeon	
	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	· · ·	250.00	1
ı	Other (specify)	0 0		
	ull Name (Last, First, Middle Initial) br. Paul A Caviale, , MD			Date of Receipt
M	lailing Address 201 E Orangeburg Ave S	M M M / D D / Y V Y Y		
_	is.,	02 17 2006		
	ity ⁄lodesto	State CA	Zip Code 95350-5355	Transaction ID: 23591036  Amount of Each Receipt this Period
_	EC ID number of contributing		33030 3003	
fe _	ederal political committee.	C		1000.00
N S	lame of Employer Self Employed	Occupation		
_	deceipt For:		dic Surgeon Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼		1000.00	
	ull Name (Last, First, Middle Initial) Dr. Russell Cecil, , MD			Date of Receipt
M	failing Address 5010 St Hwy 30 Ste 205	02 17 2006		
С	ity	State	Zip Code	Transaction ID: 23591061
<u>A</u>	Amsterdam	NY	12010-7532	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		250.00
Mohawk Valley Orthopaedics Orthopaedics  Receipt For: Aggregate		Occupation Orthopae	dic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SUE	BTOTAL of Receipts This Page (optional)			1500.00
	. 3 ,			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
Α.	Full Name (Last, First, Middle Initial) Dr. Leroy H Cooley, , MD  Mailing Address Mohawk Valley Ortho 1903 Sunset Ave  City Utica  FEC ID number of contributing federal political committee.  Name of Employer Mohawk Valley Orthopaedics	State NY C	Zip Code 13501-4196	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mohawk Valley Orthopaedics  Receipt For:  Primary General  Other (specify) ▼		edic Surgeon  Year-to-Date ▼  500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Kourosh Korsh Jafarnia, , MD Mailing Address 2 Marilane City	State	Zip Code	Date of Receipt    M M M
	Houston FEC ID number of contributing federal political committee.	TX C	77007-7046	Amount of Each Receipt this Period  500.00
	Solf Employed	•	edic Surgeon  • Year-to-Date ▼  500.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. Joel D Thompson, , MD Mailing Address 4396 N Atfield PI City Tucson	State AZ	Zip Code 85719-1175	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼		edic Surgeon  e Year-to-Date ▼  500.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number only	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	Associ	ation of Orthopaedic Surgeo	ns
Α.	Manitowoc  FEC ID number of contributing federal political committee.  Name of Employer Orthopaedic Associates of Manitowoc  On Manitowoc		Zip Code 54221-0907  n edic Surgeon Year-to-Date ▼	Date of Receipt    M   M
3.	Killen  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  O		Zip Code 35645-8723  Andic Surgeon Pear-to-Date ▼ 250.00	Date of Receipt    M M
<b>D.</b>	Anchorage  FEC ID number of contributing federal political committee.  Name of Employer Anchorage Fracture & Orthopedic Clinic	State AK C ccupation	Zip Code 99508-4603	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number only)		<b>b</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ly information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Roger Arnold Freeman, , MD  Mailing Address 7485 Mission Valley Rd S  City San Diego  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State CA  C Occupation Orthopae	Zip Code 92108-4422  n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. J Randy Gipple, , MD  Mailing Address 2195 N Hill Rd  City  Muscatine  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	•	Zip Code 52761-9399  n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Michael Lee Granberry, , MD  Mailing Address 3610 Springhill Memorial  City Mobile  FEC ID number of contributing federal political committee.  Name of Employer Alabama Orthopaedic Clinics, PC  Receipt For: Primary General Other (specify)	State AL  C C  Occupation Orthopae	Zip Code 36608-1162 In edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / 20 / 2006  Transaction ID: 23593558  Amount of Each Receipt this Period  1000.00
s	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or f	y information copied from such Reports and Statior commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Δ.	Full Name (Last, First, Middle Initial) Dr. Russell A Hudgens, , MD  Mailing Address 3610 Springhill Memorial  City Mobile  FEC ID number of contributing federal political committee.  Name of Employer Alabama Orthopaedic Clinic  Receipt For: Primary General Other (specify)	State AL  C C  Occupation Orthopae	Zip Code 36608-1162  n edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Dr. W Benjamin Kibler, , MD  Mailing Address 700 Bob-Olink Dr  City Lexington  FEC ID number of contributing federal political committee.  Name of Employer Lexington Clinic  Receipt For: Primary General Other (specify)		Zip Code 40504-2701  n edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Dr. David A Lewis, , MD  Mailing Address 12522 E Lambert Rd Ste  City Whittier  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State CA  C Occupation Orthopae	Zip Code 90606-2758 n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / 20 / 2006  Transaction ID: 23593563  Amount of Each Receipt this Period  250.00
SI	JBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number on	(v)		

SCHEDIII E	A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 41 / 200
			Use separate schedule(s)	(check only one)	
ITEMIZED R	ECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c  12
			Detailed Summary Fage	13 14	15 16 17
Any information con	pied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solicit	ing contributions
or for commercial p	urposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from s	such committee.
NAME OF COM	MITTEE (In Full)				
1	,	can Associ	ation of Orthopaedic Surgeo	nns	
/			anon or oranopassas sanges		
Full Name (Last	, First, Middle Initial)				
A. Dr. Jeffrey Lozma	an, , MD			Date of Receipt	
Mailing Address	1367 Washington Ave S	te 200		M M / D D	/ Y Y Y Y
				02 20	2006
City		State	Zip Code	Transaction ID: 23	593576
Albany		NY	12206-1043	Amount of Each Red	ceipt this Period
FEC ID number	of contributing				050.00
federal political of		C			250.00
<del></del>					
Name of Employ Capital Region (	yer Orthopaedic	Occupation			
Group	-1	<del> </del>	edic Surgeon	_	
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary	General	, ,	250.00	1	
Other (spe	ecity) 🔻		230.00		
	, First, Middle Initial)			Data of Dogoint	
Dr. Robert R Mad	•			Date of Receipt	
Mailing Address	Mailing Address PO Box 51090			02 20	2006
City		State	Zip Code	Transaction ID: 23	
Knoxville		TN	37950-1090		
		111	37930-1090	Amount of Each Red	ceipt triis Feriod
FEC ID number federal political of		C			250.00
rederai politicai c	Committee.				
Name of Employ	/er	Occupation	n		
Southeastern O	rthopaedics	Orthopae	edic Surgeon		
Receipt For:		Aggregate	e Year-to-Date ▼		
Primary	General			1	
Other (spe	ecify) 🔻		250.00		
	, First, Middle Initial)				
Dr. John H Peloz				Date of Receipt	
Mailing Address	7115 Greenville Ave Ste	210		M M / D D	7 Y Y Y Y
<u></u>		04-1-	7:- Oada	02 20	2006
City		State	Zip Code	Transaction ID: 23	
<u>Dallas</u>		TX	75231-5104	Amount of Each Red	ceipt this Period
FEC ID number		С			250.00
federal political of	committee.	<u> </u>			
Name of Employ	yer	Occupation	n	$\dashv$	
Self Employed	, -		edic Surgeon		
Receipt For:			e Year-to-Date ▼		
Primary	General	33 -3 //		1	
Other (spe	ecify) 🔻		250.00		
	., .			1	
SUBTOTAL of Re	eceipts This Page (optional)				750.00
SODIOTAL OF THE	assple This Lago (optional)			-	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 42/200
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ame	erican Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Rodney P Wigle, , MD			Date of Receipt
Mailing Address 2473 NW Marken St			02 20 7 2006
City Bend	State OR	Zip Code 97701-8639	Transaction ID: 23593568
		97701-0039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Charles H Alexander, , MD			Date of Receipt
Mailing Address 5549 Green Oak Dr			02 / 20 / 2006
City	State	Zip Code	Transaction ID: 23593566
Los Angeles	CA	90068-2501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation		
Receipt For:		edic Surgeon e Year-to-Date ▼	$\dashv$
Primary General	1 99. 19		1
Other (specify)		1000.00	
Full Name (Last, First, Middle Initial) Dr. Walther Hartmuth Bohne, , MD			Date of Receipt
Mailing Address Hosp for Special Surg 535 E 70th St	ery		02 / 20 / 4 2006
City	State	Zip Code	Transaction ID: 23593567
New York	NY	10021-4892	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
		·	
TOTAL This Period (last page this line number	only)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 / 200
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surged	ons
Δ.	Full Name (Last, First, Middle Initial) Dr. Stephen D Brown, , MD			Date of Receipt
	Mailing Address 1300 Ritchie Hwy Ste A			M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	02 20 2006
	City Arnold	State MD	·	Transaction ID: 23593551
		IVID	21012-2244	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		7
		<del> </del>	edic Surgeon	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	500.00	
	care (openly) \	1 1	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. J Kenneth Burkus, , MD			Date of Receipt
	Mailing Address 6262 Veterans Pkwy			M M / D D / Y Y Y Y
				02 20 2006
	City	State	Zip Code	Transaction ID: 23593554
	Columbus	GA	31909-3540	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	0		
	Name of Employer	Occupation	1	
	Hughston Clinić	<u> </u>	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		750.00	
	Other (specify)		1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Edward J Collins, Jr, MD			Date of Receipt
٠.	Mailing Address 150 Mansfield Ave			M M / D D / Y Y Y Y
				02 20 2006
	City	State	Zip Code	Transaction ID: 23593573
	Willimantic	CT	06226-2026	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer Conn Sports Med & Ortho	Occupation		
	Center	· · · · · · · · · · · · · · · · · · ·	edic Surgeon	_
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,
	Other (specify)	1 ' '	1000.00	
	Silici (oposiij) \			1
s	UBTOTAL of Receipts This Page (optional)			1750.00
$\vdash$				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
Α.	Full Name (Last, First, Middle Initial) Dr. Jose A Cancio, , MD  Mailing Address 351 Hostos Ave Bldg 409  City  Mayaguez  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General		Zip Code 00682-6353  n edic Surgeon e Year-to-Date ▼	Date of Receipt    M M M
 3.	Other (specify)  Full Name (Last, First, Middle Initial) Dr. Jonathan T Deland, , MD	0 0	1000.00	Date of Receipt
	Mailing Address HospI for Special Surgery 535 E 70th St  City  New York  FEC ID number of contributing federal political committee.  Name of Employer Hospital for Special Surgery Receipt For:  Primary General Other (specify) ▼	State NY  C  Occupation Orthopae	Zip Code 10021-4898 dic Surgeon e Year-to-Date ▼	Transaction ID: 23593592  Amount of Each Receipt this Period  250.00
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Ray M Fitzgerald, , MD  Mailing Address 17270 Red Oak Dr Ste 20  City Houston  FEC ID number of contributing federal political committee.  Name of Employer KSF Orthopaedic Center  Receipt For: Primary General Other (specify)	State TX  C Occupation Orthopae	Zip Code 77090-2632  n edic Surgeon Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	1750.00
т	OTAL This Period (last page this line number only	v)	<b>.</b>	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stater for commercial purposes, other than using the nam	nents may ie and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	n Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Michael J Ford, , MD Mailing Address 716 College View Dr. Ste A			Date of Receipt
	Mailing Address 716 College View Dr Ste A  City Sta		Zip Code	0 2 2 1 2 0 0 6  Transaction ID: 23593601
	Riverton	WY	82501-2282	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Self Employed 1	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, , MD Mailing Address UCSD Dept of Orthopaedic	20		Date of Receipt
	350 Dickinson St MC 8894	02 21 2006		
	City San Diego	State CA	Zip Code 92103-1913	Transaction ID: 23593587  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	32103-1313	250.00
	LICSD ' '	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Gabriel Gluck, , MD			Date of Receipt
	Mailing Address 8702 Sudley Rd			02 21 2006
	City Manassas	State VA	Zip Code 20110-4463	Transaction ID: 23593598  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20110 4400	250.00
	Solt Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)		)	1500.00
T	OTAL This Period (last page this line number only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
<b>A.</b>	Connecticut Valley Orthon-		Zip Code 05156-3050	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Robert H Harrington, , MD  Mailing Address 237 Route 108 Ste 205  City  Somersworth  FEC ID number of contributing federal political committee.	State NH	Zip Code 03878-1517	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Saggest Orthopodics and		n edic Surgeon Year-to-Date ▼	
<b>C.</b>	Raylor College of Medicine		Zip Code 77005-3346  n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1750.00
T	OTAL This Period (last page this line number only	v)	<b>b</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Michael M Lynch, , MD  Mailing Address 40 Cross St  City  Norwalk  FEC ID number of contributing federal political committee.  Name of Employer Coastal Orthopaedics  Receipt For: Primary General		Zip Code 06851-4647 n edic Surgeon e Year-to-Date ▼	Date of Receipt    M M M
3.	Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Arnold R Miller, , MD  Mailing Address PO Box 637	0 0	500.00	Date of Receipt
	City  Laconia  FEC ID number of contributing federal political committee.	State NH	Zip Code 03247-0637	0 2 2 1 2 0 0 6  Transaction ID: 23593622  Amount of Each Receipt this Period  250.00
	Name of Employer Laconia Clinic  Receipt For:  Primary General  Other (specify) ▼	•	edic Surgeon  Year-to-Date   250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Mark G Murphy, , MD Mailing Address 111 S 5th  City Douglas FEC ID number of contributing	State WY	Zip Code 82633-2434	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary  Other (specify) ▼  Name of Employer  Self Employed  General	Occupation Orthopae	n edic Surgeon Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last nage this line number on	v)	_	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 200
TEMIZED RECEIPTS			or each category of the	(check only one)
1\			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Anv in	formation copied from such Reports and State	ements may	not be sold or used by any perso	
or for	commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
\ NA	ME OF COMMITTEE (In Full)			
Po	olitical Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
	ll Name (Last, First, Middle Initial) . Peter O Newton, , MD			Date of Receipt
Ма	ailing Address 3030 Children's Way Ste	410		02 21 2006
Cit	у	State	Zip Code	Transaction ID: 23593625
<u>Sa</u>	an Diego	CA	92123-4228	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		250.00
Na Ch	me of Employer iildren's Specialists	Occupation	n edic Surgeon	
Re	ceipt For:		Year-to-Date ▼	
	Primary General	33 -3		
	Other (specify) <b>▼</b>	0 0	250.00	
	II Name (Last, First, Middle Initial) John C Richmond, , MD			Date of Receipt
Ma	ailing Address New England Baptist Hos 125 Parker Hill Ave	pital		02 21 2006
Cit	у	State	Zip Code	Transaction ID: 23593615
<u>Rc</u>	oxbury Crossing	MA	02120-2850	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	C		500.00
Na	me of Employer w England Baptist Hospi-	Occupation	1	7
<u>tal</u>			edic Surgeon	
Re	ceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_	II Name (Last, First, Middle Initial) . K Daniel Riew, , MD			Date of Receipt
	ailing Address Dept of Orthopaedic Surg	jery		M M / D D / Y Y Y Y
_	West Pavilion Ste 11300	· •		02 21 2006
Cit	•	State	Zip Code	Transaction ID: 23593610
	aint Louis	MO	63110-1094	Amount of Each Receipt this Period
	C ID number of contributing deral political committee.	С		1000.00
Na	me of Employer If Employed	Occupation		7
Receipt For: Aggregat			edic Surgeon	
		Aggregate	Year-to-Date ▼	
-	Primary General Other (specify) ▼		1000.00	
	_ Strict (abouty) \	0 0	0 0 0 0 0 0 0	
SUBT	TOTAL of Receipts This Page (optional)			1750.00
TOT	AI This Period (last nage this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 200
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and State	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nar	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Samuel R Rosenfeld, , MD			Date of Receipt
	Mailing Address 1310 W Stewart Dr Ste 50	08		02 21 2006
	City	State	Zip Code	Transaction ID: 23593600
	Orange	CA	92868-3856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	APOS '	Occupation		
	Receipt For:		dic Surgeon Year-to-Date   Volume To-Date  Vol	-
	Primary General	/ iggi ogalo		1
	Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. James L Scales, , MD			Date of Receipt
	Mailing Address 280 Newton Sparta Rd St	e 4		02 21 2006
	City	State	Zip Code	Transaction ID: 23593608
	Newton	NJ	07860-2775	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Andover Ortho Surg & Spor-	Occupation	1	
	ts Med Group	•	dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Dr. Steven Aaron Shapiro, , MD			Date of Receipt
•	Mailing Address 1714 W Anklam Ste 104			M M / D D / Y Y Y Y
				02 21 2006
	City	State	Zip Code	Transaction ID: 23593619
	Tucson	AZ	85745-2690	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Saguaro Orthopodio Accopi	Occupation		7
	ates		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
T	OTAL This Period (last nage this line number only	<b>/</b> )	<b>b</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 50 / 200
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Robert R Slater, Jr, MD			Date of Receipt
Mailing Address 2057 Boulder Mine Way	/		02 21 7 2006
City	State	Zip Code	Transaction ID: 23593606
Gold River	CA	95670-8365	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kaiser Permanente	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial)  3. Dr. William B Stetson, , MD			Date of Receipt
Mailing Address Stetson Powell Orthope 201 S Buena Vista St S		ро	02 21 2006
City	State	Zip Code	Transaction ID: 23593616
Burbank	CA	91505-4576	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation		
Receipt For:		edic Surgeon e Year-to-Date ▼	_
Primary General	, iggi ogaic		1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Stephen G Taylor, , MD			Date of Receipt
Mailing Address 6001 Westown Pkwy			02 21 7 2006
City	State	Zip Code	Transaction ID: 23593611
West Des Moines	IA	50266-7702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Des Moines Orthopaedic Su-	Occupation		
rgeons Receipt For:		edic Surgeon e Year-to-Date ▼	-
Primary General	gg. ogaic		1
Other (specify) ▼		400.00	
SUBTOTAL of Receipts This Page (optional)			1150.00
TOTAL This Period (last page this line number o	nly)		

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Any inf or for c	ormation copied from such Reports and Stat ommercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	ME OF COMMITTEE (In Full)  litical Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
A. Dr. Main  City  Ox  FEC  fede  Nan  Oxf	Name (Last, First, Middle Initial) Cooper L Terry, , MD ling Address 497 Azalea Dr Ste 102  ford C ID number of contributing eral political committee.  me of Employer ord Orthopaedic & Spor-Medicine eript For: Primary General		dic Surgeon Year-to-Date ▼	Date of Receipt    M M
<b>3.</b> Dr.	Other (specify)  Name (Last, First, Middle Initial) Edward A Toriello, , MD ling Address 7815 Eliot Ave	0 0	1000.00	Date of Receipt
City <u>Mic</u> FEC		State NY	Zip Code 11379-1300	0 2 2 1 2 0 0 6  Transaction ID: 23593588  Amount of Each Receipt this Period  1000.00
Seli	ne of Employer f Employed  seipt For: Primary General Other (specify)	•	dic Surgeon Year-to-Date ▼ 1000.00	
C. Dr. Mail  City  Mill  FEC  fede  Nan  Mill  Cial	waukee C ID number of contributing eral political committee.  ne of Employer waukee Orthopaedic Spe-	te 160 State WI  C Occupation Orthopae	Zip Code 53212-3965  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBT	OTAL of Receipts This Page (optional)			2250.00
TOTA	L This Period (last page this line number on	lv)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 52 / 200
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
<b>Д</b> .	Full Name (Last, First, Middle Initial) Dr. Joseph N Wilson, , MD			Date of Receipt
	Mailing Address 4701 85th St			M M / D D / Y Y Y Y
	4701 03(113)			02 21 2006
	City	State	Zip Code	Transaction ID: 23593621
	Lubbock	TX	79424-4104	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	1	
	Seil Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify) ▼	0 0	300.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Bassist
В.	Dr. Donald J Zoltan, , MD	Ct- 100		Date of Receipt
	Mailing Address 2025 W Oklahoma Ave	Sie 100		02 21 2006
	City	State	Zip Code	Transaction ID: 23593624
	Milwaukee	WI	53215-4455	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	0 0	250.00	
_	Full Name (Last, First, Middle Initial)			D. (D. )
C.	Dr. Brett R Bolhofner, , MD			Date of Receipt
	Mailing Address 4600 4th St N			02 21 2006
	City	State	Zip Code	Transaction ID: 23593586
	Saint Petersburg	FL	33703-3822	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			300.00
	Name of Employer All Florida Orthopaedics	Occupation		
		<u> </u>	edic Surgeon Year-to-Date <b>V</b>	$\dashv$
	Receipt For:  Primary  General	Aggregate	: 1 EdI-1U-Dale ▼	,
	Other (specify)		500.00	
	Curior (opcony) 🔻	-	0 0 0 0 0 0 0	
0	JBTOTAL of Receipts This Page (optional)			1250.00
۳	COLORE OF FREE PROPERTY AND FREE (Optional)			

20	HEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 200
			Use separate schedule(s)	(check only one)
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
Any	rinformation copied from such Reports and State	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or f	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
			· · ·	
	Full Name (Last, First, Middle Initial)			
٩	Dr. Robert E. Booth, Jr, MD			Date of Receipt
ı	Mailing Address 3 B Orthopaedics			M M / D D / Y Y Y Y
-	800 Spruce St			02 21 2006
	City	State	Zip Code	Transaction ID: 23593589
-	Philadelphia	PA	19107-6130	Amount of Each Receipt this Period
1	FEC ID number of contributing			1000.00
1	federal political committee.	C		1000.00
	V (F )			_
!	Name of Employer 3 B Orthopaedics	Occupation		
-	· .		edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Lawrence N Borelli, , MD			Date of Receipt
-	**			<b>─</b>
	Mailing Address 899 Hartglen Ave			02 21 2006
-	City	State	Zip Code	
	•	CA	•	Transaction ID: 23593607
-	Westlake Village	CA	91361-2028	Amount of Each Receipt this Period
	FEC ID number of contributing	C		300.00
1	federal political committee.			
ī	Name of Employer	Occupation	n	7
	Self Employed		edic Surgeon	
ī	Receipt For:		e Year-to-Date ▼	
	Primary General	1.55.15		1
	Other (specify)		300.00	
				'
	Full Name (Last, First, Middle Initial)			
_	Dr. Bertrand Paul Kaper, , MD			Date of Receipt
Ī	Mailing Address 3655 Crossings Dr			M M / D D / Y Y Y Y
_				02 21 2006
	City	State	Zip Code	Transaction ID: 23593594
-	Prescott	AZ	86305-7101	Amount of Each Receipt this Period
1	FEC ID number of contributing			500.00
1	federal political committee.	C		300.00
-	Name of Franciscos	0		4
	Name of Employer Self Employed	Occupation		
_			edic Surgeon	_
	Receipt For:	Aggregate	e Year-to-Date ▼	. ]
	Primary General		500.00	
	Other (specify)			
				1800.00
SU	IBTOTAL of Receipts This Page (optional)		······	1000.00
TC	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54/200
ITEMIZED RECEIPTS		or each category of the	(check only one)
· · · · · · · · · · · · · · · · · · ·		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Am	erican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  Dr. James R Dyreby, , MD			Date of Receipt
Mailing Address 444 E Timber Dr			02 23 7 2006
City	State	Zip Code	Transaction ID: 23603900
Rhinelander	WI	54501-2852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Northland Orthopaedics	Occupation Orthopae	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Ted B Eshbach, , MD	1		Date of Receipt
Mailing Address 761 Johnsonburg Rd	Ste 310		02 23 7 2006
City	State	Zip Code	Transaction ID: 23603897
Saint Marys	PA	15857-3480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Elk Regina Professional	Occupation		
Group		edic Surgeon e Year-to-Date ▼	
Receipt For:  Primary  General	Aggregate	e real-lo-Dale V	1
Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. Thomas B Grollman, , MD			Date of Receipt
Mailing Address PO Box 1607			02 / 23 / 2006
City	State	Zip Code	Transaction ID: 23603893
Lihue	HI	96766-5607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Health South	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00
		·	
TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 200
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and S	tatements may	∟ v not be sold or used by any perso	
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Amer	rican Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial) Dr. Van W Johnson, , MD			Date of Receipt
Mailing Address 103 St Clair St			02 / 23 / 2006
City	State	Zip Code	Transaction ID: 23603895
Warren	PA	16365	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date <b>V</b>	
Primary General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Joseph B Koscielniak, Jr, MD			Date of Receipt
Mailing Address 5587 Broadway			02 23 7 2006
City	State	Zip Code	Transaction ID: 23603943
Merrillville	IN	46410-2632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		
		edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen J Lombardo, , MD			Date of Receipt
Mailing Address Kerlan Jobe Clinic 6801 Park Ter			02 / 23 / 2006
City	State	Zip Code	Transaction ID: 23603891
Los Angeles	CA	90045-1539	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Kerlan Jobe Clinic	Occupation		7
Оттпора		edic Surgeon	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)		······	1500.00
TOTAL This Period (last page this line number.	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
_	NAME OF COMMITTEE (In Full)		71	
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Rafael Antonio Lopez, , MD			Date of Receipt
	Mailing Address 198 Zorzal Street Montehiedra			02 23 7 2006
	City	State	Zip Code	Transaction ID: 23603940
	San Juan	PR	00926-7110	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Solf Employed 1	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Douglas W Lundy, , MD			Date of Receipt
	Mailing Address Orthopaedic Center of the 2500 E Prospect Rd	Rockies		02 23 7 2006
	City	State	Zip Code	Transaction ID: 23603934
	Fort Collins	CO	80525-9718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Orthonaedic Center of the	Occupation Orthopae	n edic Surgeon	
	Receipt For:	- '	Year-to-Date ▼	7
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Gregory G Markarian, , MD			Date of Receipt
	Mailing Address 10 W Martin Ave Ste 50			02 / 23 / 4 2006
	City	State	Zip Code	Transaction ID: 23603880
	Naperville	IL	60540-6537	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General	' '	1000.00	
	Other (specify) ▼		1000.00	
_	LIDTOTAL of December This Deep (antique)			3000.00
<u> </u>	UBTOTAL of Receipts This Page (optional)		······	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a     11b     11c     12
			Detailed Summary Fage	13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			30.01.00.11.00.10.10.10.10.10.10.10.10.10
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Daniel J Martin, Jr, MD			Date of Receipt
	Mailing Address 621 S New Ballas Rd Ste	5015B		02 23 2006
	City	State	Zip Code	Transaction ID: 23603912
	Saint Louis	MO	63141-8200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Mathias A Masem, , MD			Date of Receipt
٠.	Mailing Address 3300 Webster St Ste 202			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23603937
	Oakland	CA	94609-3120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Hugh Carroll McLeod, III, MD			Date of Receipt
	Mailing Address 1163 Johnson Ferry Rd S	Ste 200		02 23 7 2006
	City	State	Zip Code	Transaction ID: 23603922
	Marietta	GA	30068-2764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Atlanta Orthopaedic Speci-	Occupation	n dic Surgeon	
	alists   Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surge	ons
A.	Full Name (Last, First, Middle Initial) Dr. David C Napoli, , MD			Date of Receipt
	Mailing Address 900 Buffalo Rd			02 23 2006
	City	State	Zip Code	Transaction ID: 23603910
	Lewisburg	PA	17837-2800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sun Orthopaedic Group	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		E00.00	7
	☐ Other (specify) ▼	0 0	500.00	_
В.	Full Name (Last, First, Middle Initial) Dr. David L Nelson, , MD			Date of Receipt
	Mailing Address 1363 S Eliseo Dr Ste B			02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23603920
	Greenbrae	CA	94904-2012	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	federal political committee.  Name of Employer	Occupation		300.00
	federal political committee.  Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	300.00
	federal political committee.  Name of Employer Self Employed  Receipt For:	Occupation Orthopae		300.00
	federal political committee.  Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	300.00
	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Orthopae	dic Surgeon Year-to-Date ▼	Date of Receipt
	Receipt For:  Primary  Other (specify)	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼	Date of Receipt
 C.	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼  500.00	Date of Receipt  0 2 2 3 2 2 0 0 6
— C.	federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼	Date of Receipt
c.	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120  City	Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M
<b>C</b> .	federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120  City Meridian  FEC ID number of contributing	Occupation Orthopae Aggregate  O5  State ID  C	dic Surgeon Year-to-Date ▼  500.00  Zip Code 83642-6355	Date of Receipt    M M M
<b>c</b> .	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120  City  Meridian  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	Occupation Orthopae Aggregate  OS  State ID  C  Occupation Orthopae	dic Surgeon Year-to-Date ▼  500.00  Zip Code 83642-6355	Date of Receipt    M M M
C.	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120  City  Meridian  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	Occupation Orthopae Aggregate  OS  State ID  C  Occupation Orthopae	dic Surgeon Year-to-Date ▼  500.00  Zip Code 83642-6355  dic Surgeon Year-to-Date ▼	Date of Receipt    M M M
c.	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120  City  Meridian  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:	Occupation Orthopae Aggregate  OS  State ID  C  Occupation Orthopae	dic Surgeon Year-to-Date ▼  500.00  Zip Code 83642-6355	Date of Receipt    M M M
	federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Kyle L Palmer, , MD  Mailing Address 520 S Eagle Rd Ste 120  City  Meridian  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	Occupation Orthopae Aggregate  OS  State ID  C  Occupation Orthopae Aggregate	dic Surgeon Year-to-Date ▼  500.00  Zip Code 83642-6355  dic Surgeon Year-to-Date ▼  250.00	Date of Receipt    M M M

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 200
TEMIZED RECEIPTS	or each category of the	(Crieck Orlly Orle)
TI LIMIZED RECEIF 13	Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and Star or for commercial purposes, other than using the na	rements may not be sold or used by any p ame and address of any political committe	ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	•	
Political Action Committee of the Americ	can Association of Orthopaedic Sur	rgeons
Full Name (Last, First, Middle Initial)  A. Dr. Jacquelin Perry, , MD		Date of Receipt
Mailing Address 12319 Brock Ave		02 23 23 2006
City	State Zip Code	Transaction ID: 23603919
Downey	CA 90242-3503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Retired	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	2
Full Name (Last, First, Middle Initial)  Dr. Charles Turner Price, , MD		Date of Receipt
Mailing Address Orhs Medical Education 86 W Underwood St Ste	101	02 23 7 2006
City	State Zip Code	Transaction ID: 23603899
<u>Orlando</u>	FL 32806-1110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation	
	Orthopaedic Surgeon	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  Dr. Pablo P Prietto, , MD		Date of Receipt
Mailing Address Orthopaedic Specialty Ir 280 S Main Ste 200	stitute	02 23 2006
City	State Zip Code	Transaction ID: 23603904
<u>Orange</u>	CA 92868-3852	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	)
SUBTOTAL of Receipts This Page (optional)		1050.00
TOTAL This Period (last page this line number or	lv)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. A Herbert Alexander, , MD  Mailing Address Alexander Orthopaedics 100 Hospital Dr Ste 100	PA		Date of Receipt  0 2 2 3 2 0 0 6
	City	State	Zip Code	Transaction ID: 23603888
	Ketchum  FEC ID number of contributing federal political committee.	C	83340-6997	Amount of Each Receipt this Period  250.00
	Name of Employer Alexander Orthopaedics, PA Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon 9 Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Dr. James W Scott, , MD  Mailing Address PO Box 7630			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23603933
	Tifton  FEC ID number of contributing federal political committee.	GA C	31793-7630	Amount of Each Receipt this Period 500.00
	Name of Employer Georgia Sports Medicine	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. Robert T Semba, , MD			Date of Receipt
	Mailing Address 7600 W College Dr			02 23 4 2006
	City Palos Heights	State II	Zip Code 60463-1001	Transaction ID: 23603921  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00403-1001	300.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00
T	OTAL This Period (last page this line number onl	v)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 200	
			Use separate schedule(s) or each category of the	(check only one)	
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns	
۹.	Full Name (Last, First, Middle Initial) Dr. Milo G Sloo, III, MD			Date of Receipt	
	Mailing Address 520 S Santa Fe Ste 400			02 23 7 2006	
	City	State	Zip Code	Transaction ID: 23603944	
	Salina	KS	67401-4190	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		400.00	
	Name of Employer Orthopaedic Clinic of Sal- ina	Occupation Orthopae	n edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		400.00		
_	Full Name (Last, First, Middle Initial)			Date of Receipt	
<b>J</b> .	Dr. Russell G Tigges, , MD  Mailing Address 1 Webster Ave Ste 400	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Z 2 3 Z 2 0 0 6			
	City	State Zip Code			
	Poughkeepsie	NY	12601-1363	Transaction ID: 23603939  Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	1 1	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven J Touliopoulos, , MD			Date of Receipt	
	Mailing Address 1 Horseshoe Rd			02 / 23 / 2006	
	City	State	Zip Code	Transaction ID: 23603887	
	Cos Cob	CT	06807-1215	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		500.00	
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon		
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00		
SI	JBTOTAL of Receipts This Page (optional)			1400.00	
т	OTAL This Period (last page this line number on	ly)	<b>)</b>		

SCHEDULE A (FEC For	m 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 200			
ITEMIZED RECEIPTS	,	or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12			
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or for commercial purposes, other that	eports and Statements may an using the name and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Political Action Committee o	f the American Associ	ation of Orthopaedic Surgeo	ons			
Full Name (Last, First, Middle Initi  1. Dr. James C Vailas, , MD	al)		Date of Receipt			
Mailing Address Orthopaedic 35 Kosciuszk			02 23 7 2006			
City Manchester	State NH	Zip Code 03101-1608	Transaction ID: 23603894			
FEC ID number of contributing federal political committee.	C	03101-1006	Amount of Each Receipt this Period  500.00			
Name of Employer The Orthopaedic Center	Occupation Orthopae	n edic Surgeon				
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initi Dr. David L Waxman, , MD	, 		Date of Receipt			
Mailing Address 600 Davisso	Mailing Address 600 Davisson Run Rd Ste 102					
City	State	Zip Code	Transaction ID: 23603928			
Clarksburg	WV	26301-9307	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		1000.00			
Name of Employer Self Employed	Occupation					
Receipt For:		edic Surgeon e Year-to-Date ▼				
Primary General Other (specify) ▼	33.03	1000.00				
Full Name (Last, First, Middle Initi	al)		Date of Receipt			
Mailing Address 8542 Windso	or Way		M M / D D / Y Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 23603942			
Broadview Heights	OH	44147-1790	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		300.00			
Name of Employer Stulberg, Wilde Inc	Occupation Orthopae	n edic Surgeon				
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00				
SUBTOTAL of Receipts This Page	SUBTOTAL of Receipts This Page (optional)					
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Eugene Michael Wolf, , MD  Mailing Address 3000 California St 3rd Fl  City San Francisco  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General		edic Surgeon e Year-to-Date ▼	Date of Receipt    M M
3.	Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. John D Bailey, , MD  Mailing Address 4140 Centennial Hills Blv	rd Ste C	500.00	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Casper FEC ID number of contributing federal political committee.	State WY	Zip Code 82609-3265	Transaction ID: 23603896  Amount of Each Receipt this Period  500.00
	Name of Employer Casper Orthopaedic Associates Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon  • Year-to-Date ▼  500.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. William Lamont Bargar, , MD Mailing Address 1020 29th St Ste 450 City	State	Zip Code	Date of Receipt    M M
	Sacramento FEC ID number of contributing federal political committee.	CA	95816-5173	Amount of Each Receipt this Period 500.00
	Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼		edic Surgeon  e Year-to-Date ▼  500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number on	lv)		

SC	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 64 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Jeffrey A Baum, , MD			Date of Receipt
	Mailing Address 200 Delafield Rd Ste 104			02 / 23 / 4 2006
	City	State	Zip Code	Transaction ID: 23603914
	Pittsburgh	PA	15215-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Three Rivers Orthopaedics Associates U	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Alexander Blevens, , MD			Date of Receipt
	Mailing Address 3635 Bienville Blvd	02 23 / 2006		
	City	State	Zip Code	Transaction ID: 23603901
	Ocean Springs	MS	39564-5711	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Bienville Orthopaedic Spe-	Occupation		
	cialists		edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	500.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. Thomas J Blumenfeld, , MD			Date of Receipt
	Mailing Address 1020 29th St Ste 450			02 / 23 / 2006
	City	State	Zip Code	Transaction ID: 23603931
	Sacramento	CA	95816-5173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
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т	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 200 (check only one)    X
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Self Employed		Zip Code 77030-2305  n edic Surgeon e Year-to-Date ▼ 250.00	Date of Receipt  M M M / 23 / 2006  Transaction ID: 23603890  Amount of Each Receipt this Period  250.00
3.	Full Name (Last, First, Middle Initial) Dr. Dwight W Burney, III, MD  Mailing Address New Mexico Orthopaedics 201 Cedar SE Ste 6600  City Albuquerque  FEC ID number of contributing federal political committee.	State NM	Zip Code 87106-5411	Date of Receipt    M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Now Moving Orthogodies		n edic Surgeon e Year-to-Date ▼	
<b>D.</b>	Children's Specialists of	State CA C Occupation Orthopae	Zip Code 92123-4228  n edic Surgeon e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			1000.00
т	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 66 / 200		
TEMIZED RECEIPTS			or each category of the	(check only one)		
•			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions		
$\overline{}$	NAME OF COMMITTEE (In Full)					
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns		
۹.	Full Name (Last, First, Middle Initial) Dr. Rick F Papandrea, , MD			Date of Receipt		
	Mailing Address 1111 Delafield St Ste 120			02 23 7 2006		
	City	State WI	Zip Code	Transaction ID: 23603930		
	Waukesha		53188-3402	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	1000.00			
3.	Full Name (Last, First, Middle Initial) Dr. Simon M Cornelissen, , MD			Date of Receipt		
	Mailing Address Sullivan Orthopaedics PO Box 30			02 23 7 2006		
	City	State	Zip Code	Transaction ID: 23603903		
	Stoughton	MA	02072-0030	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation				
	Receipt For:		edic Surgeon • Year-to-Date ▼	_		
	Primary General	riggregate				
	Other (specify) ▼	0 0	250.00			
<del></del> Э.	Full Name (Last, First, Middle Initial) Dr. Thomas J Ditkoff, , MD			Date of Receipt		
	Mailing Address 6900 Orchard Lake Rd S	te 103		02 / 28 / 2006		
	City West Bloomfield	State	Zip Code	Transaction ID: 23610684		
	West Bloomfield	MI	48322-3424	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary ☐ General Other (specify) ▼	1 1	500.00			
s	SUBTOTAL of Receipts This Page (optional)					
_	OTAL This Desired floor and the first second to the first second t	)				
	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>			

SO	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 67 / 200			
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)			
	EIVIIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
_				13 14 15 16 17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns			
۹.	Full Name (Last, First, Middle Initial) Dr. Fred G Corley, , MD			Date of Receipt			
	Mailing Address Univ TX Health Sci Ctr 7703 Floyd Curl Dr MC-7	774		02 28 7 2006			
	City	State	Zip Code	Transaction ID: 23610697			
	San Antonio	TX	78229-3901	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Univ of Texas Health Scie-	Occupation	n edic Surgeon				
	nce Center Receipt For:		Year-to-Date ▼	-			
	Primary General			1			
	Other (specify) ▼	0 0	500.00				
3.	Full Name (Last, First, Middle Initial) Dr. Howard R Epps, , MD			Date of Receipt			
	Mailing Address 7401 S Main	02 28 2006					
	City	State	Zip Code	Transaction ID: 23610675			
	Houston	TX	77030-4509	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		500.00			
	Name of Employer Fondren Orthopedic Group,	Occupation					
	<u>LLP</u>		edic Surgeon				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,			
	Other (specify)		500.00				
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. John Larry Fambrough, , MD			Date of Receipt			
	Mailing Address 15781 Professional Plaza	a		02 28 2006			
	City	State	Zip Code	Transaction ID: 23610693			
	Hammond	LA	70403-1456	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer Self Employed	Occupation	n edic Surgeon				
	Receipt For:		Year-to-Date ▼	-			
	Primary General	111	050.00	1			
	Other (specify)		250.00				
SI	SUBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number on	lv)					

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 68 / 200
IT	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. Laith A Farjo, , MD			Date of Receipt
	Mailing Address 1808 Hermitage			02 28 7 2006
	City App Arbor	State	Zip Code	Transaction ID: 23610655
	Ann Arbor	MI	48104-4505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Advanced Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Jonathan P Garino, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedic Sure 1 Cupp Pavilion	02 / 28 / 2006		
	City	State	Zip Code	Transaction ID: 23610665
	Philadelphia	PA	19104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer University of Pennsylvania	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert S Gorab, , MD			Date of Receipt
	Mailing Address Orthopaedic Specialty In 280 S Main St Ste 200	st		02 / 28 / 2006
	City	State	Zip Code	Transaction ID: 23610645
	Orange	CA	92868-3852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopaedic Specialty Ins-	Occupation		
	titute Receipt For:		edic Surgeon • Year-to-Date ▼	-
	Primary General	Aggregate		1
	Other (specify) ▼		1000.00	
SI	JBTOTAL of Receipts This Page (optional)			2500.00
т	OTAL This Period (last page this line number on	ly)	<b>)</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 69 / 200				
TEMIZED RECEIPTS		or each category of the	(check only one)				
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17				
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
Political Action Committee of the Amer	rican Associ	iation of Orthopaedic Surgeo	ons				
Full Name (Last, First, Middle Initial)  Dr. Martin Jacob Greenberg, , MD			Date of Receipt				
Mailing Address 916 Merry Ln			02 / 28 / 2006				
City	State	Zip Code	Transaction ID: 23610656				
Oak Brook	<u>IL</u>	60523-1422	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1000.00				
Name of Employer Self Employed	Occupation	n edic Surgeon					
Receipt For:		e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	1000.00					
Full Name (Last, First, Middle Initial)  3. Dr. Benjamin Gulli, , MD			Date of Receipt				
Mailing Address 3366 Oakdale Ave N S	te 103		02 / 28 / 2006				
City	State	Zip Code	Transaction ID: 23610669				
Minneapolis	MN	55422-2961	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		500.00				
Name of Employer Twin Cities Orthopaedics	Occupation						
Receipt For:		edic Surgeon e Year-to-Date ▼	_				
Primary General	Aggregate		1				
Other (specify) ▼	0 0	500.00					
Full Name (Last, First, Middle Initial) Dr. John H Healey, , MD			Date of Receipt				
Mailing Address Sloan Kettering Cancel 1275 York Ave			02 28 7 2006				
City	State	Zip Code	Transaction ID: 23610637				
New York	NY	10021-6094	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1000.00				
Name of Employer Memorial Hospital	Occupation Orthopae	n edic Surgeon					
Receipt For:	Aggregate	e Year-to-Date ▼					
Primary General Other (specify) ▼	0 0	1000.00					
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional) 2500.00						
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TOTAL This Period (last page this line number	only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
Α.	Full Name (Last, First, Middle Initial) Dr. Harry N Herkowitz, , MD  Mailing Address Medical Office Bldg 3535 W 13 Mile Rd Ste 7  City	'44 State	Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Royal Oak  FEC ID number of contributing federal political committee.  Name of Employer Self Employed	Occupation Orthonog		Amount of Each Receipt this Period  500.00
	Receipt For:  Primary General  Other (specify) ▼		edic Surgeon  • Year-to-Date ▼  500.00	
3.	Full Name (Last, First, Middle Initial) Dr. C Thomas Hopkins, , MD  Mailing Address 717 S 8th St			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Griffin FEC ID number of contributing federal political committee.	State GA	Zip Code 30224-4818	Transaction ID: 23610640  Amount of Each Receipt this Period  250.00
	Name of Employer Orthopaedic & Sports Inju- ry Center, PC Receipt For:  Primary General Other (specify) ▼		n edic Surgeon • Year-to-Date ▼ 250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. William J Hozack, , MD  Mailing Address The Rothman Institute 925 Chestnut St 5th Fl  City	State	Zip Code	Date of Receipt    M M
	Philadelphia FEC ID number of contributing federal political committee.	PA C	19107-4216	Amount of Each Receipt this Period 1000.00
	Name of Employer Rothman Institute Orthopedic Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon  Year-to-Date   1000.00	
SI	UBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Statemore commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	ı Associa	ation of Orthopaedic Surgeo	ns
Α.	Kansas City  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  October 1997  October 1997  October 2997  October 2		Zip Code 64136-1259 dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / 28 / 2006  Transaction ID: 23610690  Amount of Each Receipt this Period  500.00
3.	Cleveland  FEC ID number of contributing federal political committee.  Name of Employer University Hospitals of Cleveland		Zip Code 44106-1736  dic Surgeon Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	New York  FEC ID number of contributing federal political committee.  Name of Employer Hospital for Special Surgery		Zip Code 10021-4898 In dic Surgeon Year-to-Date ▼	Date of Receipt  M M Z Z B Z D D G  Transaction ID: 23610686  Amount of Each Receipt this Period  500.00
S	UBTOTAL of Receipts This Page (optional)			1500.00
Т	OTAL This Period (last page this line number only) .		<b>)</b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 72 / 200
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12
			Dotailed Carrinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Randall J Lewis, , MD			Date of Receipt
	Mailing Address 2021 K St NW Ste 400			02 28 2006
	City	State	Zip Code	Transaction ID: 23610666
	Washington	DC	20006-1009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Doctors Lewis, Unger and	Occupation	n edic Surgeon	
	Barth Receipt For:	<del></del>	Year-to-Date ▼	
	Primary General	33 13		1
	Other (specify)	1	800.00	
				1
В.	Full Name (Last, First, Middle Initial) Dr. Ernest B Marsolais, , MD			Date of Receipt
	Mailing Address 2835 Drummond			M M / D D / Y Y Y Y
				02 28 2006
	City	State	Zip Code	Transaction ID: 23610689
	Shaker Heights	OH	44120-1829	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	1	
	University Anesthisia, Inc	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	250.00	1
	Other (specify)		200.00	
_	Full Name (Last, First, Middle Initial)			Date of Presint
C.	Dr. Joseph G Martin, , MD  Mailing Address 1414 W Lombard St			Date of Receipt
	Walling Address 1414 W Lottibard St			02 28 2006
	City	State	Zip Code	Transaction ID: 23610682
	Davenport	IA	52804-2152	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
Name of Employer ORA		Occupation		
		<u> </u>	edic Surgeon	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)			1
_	LIDTOTAL of December This December 1			1250.00
լ s	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 73 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar	ny information copied from such Reports and Stateme	ents mav	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the American	Associa	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. James R McCoy, , MD			Date of Receipt
	Mailing Address Searcy Med Ctr 2900 Hawkins Dr			02 28 2006
	City	State	Zip Code	Transaction ID: 23610674
	<u>Searcy</u>	AR	72143-4802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Searcy Medical Center	ccupation	dic Surgeon	
			Year-to-Date ▼	-
	Primary General	ggrogato		
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Meisles, , MD			Date of Receipt
Mailing Address Ortho Specialists 305 N York Rd City State				02 / 28 / 2006
			Zip Code	Transaction ID: 23610678
	Elmhurst II	L	60126-2317	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Self Employed	ccupation		
		•	dic Surgeon	_
	Receipt For: Ag	ggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Frederick N Meyer, , MD			Date of Receipt
	Mailing Address 6505 Sugar Pointe Ct			M M / D D / Y Y Y Y
				02 28 2006
	•	State	Zip Code	Transaction ID: 23610639
		<u>AL</u>	36695-2741	Amount of Each Receipt this Period
Receipt For: Aggregat				1000.00
		-		7
		•	dic Surgeon	_
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)		······	2250.00
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T	OTAL This Period (last page this line number only)		<b>b</b>	

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 74/200
TEMIZED RECEIPTS	or each category of the	(check only one)
	Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Statements	may not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name and	a address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Political Action Committee of the American As	sociation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  A. Dr. Jeffrey K Moore, , MD		Date of Receipt
Mailing Address 3714 Guardian Ave		02 28 2006
City State	e Zip Code	Transaction ID: 23610650
Morehead City NC	28557-4322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		500.00
Name of Employer Carteret Surgical Associa-		
tes	opaedic Surgeon egate Year-to-Date ▼	_
Receipt For: Aggre	egale fear-to-Date 🔻	1
Other (specify)	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. R Kent Moseman, , MD		Date of Receipt
Mailing Address 583 Clarizz Blvd		0 2 2 8 2 0 0 6
City State	e Zip Code	Transaction ID: 23610677
Bloomington IN	47401-5515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		1000.00
Name of Employer Self Employed Octube	oation	
Ortino	ppaedic Surgeon	
Receipt For: Aggre	egate Year-to-Date ▼	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial)		
Dr. Kenneth M Oates, , MD		Date of Receipt
Mailing Address 3516 W 3rd St		02 28 7 2006
City State	•	Transaction ID: 23610663
<u>Anacortes</u> WA	98221-1215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Northwest Orthogodic Sur		
gcons	ppaedic Surgeon	
	egate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 75 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED REGEN 13		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	$\gamma$ not be sold or used by any perso	
or		me and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
_	Full Name (Last, First, Middle Initial)			Data of Baselini
Α.	Dr. Gregory G Orson, , MD  Mailing Address 2049 Rose Creek Blvd			Date of Receipt
	2049 Nose Creek Bivu			02 28 2006
	City	State	Zip Code	Transaction ID: 23610691
	Fargo	ND	58104-6878	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Merit Care Health System	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		F00.00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Paul David Peterson, , MD			Date of Receipt
	Mailing Address 2950 S Elm PI Ste 460			0 2 2 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 23610672
	Broken Arrow	OK	74012-7863	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Broken Arrow Bone & Joint	Occupation		7
			edic Surgeon	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			Data of Baselini
C.	Dr. George W Prutzman, Jr, MD  Mailing Address 689 Sierra Rose Dr Ste B	 !		Date of Receipt
				02 28 2006
	City	State	Zip Code	Transaction ID: 23610679
	Reno	NV	89511-2076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Advanced Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	_ · · ·	1000.00	
	Other (specify) ▼			
s	UBTOTAL of Receipts This Page (optional)			2000.00
_	OTAL This Period (last page this line number onl	w)		
1 1	VIAL THIS I CHOW (IAST PAYE THIS HITE HUTTIDE! OH	y/	·······	

S	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 76 / 200
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12
Δ.	ovietamanting and transports Departs and Ota			13 14 15 16 17
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Delwin E Quenzer, , MD			Date of Receipt
	Mailing Address 5604 Glen Oaks Pointe			02 28 2006
	City State		Zip Code	Transaction ID: 23610649
	West Des Moines	IA	50266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Des Moines Orthopaedic Su- rgeons,PC	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify)		300.00	1
В.	Full Name (Last, First, Middle Initial) Dr. John Sargent Rogerson, , MD			Date of Receipt
	Mailing Address 2 Science Ct			M M / D D / Y Y Y Y
				02 28 2006
	City	State	Zip Code	Transaction ID: 23610658
	Madison	WI	53711-1088	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	,
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Alan Rosen, , MD			Date of Receipt
Ο.	Mailing Address 17270 Red Oak Dr Ste 2	200		M M / D D / Y Y Y Y
	17270 Fled Oak Bi Gle 2			02 28 2006
	City	State	Zip Code	Transaction ID: 23610636
	Houston	TX	77090-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer KSF Orthopaedic Center Occupat Orthopaedic		edic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	]
_	Outlot (apooliy) \			1
s	SUBTOTAL of Receipts This Page (optional)			1250.00
<b> </b>	OTAL This Period (last page this line number or	nlv)		
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S	CHEDULE A (FEC Form 3X)		Llac concrete cabadula(a)	FOR LINE NUMBER: PAGE 77 / 200
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any personal ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. Marc J Rosen, , MD			Date of Receipt
	Mailing Address 5605 W Eugle Ste 111			02 28 2006
	City	State	Zip Code	Transaction ID: 23610680
	Glendale	AZ	85304-1273	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Phoenix Orthopaedic	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Alan S Routman, , MD			Date of Receipt
	Mailing Address North Ridge Medical Pla			02 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5601 N Dixie Highway		e 210 State	Zip Code	Transaction ID: 23610692
	Oakland Park	FL	33334-4145	Amount of Each Receipt this Period
	FEC ID number of contributing		00004 4140	
	federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	-
	Other (specify)		1000.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Thomas A Russell, , MD			Date of Receipt
	Mailing Address 10328 Crooked Creek Ro	d		M M / D D / Y Y Y Y
	O.t.	04-4-	7in Oada	02 28 2006
	Collierville	State TN	Zip Code 38017-8954	Transaction ID: 23610701  Amount of Each Receipt this Period
	FEC ID number of contributing		00017 0004	
	federal political committee.	C		1000.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, , , ,	1000.00	1
	Other (specify) ▼	1 1	7000.00	1
s	UBTOTAL of Receipts This Page (optional)			2250.00
	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		E 78 / 200		
ITEMIZED RECEIPTS		or each category of the	(check only one)	_		
• • •	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c		
_				13 14 15	16 17	
Ar	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting con- solicit contributions from such co	tributions mmittee	
<u></u>	NAME OF COMMITTEE (In Full)					
$  \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surgeo	ne		
	Tollical Action Committee of the Ameri	Cari Associ	ation of Orthopaedic Surgeo	113		
	Full Name (Last, First, Middle Initial)					
A.	Dr. Eduardo Agustin Salvati, , MD			Date of Receipt		
	Mailing Address Hosp for Special Surger	у		0 2 2 8 Y	2006	
	535 E 70th St	01-1-	7:- 0 - 4 -		2006	
	City Now York	State	Zip Code	Transaction ID: 2361064		
	New York	NY	10021-4898	Amount of Each Receipt thi	s Period	
	FEC ID number of contributing federal political committee.	C			1000.00	
	rederal political committee.	-				
	Name of Employer Hospital for Special Surg-	Occupation				
	ery	<u> </u>	edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00			
	Other (specify)					
_	Full Name (Last, First, Middle Initial)					
В.	Dr. Carlton G Savory, , MD, FACS			Date of Receipt		
	Mailing Address 6262 Veterans Pkwy			M M / D D / Y	YYY	
				02 28	2006	
	City	State	Zip Code	Transaction ID: 2361064	3	
	Columbus	GA	31909-3540	Amount of Each Receipt thi	s Period	
	FEC ID number of contributing	С			500.00	
	federal political committee.				000.00	
	Name of Employer Hughston Clinic	Occupation	1			
	Hughston Clinić		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)		500.00			
C.	Full Name (Last, First, Middle Initial) Dr. Robert G Viere, , MD			Date of Receipt		
٠.	Mailing Address North Texas Spine Care	<u> </u>		M M / D D / Y	YYY	
	3600 Gaston Ave Ste 65			02 28	2006	
	City	State	Zip Code	Transaction ID: 2361069	5	
	Dallas	TX	75246-1906	Amount of Each Receipt thi	s Period	
	FEC ID number of contributing				1000.00	
	federal political committee.	C			1000.00	
		 1				
		edic Surgeon				
		Year-to-Date ▼				
Primary General						
Other (specify) ▼			1000.00			
_						
					2500.00	
s	UBTOTAL of Receipts This Page (optional)		······		2500.00	
TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Julie Wehner, , MD			Date of Receipt
	Mailing Address 916 Merry Ln			02 28 2006
		State	Zip Code	Transaction ID: 23610657
	Oak Brook II	_	60523-1422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		1000.00
	Colf Employed	cupation thopae	n edic Surgeon	
	Receipt For: Ag		e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
В.				Date of Receipt
	Mailing Address 1 Cupp Pavilion, Presbyteria 39th & Market Sts			02 28 2006
		State	Zip Code	Transaction ID: 23610642
		PA	19104-4228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Hospital of the Univ of	cupation		
	Pennsylvania		edic Surgeon • Year-to-Date ▼	
	Primary General	grogaic		1
	Other (specify) ▼		1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Bruce Wolock, , MD			Date of Receipt
	Mailing Address 8564 Leisure Hill Dr			02 28 2006
	,	State	Zip Code	Transaction ID: 23610664
	<u>Baltimore</u> <u>N</u>	/ID	21208-1740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		250.00
	Colf Employed	cupation thopae	n edic Surgeon	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
s	UBTOTAL of Receipts This Page (optional)			2250.00
	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 80 / 200
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta or for commercial purposes, other than using the na	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	can Associ	iation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  A. Dr. Mary Johanna Albert, , MD			Date of Receipt
Mailing Address 758 Old Norcross Rd Sto	e 100		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State		Zip Code	Transaction ID: 23610646
Lawrenceville	GA	30045-3386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date $lacktriangleright$	$\dashv$
Primary General	7.99.094.0		1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Mark Michael Allard, , MD			Date of Receipt
Mailing Address 1675 W Jefferson St Ste PO Box 857	e D		02 / 28 / 2006
City	State	Zip Code	Transaction ID: 23610668
Siloam Springs	AR	72761-3001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Ozark Orthopaedic & Sports	Occupation		
Medicine Cl		edic Surgeon	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)			+
Dr. Jaafar M Bazih, , MD			Date of Receipt
Mailing Address 4802 S 109th East Ave			02 28 7 2006
City	State	Zip Code	Transaction ID: 23610673
Tulsa	OK	74146-5822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Tulsa Bone and Joint Asso-	Occupation		7
<u>ciates</u> Orthopa		edic Surgeon	_
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
SUBTOTAL of Receipts This Page (optional)			1500.00
GODICIAL OF NECERPLS THIS FAGE (OPLICITAL)		······	
TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 200	
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any person	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.	Full Name (Last, First, Middle Initial) Dr. James H Beaty, , MD			Date of Receipt
	Mailing Address Campbell Clinic 1211 Union Ave Ste 500 City State			02 28 2006
			Zip Code	Transaction ID: 23610653
	Memphis	TN	38104-6656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Campbell Clinic	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Robert J Benz, , MD			Date of Receipt
υ.	Mailing Address 2500 E Prospect Rd			M M / D D / Y Y Y Y
				02 28 2006
	City	State	Zip Code	Transaction ID: 23610671
	Fort Collins	CO	80525-9718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Orthopaedic Center of the	Occupation		
	Rockies		edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			B. (B. )
Ċ.	Dr. Robert J Bercik, , MD  Mailing Address 1445 Raritan Rd			Date of Receipt
	Maining Address 1445 Raman Rd			02 28 2006
	City	State	Zip Code	Transaction ID: 23610652
	Clark	NJ	07066-1230	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Aggregate		Year-to-Date ▼	
	Primary General	· ·	500.00	1
	Other (specify)		300.00	1
s	UBTOTAL of Receipts This Page (optional)			1250.00
$\vdash$			<u> </u>	
T	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X)			llee eeeewate eeleedule(e)	FOR LINE NUMBER: PAGE 82 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\vdash$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel J Berry, , MD			Date of Receipt
	Mailing Address Mayo Clinic 200 First St SW			02 28 2006
	City	State	Zip Code	Transaction ID: 23610661
	Rochester MN		55905-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mayo Clinic	Occupation Orthopae	n dic Surgeon	7
	Receipt For:	•	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. James Frank Bethea, , MD			Date of Receipt
	Mailing Address Columbia Orthopaedic S	02 28 2006		
	City 1301 Taylor St Ste 3-0	Transaction ID: 23610651		
	Columbia	State SC	Zip Code 29201-2948	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer	Occupation	1	_
	Columbia Orthópaedic Specialists	-	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		
C.	Full Name (Last, First, Middle Initial) Dr. John W Blute, Jr, MD			Date of Receipt
٥.	Mailing Address No 11 Brier Hill Rd			M M / D D / Y Y Y Y
				02 28 2006
	City	State	Zip Code	Transaction ID: 23610683
	Acton	MA	01720-7751	Amount of Each Receipt this Period
	Receipt For:  Primary  General  Aggregate			250.00
			n dic Surgeon	
			Year-to-Date ▼	
			250.00	1
	Other (specify) ▼	0 0	250.00	1
s	UBTOTAL of Receipts This Page (optional)			1500.00
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T	OTAL This Period (last page this line number on	ly)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a  11b  11c  12
- '	<del></del>		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\geq$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
٩.	Full Name (Last, First, Middle Initial) Dr. John Thomas Bolger, , MD			Date of Receipt
	Mailing Address 1111 Delafield St Ste 120			02 28 7 2006
	City	State	Zip Code	Transaction ID: 23610635
	Waukesha	WI	53188-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Orthonaedic Associates of	Occupation Orthopae	n edic Surgeon	
	***************************************		Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Tomasz W Borowiecki, , MD			Date of Receipt
Mailing Address 49 Linden Ln				02 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State		State	Zip Code	Transaction ID: 23610688
	Springfield	IL	62712-8965	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Springfield Clinic	Occupation		
		•	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)		250.00	
).	Full Name (Last, First, Middle Initial) Dr. Matthew J Bueche, , MD			Date of Receipt
	Mailing Address 1259 Rickert Dr Ste 101			02 / 28 / 2006
	City	State	Zip Code	Transaction ID: 23610685
	Naperville	IL	60540-8904	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
M & M Orthopaedics Orthopa		Occupation Orthopae	n edic Surgeon	
			Year-to-Date ▼	7
	Primary General Other (specify)		500.00	
SI	JBTOTAL of Receipts This Page (optional)		<b>)</b>	1250.00
T	This Period (last page this line number only	<i>(</i> )	•	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 84 / 200
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		ame and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
_	Full Name (Last, First, Middle Initial)			
A.	Dr. Jorge Manuel Cabrera, , MD			Date of Receipt
	Mailing Address 6341 Sunset Dr Ste 100			02 28 2006
	City	State	Zip Code	Transaction ID: 23610676
	South Miami	FL	33143-4842	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation		7
	Sell Employed		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	, ,	500.00	
	Other (specify) ▼		000.00	
_	Full Name (Last, First, Middle Initial)			2. (2. )
В.	,			Date of Receipt
	Mailing Address Calallen Orthopaedics L 14317 Northwest Blvd	LP		02 28 2006
	City	State	Zip Code	Transaction ID: 23610638
	Corpus Christi	TX	78410-5123	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	1	7
	Calallen Orthopaedics	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	· · ·	500.00	
	Other (specify)	0 0	300.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Huntly Gordon Chapman, , MD			Date of Receipt
	Mailing Address 3600 Gaston Ave Ste 65	1		02 28 2006
	City	State	Zip Code	Transaction ID: 23610696
	Dallas	TX	75246-1906	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer North Texas Spine Care	Occupation		7
			edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	1000.00	
	Other (specify)			
_	IIDTOTAL of Descripts This Descriptions !!			2000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 85 / 200
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a     11b     11c     12     15     16     17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	/ not be sold or used by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	arro arro acc	political committee to	Conor Contribution in City Contribution.
Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  A. Dr. Paul Calvin Collins, , MD			Date of Receipt
Mailing Address 1520 W State Ste 220			02 28 7 2006
City	State	Zip Code	Transaction ID: 23610654
<u>Boise</u>	ID	83702-4085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		5000.00
Name of Employer Intermountain Orthopedics	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Edward Adrian Connolly, , MD			Date of Receipt
Mailing Address 520 Valley View Dr			02 28 2006
City	State	Zip Code	Transaction ID: 23610659
Moline	<u> L</u>	61265-6152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Orthopaedic & Rheumatology	Occupation		
Associates		edic Surgeon e Year-to-Date ▼	_
Receipt For:  Primary General	Aggregate	r rear-to-Date ▼	1
Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  Dr. Joseph E Alhadeff, , MD			Date of Receipt
Mailing Address 1555 Strawberry Mounta	ain Dr		02 28 2006
City	State	Zip Code	Transaction ID: 23610641
Roanoke	VA	24018-7686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Roanoke Orthopaedic Center	Occupation Orthopae	n edic Surgeon	
		e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			6000.00
TOTAL This Period (last page this line number or	alv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 86 / 200
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar	by information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Political Action Committee of the American		•	
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas Burke, , MD			Date of Receipt
	Mailing Address Associates In Orthorpaedic #505 Physician Office Bldg		or  Zip Code	0 2 2 8 2 0 0 6 Transaction ID: 23610700
	•	MA	02238	Amount of Each Receipt this Period
	FFC ID number of contribution	C		250.00
	Self Employed C	ccupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. John Z Edwards, , MD Mailing Address 1442 Whitman Dr			Date of Receipt
		0 2 2 8 2 0 0 6 Transaction ID: 23610687		
	•	State WY	Zip Code 82070-4871	Amount of Each Receipt this Period
	EEC ID assembles of a satisfaction	C	02070 4071	250.00
	Scripps Clinic C	•	edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, , MD			Date of Receipt
	Mailing Address 975 E 3rd St Box 260	_		03 / 03 / 2006
	,	State TN	Zip Code 37403-2103	Transaction ID: 23628774  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Orthoppodio Accopiatos	ccupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	Associa	ation of Orthopaedic Surgeo	ns
Α.	Cleveland Heights  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  October 1997  October 1997  October 2997  Oct		Zip Code 44106-4610  dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Huntsville  FEC ID number of contributing federal political committee.  Name of Employer Sportsmed Ortho Surg & Spine Ctr	•	Zip Code 35801-2844  dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Houston  FEC ID number of contributing federal political committee.  Name of Employer Shriners Hospitals  Octoor		Zip Code 77030-3701  dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	2000.00
T	OTAL This Period (last page this line number only) .			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 88 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
۸r	ny information copied from such Reports and Stateme	onte may	not be sold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the American	Associa	ation of Orthopaedic Surgeo	ns
_	Full Name (Leat First Middle Initial)			
۹.	Full Name (Last, First, Middle Initial) Dr. Elliott Hershman, , MD			Date of Receipt
	Mailing Address 130 E 77th St 7th FI			M M / D D / Y Y Y Y
	-		<b>-</b>	03 03 2006
		State VY	Zip Code	Transaction ID: 23624722
		N f	10021-1851	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
	Name of Employer Oc	ccupation	1	1
	•		dic Surgeon	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify)		1000.00	
	Cale (open)	1 1		
3.	Full Name (Last, First, Middle Initial) Dr. Mark W Hollmann, , MD			Date of Receipt
	Mailing Address 740 W Plymouth Ave			M M / D D / Y Y Y Y
	<u> </u>			03 03 2006
	•	State 	Zip Code	Transaction ID: 23628783
		FL	32720-3292	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Self Employed	ccupation	ı dic Surgeon	
		•	Year-to-Date ▼	_
	Primary General	1 1		
	Other (specify) ▼	1 1	500.00	
	Full Name (Last, First, Middle Initial)			
Э.	Dr. Melburn K Huebner, , MD			Date of Receipt
	Mailing Address 1901 Medi Park Dr Ste 10			M M / D D / Y Y Y Y
	City	State	Zip Code	03 03 2006
	•	TX	79106-2105	Transaction ID: 23629237  Amount of Each Receipt this Period
	EEC ID assembles of contribution		10.00 2.00	
	federal political committee.	3		250.00
	Name of Employer Octoor	ccupation	1	1
Seir-employed Orthor			dic Surgeon	
			Year-to-Date ▼	
	Primary General Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	
	•			1750.00
S	UBTOTAL of Receipts This Page (optional)			1750.00
_	OTAL THE DESCRIPTION OF THE STATE OF THE STA			
- 10	OTAL This Period (last page this line number only)		<b>•</b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 200
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TI LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12
Assistance discounting and the second December 201			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  A. Dr. Kenneth K Ishizue, , MD			Date of Receipt
Mailing Address 12705 Corte Cordillera			03 / 03 / 2006
City	State	Zip Code	Transaction ID: 23629233
Salinas	CA	93908-8942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Alan T Kawaguchi, , MD			Date of Receipt
Mailing Address Alpine Orthopaedic Med 333 E Alpine Ave	03 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 23628776
Stockton	CA	95204-3494	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Alpine Orthopaedic Medical	Occupation	n edic Surgeon	
Group Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial)			
Dr. Alvin Wayne Larkins, , MD			Date of Receipt
Mailing Address 3650 Laurel Ave			03 03 7 2006
City	State	Zip Code	Transaction ID: 23628780
<u>Beaumont</u>	TX	77707-2216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer Self Employed	Occupation	n edic Surgeon	
Receipt For:	1	e Year-to-Date ▼	7
Primary General Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			1050.00
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Ar	ly information copied from such Reports and Statemen for commercial purposes, other than using the name a	nts may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full) Political Action Committee of the American A	Associ	ation of Orthopaedic Surged	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. James Kevin Lynch, , MD			Date of Receipt			
	Mailing Address 1 Church St 4th FI		Zip Code	03 03 2000049			
	City Sta New Haven C	ate T	2ip Code 06510-3330	Transaction ID: 23629243  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			500.00			
	Self Employed	upation hopae	n edic Surgeon				
	Receipt For:  Primary General  Other (specify) ▼	gregate	e Year-to-Date ▼ 500.00				
В.	Full Name (Last, First, Middle Initial) Dr. Reginald V S McCoy, , MD Mailing Address 340 Dardanelli Ln Ste 14-A			Date of Receipt			
	•	ate ^	Zip Code	Transaction ID: 23628785			
	Los Gatos CA  FEC ID number of contributing federal political committee.  C		95032-1418	Amount of Each Receipt this Period  500.00			
	Self Employed	upation hopae	n edic Surgeon				
	Receipt For:  Primary  General  Other (specify) ▼	gregate	e Year-to-Date ▼ 500.00				
C.	Full Name (Last, First, Middle Initial) Dr. Richard F McKay, , MD Mailing Address 8 Medical Dr			Date of Receipt			
	Wildling Address & Wedical Di			03 03 2006			
	City Sta	ate 🗸	Zip Code 79106-4168	Transaction ID: 23624720  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.		73100-4100	500.00			
	Solf Employed	upation	n edic Surgeon				
	Receipt For:  Primary General  Other (specify) ▼	gregate	e Year-to-Date ▼ 500.00				
s	UBTOTAL of Receipts This Page (optional)		)	1500.00			
	OTAL This Period (last page this line number only)		•				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 91 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)  X 11a  11b  11c  12
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
<u>.                                    </u>	NAME OF COMMITTEE (In Full)	ino and add	aroot or any pointed committee to	CONTRACTOR IN CONTRACTOR IN CONTRACTOR
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Christopher B Michelsen, , MD			Date of Receipt
	Mailing Address 5141 Broadway Rm 3-02	9		03 03 7 2006
	City	State	Zip Code	Transaction ID: 23628784
	New York	NY	10034-1159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer NY Orthopaedic Hospital	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
3.	Full Name (Last, First, Middle Initial) Dr. Anthony F Pachelli, , MD			Date of Receipt
	Mailing Address 201 Cedar SE Ste 6600			03 / 03 / 2006
	City	State	Zip Code	Transaction ID: 23628771
	Albuquerque	NM	87106-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer New Mexico Orthopaedic As-	Occupation		
	sociates Receipt For:		edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate	: rear-to-Date ▼	1
	Other (specify) ▼		300.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Thomas J Parr, , MD			Date of Receipt
	Mailing Address 14090 Southwest Fwy Sto	e 130		03 / 03 / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	City	State	Zip Code	Transaction ID: 23628772
	Sugar Land	TX	77478-3683	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)			1550.00
т,	OTAL This Period (last page this line number only	v)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 92 / 200
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Jay David Pond, , MD			Date of Receipt
	Mailing Address 800 Orthopedic Way			M M / D D / Y Y Y Y
	City	Ctata	7in Codo	03 03 2006
	City	State TX	Zip Code	Transaction ID: 23629244
	Arlington	1/	76015-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Arlington Orthopedic Asso-	Occupation	n edic Surgeon	
	ciates Receipt For:		Year-to-Date ▼	
	Primary General	Aggregate	Flear-to-Date V	1
	Other (specify) ▼		250.00	
			0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. Andrew H Schmidt, , MD			Date of Receipt
٥.	Mailing Address 3630 Rosewood Ln			M M / D D / Y Y Y Y
				03 03 2006
	City	State	Zip Code	Transaction ID: 23629240
	Plymouth	MN	55441-1126	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			000.00
	Name of Employer	Occupation	1	7
	Hennepin Faculty Associates	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify)		300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Peter White Whitfield., MD			Date of Receipt
<b>U</b> .	Mailing Address 201 E Wendover Ave			M M / D D / Y Y Y Y
	Welldovel Ave			03 03 2006
	City	State	Zip Code	Transaction ID: 23628775
	Greensboro	NC	27401-1200	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
			0 0 0 0 0 0 0	1
	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$	daga.p.aa . aga (optional)			-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
۸.	Full Name (Last, First, Middle Initial) Dr. Lesley J Anderson, , MD			Date of Receipt
	Mailing Address 2100 Webster St Ste 309			03 / 03 / 2006
	City San Francisco	State CA	Zip Code 94115-2376	Transaction ID: 23628781
	FEC ID number of contributing federal political committee.	C	94113-2370	Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Phillip R Bacilla, Jr, MD			Date of Receipt
	Mailing Address 6424 Taylor Oaks	03 / 03 / 2006		
	City	State	Zip Code	Transaction ID: 23629234
	Alexandria  FEC ID number of contributing federal political committee.	C	71301-2772	Amount of Each Receipt this Period 500.00
	Name of Employer Mid-State Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. Stephen L Brenneke, , MD			Date of Receipt
	Mailing Address 3510 NE 122nd Ste 103			03 / 03 / 2006
	City	State	Zip Code	Transaction ID: 23629247
	Portland  FEC ID number of contributing federal political committee.	OR	97230-1500	Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1500.00
т	OTAL This Period (last page this line number on	ıly)	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. J Dean Cole, , MD  Mailing Address 2501 N Orange Ave Ste 340 Attn: PITAGAYE DOWNER			7.01	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State FL	Zip Code	Transaction ID: 23628786
	Orlando  FEC ID number of contributing federal political committee.	C	32804-4601	Amount of Each Receipt this Period  1000.00
	Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon  • Year-to-Date ▼  1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. William G Hamilton, , MD Mailing Address 2001 Cool Spring Dr		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	Zip Code	Transaction ID: 23624719	
	Alexandria	VA	22308-1635	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Dr. Andrew Park, , MD				Date of Receipt
Mailing Address 3600 Gaston Ave Ste 651				03 03 2006
	City	State	Zip Code	Transaction ID: 23628777
	Dallas	TX	75246-1906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 200
			or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a   11b   11c   12
			Botanoa Garrinary r ago	13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any person	on for the purpose of soliciting contributions
V	NAME OF COMMITTEE (In Full)	arrie ariu auc	aress or any political committee to	Solicit contributions from Such committee.
	` ,		ation of Outhernoodia Course	
$\angle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Marc Romayne Davidson, , MD			Date of Receipt
	Mailing Address 2088 Alpine Dr			M M / D D / Y Y Y Y
				03 06 2006
	City	State	Zip Code	Transaction ID: 23635419
	West Linn	OR	97068-8618	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Advantage Orthopaedics	Occupation		
			edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
В.	Full Name (Last, First, Middle Initial) Dr. Bryan D Den Hartog, , MD			Date of Receipt
	Mailing Address Black Hills Ortho& Spine	M M / D D / Y Y Y Y		
	7220 South Highway 16	03 06 2006		
	City	Transaction ID: 23635407		
	Rapid City	SD	57709-6850	Amount of Each Receipt this Period
	FEC ID number of contributing			4000.00
	federal political committee.	C		1000.00
				_
	Name of Employer Black Hills Orthopedic &	Occupation		
	Spine Center		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼	0 0	1000.00	1
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Denis Burke Drennan, , MD			Date of Receipt
	Mailing Address 1316 Sherman Ave			03 06 2006
	City	State	Zip Code	Transaction ID: 23635409
	Evanston	IL	60201-4361	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
				_
	Name of Employer Retired	Occupation		
	Pagaint For:		edic Surgeon e Year-to-Date ▼	$\dashv$
	Receipt For:	Aggregate	rtear-10-Dale ▼	_
	Primary General	' '	250.00	
	Other (specify) ▼			1
_				
1				2250.00
S	UBTOTAL of Receipts This Page (optional)		<b>)</b>	2230.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Frank P Giammattei, , MD			Date of Receipt
	Mailing Address Crozer-Chester Med Ctr Professional Office Bldg			03 / 06 / 4 2006
	City	State	Zip Code	Transaction ID: 23635155
	Upland	PA	19013	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Premier Orthopaedics	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Larry D Greenway, , MD			Date of Receipt
	Mailing Address 1015 E 32nd St Ste 101			03 / 06 / 2006
	City	State	Zip Code	Transaction ID: 23635410
	Austin	TX	78705-2700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Austin Bone & Joint Clinic	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Dr. Robert A Gurtler, , MD			Date of Receipt
	Mailing Address 2192 Wagon Trail Rd			03 06 7 2006
	City	State	Zip Code	Transaction ID: 23635147
	White Heath	<u> </u>	61884-9314	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
· · · · · · · · · · · · · · · · · · ·			e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
S	JBTOTAL of Receipts This Page (optional)			2000.00
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T	OTAL This Period (last page this line number on	ly)	<b>&gt;</b>	

0	CHEDIII E A /EEC Form 2V)	]		OR LINE NUMBER: PAGE 97 / 200		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Λ.	y information copied from such Reports and Sta	atamanta may	, not be cold or used by one norm			
or	for commercial purposes, other than using the r	name and ado	from the sold of used by any personal dress of any political committee to	osolicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas R Huberty, , MD			Date of Receipt		
	Mailing Address 2111 Ogden Ave			03 06 2006		
	City	State	Zip Code	Transaction ID: 23635152		
	Aurora	IL	60504-7597	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		1000.00		
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	7		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		1000.00	1		
	Other (specify) ▼	0 0	1000.00			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 3635 Bienville Blvd	03 06 2006				
	City	State	Zip Code	Transaction ID: 23635225		
	Ocean Springs	MS	39564-5711	Amount of Each Receipt this Period		
	•	IVIO	03304 37 11	Allount of Each Necept this Feriod		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Bienville Orthopaedic Spe-	Occupation	1	<b>-</b>		
	Bienville Orthopaedic Specialists		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		500,00	1		
	Other (specify) ▼	0 0	500.00			
C.	Full Name (Last, First, Middle Initial) Dr. E Michael Keating, , MD			Date of Receipt		
٠.	Mailing Address 1199 Hadley Rd			M M / D D / Y Y Y Y		
	1100 Hadicy Ha			03 06 2006		
	City	State	Zip Code	Transaction ID: 23635148		
	Mooresville	IN	46158-1797	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name_of Employer	Occupation	1	┪		
	Joint Replacement Surgeons of Indiana		edic Surgeon			
	Receipt For:		Year-to-Date ▼	7		
	Primary General	33 - 3 - 10		1		
Other (specify) ▼			1000.00			
				*		
ء	UBTOTAL of Receipts This Page (optional)			2500.00		
$\vdash$						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	ns		
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Robert A Kelly, , MD  Mailing Address 270 Chastain Rd NW  City Kennesaw  FEC ID number of contributing federal political committee.  Name of Employer Resurgens Orthopaedics  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)		Zip Code 30144-3012  n edic Surgeon e Year-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. John Charles Kofoed, , MD  Mailing Address 2619 Seminole Ct  City Fairfield  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)		Zip Code 94534-7871  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. James Hon-Kit Lau, , MD  Mailing Address 3010 W Orange Ave Ste  City  Anaheim  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State CA  C Occupation Orthopae	Zip Code 92804-3172  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S	UBTOTAL of Receipts This Page (optional)			1750.00
Т	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 99 / 200
	•	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carrinally Lage	13 14 15 16 17
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Gordon M Mead, , MD			Date of Receipt
,	Mailing Address PO Box 51455			M M / D D / Y Y Y Y
	Cit.	Ctata	7in Code	03 06 2006
	City	State	Zip Code	Transaction ID: 23635150
	Shreveport	LA	71135-1455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Highland Clinic	Occupation	n edic Surgeon	
	Pagaint For:		edic Surgeon  e Year-to-Date    T	_
	Receipt For:  Primary  General	Aygregate	r rear-to-date V	1
	Other (specify)		500.00	
			0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Dr. Evangelos Megariotis, , MD			Date of Receipt
υ.	Mailing Address 21 Ravona St			M M / D D / Y Y Y Y
	That in gradies 21 Havona of			03 06 2006
	City	State	Zip Code	Transaction ID: 23635227
	Clifton	NJ	07012-1521	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	2000.00
	federal political committee.	C		2000.00
	Name of Employer	Occupation	n	-
	Name of Employer Clifton Orthopedics PA		edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify)		2000.00	
	Full Name (Last, First, Middle Initial)			-
C.	Dr. Keith W Miller, , MD			Date of Receipt
	Mailing Address Central Indiana Ortho 3600 W Bethel Ave			03 06 2006
	City	State	Zip Code	Transaction ID: 23635411
	Muncie	IN	47304-5407	Amount of Each Receipt this Period
	FEC ID number of contributing	С		300.00
	federal political committee.			
	Name of Employer Central Indiana Orthopedi-	Occupation	n edic Surgeon	
	CS Receipt For:		e Year-to-Date <b>V</b>	$\dashv$
	Primary General	Aggregate	, roai to Dat∈ ▼	1
	Other (specify)		300.00	
			0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			2800.00
$\vdash$	,			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial) Dr. Ellen M Raney, , MD  Mailing Address 1310 Punahou St Shriners Hospital for Children City State			Zip Code	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	Honolulu  FEC ID number of contributing federal political committee.  Name of Employer Shriner's Hospital for Children  Receipt For:  Primary General Other (specify) ▼		96826-1099  n edic Surgeon e Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00
3.	Full Name (Last, First, Middle Initial) Dr. William J Robb, III, MD Mailing Address 2401 Ravine Way Ste 20	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City  Glenview  FEC ID number of contributing federal political committee.	State IL C	Zip Code 60025-7645	Transaction ID: 23635408  Amount of Each Receipt this Period  1000.00
	Name of Employer Illinois Bone & Joint Ins- titute  Receipt For:  Primary General  Other (specify) ▼		edic Surgeon e Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. David P Rouben, , MD Mailing Address 9300 Stones St Rd Ste 200				Date of Receipt  0 3
	City	State	Zip Code	Transaction ID: 23635142
	Louisville  FEC ID number of contributing federal political committee.	C	40272-2876	Amount of Each Receipt this Period  250.00
	Name of Employer River City Orthopedic  Receipt For:  Primary General  Other (specify) ▼		edic Surgeon  e Year-to-Date ▼  250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
T	OTAL This Period (last page this line number onl	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   17   18   17   18   19   19   19   19   19   19   19
Ar	ly information copied from such Reports and Statem for commercial purposes, other than using the name	ents may	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the American	Associ	ation of Orthopaedic Surged	ons
A.	Full Name (Last, First, Middle Initial) Dr. Benjamin D Rubin, , MD			Date of Receipt
	Mailing Address Orthopaedic Specialty Instit 280 S Main Ste 200			03 / 06 / 2006
	•	State CA	Zip Code 92868-3852	Transaction ID: 23635414
	EEC ID number of contribution	C	92000-3032	Amount of Each Receipt this Period  250.00
	Orthopaedic Specialty Institute		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	ggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard D Schmidt, , MD			Date of Receipt
	Mailing Address 7373 France Ave S Ste 312	<u>.</u>		03 / 06 / 2006
	•	State	Zip Code	Transaction ID: 23635156
		MN	55435-4549	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Self Employed	ccupation rthopae	n edic Surgeon	
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Dennis Martin Walker, , MD			Date of Receipt
	Mailing Address 1717 Oak Park Blvd 3rd Fl			03 06 YYYYY 03 06 2006
	•	State	Zip Code	Transaction ID: 23635413
	<u>Lake Charles</u>	LA	70601-8990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
			n edic Surgeon	
			Year-to-Date ▼	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)		)	1000.00
  -	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 102 / 200
ITEMIZED R	ECEIPTS		or each category of the	(check only one)
11			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information cor	pied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial p	urposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COM	MITTEE (In Full)			
Political Actio	n Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last Dr. Thomas Atkin	, First, Middle Initial) s, , MD			Date of Receipt
Mailing Address	5N105 Burr Rd			03 / 06 / 2006
City		State	Zip Code	Transaction ID: 23635144
Saint Charles		IL	60175-6106	Amount of Each Receipt this Period
FEC ID number federal political of		C		250.00
Name of Employ Self Employed	ver	Occupation Orthopae	n edic Surgeon	
Receipt For:			Year-to-Date ▼	
Primary Other (spe	General ecify) ▼		250.00	
Full Name (Last	, First, Middle Initial) venia MD			Date of Receipt
Mailing Address				03 / 06 / Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 23635226
<u>Newark</u>		NJ	07103-2425	Amount of Each Receipt this Period
FEC ID number federal political of		С		250.00
Name of Employ UMDNJ	/er	Occupation		
			edic Surgeon	
Receipt For: Primary	General	Aggregate	Year-to-Date ▼	
Other (spe			250.00	
Full Name (Last. Dr. Charles M Bli	, First, Middle Initial) tzer, , MD			Date of Receipt
Mailing Address	New Hampshire Ortho S 237 Route 108 Ste 205			03 / 06 / 4 2006
City		State	Zip Code	Transaction ID: 23635418
Somersworth		NH	03878-1517	Amount of Each Receipt this Period
FEC ID number federal political of		С		1000.00
Name of Employ New Hampshire	/er Ortho Socie-	Occupation		7
ty	, Otalio Socie-		edic Surgeon	
Receipt For:	Conoral	Aggregate	Year-to-Date ▼	
Primary Other (spe	☐ General		1000.00	
SUBTOTAL of Re	ceipts This Page (optional)			1500.00
TOTAL This Paris	nd (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 103 / 200				
ITEMIZED RECEIPTS			or each category of the	(check only one)    X   11a				
			Detailed Summary Page	13 14 15 16 17				
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any person	on for the purpose of soliciting contributions solicit contributions from such committee.				
<u> </u>	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,					
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons				
۹.	Full Name (Last, First, Middle Initial) Dr. S Terry Canale, , MD			Date of Receipt				
	Mailing Address Campbell Clinic 1400 S Germantown Rd			03 06 2006				
	City	State	Zip Code	Transaction ID: 23635141				
	Germantown	TN	38138-2205	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Campbell Clinic	Occupation Orthopae	n edic Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		250.00	]				
3.	Full Name (Last, First, Middle Initial) Dr. Ricardo M Canals-Morales, , MD			Date of Receipt				
	Mailing Address PO Box 360097	03 06 2006						
	City	State	Zip Code	Transaction ID: 23635415				
	San Juan	PR	00936-0097	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		750.00				
	Name of Employer Self Employed	Occupation	n edic Surgeon					
	Receipt For:		Year-to-Date <b>V</b>					
	Primary General	00 0		1				
	Other (specify) ▼	0 0	750.00					
Э.	Full Name (Last, First, Middle Initial) Dr. Kent Jason Lowry, , MD			Date of Receipt				
	Mailing Address 444 E Timber Dr			03 06 7 2006				
	City	State	Zip Code	Transaction ID: 23635145				
	Rhinelander	WI	54501-2852	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Northland Orthopedic Asso-	Occupation						
	ciates PC Receipt For:		edic Surgeon Year-to-Date <b>V</b>					
	Primary General	riggrogate		1				
	Other (specify) ▼	0 0	500.00					
S	SUBTOTAL of Receipts This Page (optional)							
	JBTOTAL of Receipts This Page (optional)		·················	1300.00				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 104 / 200
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	v information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Gregory P Duff, , MD			Date of Receipt
	Mailing Address 2600 Wheaton Way Ste			03 / 08 / 4 2006
	City	State	Zip Code	Transaction ID: 23661490
	Bremerton	WA	98310-3319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	<u> </u>	e Year-to-Date ▼	1
	Primary General		750.00	
	Other (specify) ▼		750.00	
3.	Full Name (Last, First, Middle Initial) Dr. Thomas L Erickson, , MD			Date of Receipt
	Mailing Address 1780 E Florence Blvd Ste			03 / 08 / 4 2006
	City	State	Zip Code	Transaction ID: 23661489
	Casa Grande	AZ	85222-4782	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Sierra Orthopaedics PC	Occupation		7
			edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
Э.	Full Name (Last, First, Middle Initial) Dr. John T Gill, , MD			Date of Receipt
	Mailing Address 8230 Walnut Hill Ln Ste			03 / 08 / 4 2006
	City	State	Zip Code	Transaction ID: 23661502
	Dallas	TX	75231-4431	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		7
	Receipt For:		edic Surgeon e Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	, rour to Date ¥	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
	,		<u> </u>	
T	OTAL This Period (last page this line number on	ly)	<b></b>	

9	CHEDULE A (FEC Form 3X)			OR LINE NUMBER: PAGE 105 / 200		
		Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\setminus$	NAME OF COMMITTEE (In Full)					
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Victor Goldberg, , MD			Date of Receipt		
	Mailing Address Case Western Reserve 11100 Euclid Ave	Univ		03 / 08 / 7 2006		
	City	State	Zip Code	Transaction ID: 23661475		
	Cleveland	OH	44106-5043	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Case Western Reserve Univ-	Occupation	n edic Surgeon	7		
	ersity Receipt For:		Year-to-Date ▼			
	Primary General	1 1	050.00	1		
	Other (specify)	0 0	250.00			
— В	Full Name (Last, First, Middle Initial) Dr. Larry D Herron, , MD			Date of Receipt		
٠.	Mailing Address 1304 Ella Street, Suite A	Δ		M M / D D / Y Y Y Y		
		03 08 2006				
	City	State	Zip Code	Transaction ID: 23661477		
	San Luis Obispo	CA	93401-4165	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Central Coast Orthopaedic	Occupation	1	7		
	Medical Grou	Orthopae	edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼	0 0				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. D Marshall Jemison, , MD			Date of Receipt		
	Mailing Address Hayes Hand Center 979 E 3rd St Ste C920			03 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 23661499		
	Chattanooga	TN	37403-2136	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Hayes Hand Center	Occupation Orthopae	n edic Surgeon	7		
	Receipt For:		Year-to-Date ▼	7		
	Primary General		500.00	1		
	Other (specify)		500.00	1		
,	LIPTOTAL of Possints This Page (entires)			1000.00		
$\vdash$	UBTOTAL of Receipts This Page (optional)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER	R: PAGE 106/200	
ITEMIZED RECEIPTS			or each category of the	(check only one)		
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b	11c   12	
_				13 14	15 16 17	
or	y information copied from such Reports and States for commercial purposes, other than using the i	n for the purpose of so solicit contributions fro	ontributions on such committee.			
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111			
$  \rangle$	Political Action Committee of the Ameri	ican Associ	ation of Orthonaedic Surgeo	ns		
		04117100001	ation of Orthopassis Surges			
_	Full Name (Last, First, Middle Initial)					
Α.	Dr. Frank R Joseph, , MD			Date of Receipt		
	Mailing Address 1285 Hembree Rd Ste 2	200A			8 2006	
	City	State	Zip Code	Transaction ID:		
	Roswell	GA	30076-4995		Receipt this Period	
			00070 4000	Amount of Lacin	<del> </del>	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Resurgens Orthopaedics	Occupation				
			edic Surgeon	_		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)	' '	250.00			
		0 0		1		
_	Full Name (Last, First, Middle Initial)					
В.	Dr. Abbott Kagan, II, MD			Date of Receipt		
	Mailing Address Florida Othopaedic Soc		D / Y Y Y Y Y			
	8710 College Pky	7'- 0-4-		8 2006		
	City State		Zip Code	Transaction ID: 23661463		
	Fort Myers	FL	33919-4811	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			1000.00	
	Tederal political committee.					
	Name of Employer Florida Orthopaedic Socie-	Occupation				
	ty		edic Surgeon			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	1000.00			
	Other (specify)	0 0	1 1 1 1 1 1 1			
	Full Name (Last, First, Middle Initial)					
C.	Dr. Mark Shannon Lawler, , MD			Date of Receipt		
	Mailing Address 4000 Civic Center Dr St	te 205		M M / D		
	Otto	01-1-	7'. 0. 4.		8 2006	
	City San Rafael	State	Zip Code	Transaction ID:		
		CA	94903-5233	Amount of Each	Receipt this Period	
	FEC ID number of contributing federal political committee.	C			1000.00	
	Name of Employer Self Employed	Occupation				
Orthopae			edic Surgeon			
			Year-to-Date ▼			
			1000.00			
	Other (specify)	0 0	0 0 0 0 0 0 0			
	UBTOTAL of Receipts This Page (optional)				2250.00	
$\vdash$						
T	OTAL This Period (last page this line number o	nly)	<b>)</b>			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		107 / 200		
	ITEMIZED RECEIPTS		or each category of the	(check only one)	۱ ، ۵		
•			Detailed Summary Page	X 11a 11b 11c 13 15	12   16     17		
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any person				
or	ny information copied from such Reports and Stator commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such comm	iittee.		
Λ	NAME OF COMMITTEE (In Full)						
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
_	Full Name (Last, First, Middle Initial)			5. (5. )			
Α.	Dr. Jeffrey L Lovallo, , MD			Date of Receipt	V		
	Mailing Address 7025 Benjamin St				0 0 6		
	City	State	Zip Code	Transaction ID: 23661497			
	Mc Lean	VA	22101-1550	Amount of Each Receipt this P	eriod		
	FEC ID number of contributing federal political committee.	C		10	00.00		
	Name of Employer	Occupation	 n	$\dashv$			
	Self-employed		edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	' '	1000.00	1			
	Other (specify)		1000.00				
— В.	Full Name (Last, First, Middle Initial) Dr. Fred G McQueary, , MD			Date of Receipt			
	Mailing Address 1229 E Seminole St Ste	230		M M / D D / Y Y	0 0 6		
	City	State	Zip Code	Transaction ID: 23661492	Transaction ID: 23661492		
	Springfield	MO	65804-2227	Amount of Each Receipt this P	eriod		
	FEC ID number of contributing federal political committee.	C		10	00.00		
	Name of Employer St John's Orthopaedic Ass-	Occupation	n				
	ociates	Orthopae	edic Surgeon				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	T	1000.00				
	Other (specify) ▼						
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Rosemarie M Morwessel, , MD			Date of Receipt			
	Mailing Address Azalea Orthos & Sports	Medicine		M M / D D / Y Y	YY		
	2860B Dauphin St		7.0.1		0 0 6		
	City Mobile	State <b>AL</b>	Zip Code	Transaction ID: 23661485	and and		
		AL	36606-2415	Amount of Each Receipt this P	eriod		
FEC ID number of contributing federal political committee.				5	500.00		
	Name of Employer Azalea Orthopaedics & Spo-	Occupation					
rts Medicine Onnopae							
			e Year-to-Date ▼	,			
	Other (specify)	' '	500.00				
_				<u> </u>			
s	UBTOTAL of Receipts This Page (optional)			25	00.00		
<b>-</b>	OTAL This Payind (last page this line pumber a	nly)					
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 / 200		
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —	
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Δ.,	winformation assign from such Departs and Ct	otomonto mo	, not be cold or used by ony norse	13 14	15 16 17	
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	solicit contributions from s	ing contributions such committee.			
	NAME OF COMMITTEE (In Full)		71			
$  \rangle$	Political Action Committee of the Ameri	ican Associ	ation of Orthopaedic Surgeo	ns		
	Full Name (Last, First, Middle Initial)			5		
A.	Dr. Paul Martin Puziss, , MD			Date of Receipt		
	Mailing Address 3130 Northwest Chapin	Dr		03 08	2006	
	City	State	Zip Code	Transaction ID: 23		
	Portland	OR	97229-8073	Amount of Each Red		
	FEC ID number of contributing				<del> </del>	
	federal political committee.	C			500.00	
	Name of Employer	Occupation	2	_		
	Name of Employer Semi-retired		edic Surgeon			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		500.00			
D	Full Name (Last, First, Middle Initial)			Date of Receipt		
Ь.	Dr. Scott Gunnar Quisling, , MD  Mailing Address 759 Old Norgross Pd S	M M / D D				
	Mailing Address 758 Old Norcross Rd Ste 100			03 08	2006	
	City State		Zip Code	Transaction ID: 23661494		
	Lawrenceville	GA	30045-3386	Amount of Each Receipt this Period		
	FEC ID number of contributing				250.00	
	federal political committee.	C			230.00	
	Name of Employer	Occupation	 1	-		
	Name of Employer Resurgens Orthopedics		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		250.00			
	E II News (Leaf First Mills Leaf S					
C.	Full Name (Last, First, Middle Initial) Dr. Craig P Smith, , MD			Date of Receipt		
	Mailing Address 4140 Centennial Hills B	lvd Ste A		M M / D D	/ Y Y Y Y	
				03 08	2006	
	City	State	Zip Code	Transaction ID: 23	361496	
	Casper	WY	82609-3265	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing	С			500.00	
	federal political committee.					
	Name of Employer Casper Orthopaedics	Occupation		7		
	- · · · · · · · · · · · · · · · · · · ·		edic Surgeon			
	Receipt For:	Aggregate	Year-to-Date ▼	.		
Primary General			500.00			
	Other (specify)		1 1 1 1 1 1 1	1		
6	UBTOTAL of Receipts This Page (optional)				1250.00	
$\vdash$	DE TAL OF HOODING THIS Fage (optional)					
T	OTAL This Period (last page this line number o	only)	<b>)</b>			

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 109 / 200
IT	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. John E Spieker, , MD			Date of Receipt
	Mailing Address 17005 Old Orchard Rd			03 / 08 / 2006
	City	State	Zip Code	Transaction ID: 23661471
	Lewes	DE	19958-4828	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. James C Strazzeri, , MD			Date of Receipt
	Mailing Address 11550 Indian Hills Rd Ste	351		03 / 08 / 2006
	City	State	Zip Code	Transaction ID: 23661465
	Mission Hills	CA	91345-1252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Self Employed 1	Occupation		
		•	edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. James H Van Olst, , MD			Date of Receipt
	Mailing Address 3855 NW Lincoln Ave			03 / 08 / 2006
	City	State	Zip Code	Transaction ID: 23661500
	Corvallis	OR	97330-2359	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Dotirod	Occupation	n edic Surgeon	
			Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
т,	OTAL This Period (last nage this line number only	v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Alex R Verhoogen, , MD  Mailing Address Advanced Surgical Ortho Sacred Heart Doctors Blo City Spokane  FEC ID number of contributing federal political committee.  Name of Employer Advanced Surgical Orthope-	State WA  C  Occupation	Zip Code 99204-2318	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	dics Receipt For:  Primary General  Other (specify) ▼		edic Surgeon e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Harvey M Wichman, , MD Mailing Address 1575 N Rivercenter Dr St	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Milwaukee	State WI	Zip Code 53212-3965	Transaction ID: 23661487  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Milwaukee Orthopedic Specialists  Receipt For:  Primary General  Other (specify) ▼	•	n edic Surgeon e Year-to-Date ▼ 250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. Russell E Windsor, , MD Mailing Address Hosp for Special Surgery			Date of Receipt
	535 E 70th St	State	Zip Code	0 3 0 8 2 0 0 6  Transaction ID: 23661484
	New York	NY	10021-4892	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Hospital for Special Surg- ery Receipt For: Primary General Other (specify)		n edic Surgeon e Year-to-Date ▼ 1000.00	
SI	JBTOTAL of Receipts This Page (optional)			2250.00
T	OTAL This Period (last page this line number on	v)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 111 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Iqbal Ansgar Anwar, , MD			Date of Receipt
	Mailing Address Dept of Orthopaedics 6041 Cadillac Ave			03 08 2006
	City	State	Zip Code	Transaction ID: 23661482
	Los Angeles	CA	90034-1702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation		7
		•	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	.
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, , MD			Date of Receipt
	Mailing Address 4409 Chinlee Ave			03 / 08 / 2006
	City	State	Zip Code	Transaction ID: 23661488
	Albuquerque	NM	87110-5715	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	New Mexico Orthonaedice	Occupation		7
		•	edic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	, [
	Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Dr. Henry A Backe, Jr, MD			Date of Receipt
	Mailing Address Orthopaedic Specialty Gro	oup,PC		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	75 Kings Highway Cutoff City	State	Zip Code	Transaction ID: 23661498
	Fairfield	CT	06824-5340	Amount of Each Receipt this Period
	FEC ID number of contributing		1111111	
	federal political committee.	C		500.00
	Solt Employed	Occupation		
			edic Surgeon	4
Receipt For: Aggregat Primary General		Aggregate	e Year-to-Date ▼	, [
	Other (specify)		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
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T	OTAL This Period (last nage this line number only	/\	<b>•</b>	

S	CHEDULE A (FEC Form 3X)		Han annount out 1173	FOR LINE NUMBER:	PAGE 112/200
			Use separate schedule(s) or each category of the	(check only one)	_
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting soliciting soliciting solicities.	g contributions ich committee
<u>.                                    </u>	NAME OF COMMITTEE (In Full)				
$\rangle$	Political Action Committee of the American	n Associ	ation of Orthopaedic Surgeo	ns	
	Full Name (Last, First, Middle Initial)				
٩.	Dr. Thomas E Baier, , MD			Date of Receipt	
	Mailing Address 725 Stonegate			03 08	2006
	City	State	Zip Code	Transaction ID: 236	
	Libertyville	IL	60048-1855	Amount of Each Rece	
	EEO ID assembles of a subside stine.	- '	1 1 1 1 1 1	7 tillount of East 1 too	<del> </del>
	federal political committee.	С			1000.00
	Greenleaf Orthonodic	Occupation Orthopae	n dic Surgeon		
			Year-to-Date ▼		
	Primary General				
	Other (specify) ▼	0 0	1000.00		
— 3.	Full Name (Last, First, Middle Initial) Dr. Carl E Becker, , MD			Date of Receipt	
	Mailing Address Westphal Group			M M / D D /	YYYY
	609 N Cherry St			03 08	2006
	City	State	Zip Code	Transaction ID: 236	61501
	Lancaster	PA	17602-2201	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	С			1000.00
	Name of Employer	Occupation	1		
		•	dic Surgeon		
		Aggregate	Year-to-Date ▼		
	Primary General Other (specify)		1000.00		
	Other (specify) \$	0 0	0 0 0 0 0 0 0		
Э.	Full Name (Last, First, Middle Initial) Dr. John D Bloom, , MD			Date of Receipt	
	Mailing Address 237 Route 108 Ste 205			03 08	2006
	City	State	Zip Code	Transaction ID: 236	
	Somersworth	NH	03878-1517	Amount of Each Rece	
	FEO ID according of a catally flow			1 1 1 1 1	<del> </del>
	federal political committee.	С			1000.00
	Spannact	Occupation Orthonae	n dic Surgeon	7	
	- · · · · · · · · · · · · · · · · · · ·		Year-to-Date ▼	_	
	Primary General	33 -3			
	Other (specify)		1000.00		
-	UBTOTAL of Receipts This Page (optional)				3000.00
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T	OTAL This Period (last page this line number only)	)	<b>)</b>		

S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 113 / 200
	· ·		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
01		arric aria add	iress of any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	on Accoci	ation of Orthonoodia Surges	ano.
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surged	1115
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Raymond J Boniface, , MD			Date of Receipt
	Mailing Address 835 McKay Ct Ste 100			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	03 08 2006
	City	State	Zip Code	Transaction ID: 23661493
	Youngstown	OH	44512-5786	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Self Employed	Occupation	1	
	Seir Employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	230.00	
	Full Name (Least First Middle Letter)			
В.	Full Name (Last, First, Middle Initial) Dr. Ross N Brudenell, , MD			Date of Receipt
	Mailing Address 3524 North Point Dr			M M / D D / Y Y Y Y
				03 08 2006
	City	State	Zip Code	Transaction ID: 23661467
	Anchorage	AK	99502-1519	Amount of Each Receipt this Period
	FEC ID number of contributing	C		2000.00
	federal political committee.	<u> </u>		2000.00
	Name of Employer	Occupation	1	7
	Retired		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	0000.00	1
	Other (specify) ▼		2000.00	
_	Full Name (Look First Middle L. 19. 1)			
C.	Full Name (Last, First, Middle Initial) Dr. Jonathan L Chang, , MD			Date of Receipt
	Mailing Address 707 S Garfield Ave Ste 2	201		M M / D D / Y Y Y Y
				03 08 2006
	City	State	Zip Code	Transaction ID: 23661495
	Alhambra	CA	91801-4438	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			555.55
	Name of Employer	Occupation	1	7
	Pacific Orthopaedic Medic- al Group		edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	E00.00	1
	Other (specify) ▼		500.00	
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1.				2750.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	2,0000
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and State or commercial purposes, other than using the name	ments may ne and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	ın Associ	ation of Orthopaedic Surgeo	ons
	Self Employed		Zip Code 70001-3029  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D M 2006  Transaction ID: 23661481  Amount of Each Receipt this Period  500.00
3.	Nyconn Orthopáedics	•	Zip Code 10128-6858  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	San Diego Orthopaedics		Zip Code 92103-2121  n edic Surgeon Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		·····	1250.00
т	OTAL This Period (last page this line number only	d		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 115 / 200
	TEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Brian L Davison, , MD			Date of Receipt
	Mailing Address 85 McNaughten Rd Ste 200			03 / 03 / 2006
	City	State	Zip Code	Transaction ID: 23682845
	Columbus	OH	43213-5111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Alfred Ainsley Durham, , MD			Date of Receipt
٠.	Mailing Address 4910 Valley View Blvd N	IVV		M M / D D / Y Y Y Y
	walling Address 4510 Valley View DIVU IV	03 13 2006		
	City	State	Zip Code	Transaction ID: 23682854
	Roanoke	VA	24012-2040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	n	7
	Self Employed 1	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
).	Full Name (Last, First, Middle Initial) Dr. Bruce T Faure, , MD			Date of Receipt
	Mailing Address 6849 W Ridgeview Dr			03 / 13 / 2006
	City	State	Zip Code	Transaction ID: 23682851
	Mequon	WI	53092-1008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1050.00
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T	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 116 / 200	
	ITEMIZED RECEIPTS		or each category of the	(check only one)
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or	y information copied from such Reports and Stator commercial purposes, other than using the national states.	ame and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial)			
A.	Dr. Jay P Ginther, , MD			Date of Receipt
	Mailing Address 1753 W Ridgeway Ste 1	03		03 13 2006
	City	State	Zip Code	Transaction ID: 23682830
	Waterloo	IA	50701-4544	Amount of Each Receipt this Period
			00701 4044	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Cedar Valley Medical Spec-	Occupation		
	ialists, PC		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Dr. Robert H Haralson, III, MD, M			Date of Receipt
	Mailing Address American Academy of C	rthopaedic	: Su	M M / D D / Y Y Y Y
	6300 N. River Rd	ппорасыю	, ou	03 13 2006
	City	State	Zip Code	Transaction ID: 23682849
	Rosemont	IL	60018-4206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer American Academy of Ortho-	Occupation	1	7
	paedic Surgeo		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	
	Other (specify) ▼	1 1		
C.	Full Name (Last, First, Middle Initial) Dr. Richard Justis Haynes, , MD			Date of Receipt
	Mailing Address Shriners Hosp for Childr 6977 Main St	en		03 13 7 9 9 9
	City	State	Zip Code	Transaction ID: 23682825
	Houston	TX	77030-3701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation		
Chrinara Haanifala			dic Surgeon	
	Receipt For:	·	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		500.00	
	IIDTOTAL of Descripto This Dame (action 1)			1000.00
L <sub>s</sub>	UBTOTAL of Receipts This Page (optional)		<u> </u>	
T	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 117 / 200				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a	7			
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
<u></u>	NAME OF COMMITTEE (In Full)				_			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ons				
Α.	Full Name (Last, First, Middle Initial) Dr. Alan Sander Hilibrand, , MD			Date of Receipt				
Λ.	Mailing Address The Rothman Institute 925 Chestnut St- 5th Fl			0 3 1 3 2 0 0 6				
	City	State	Zip Code	Transaction ID: 23682827				
	Philadelphia	PA	19107-4216	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer The Rothman Institute		edic Surgeon					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
В.	Full Name (Last, First, Middle Initial) Dr. Larry T Johnson, , MD			Date of Receipt	_			
	Mailing Address 1819 Beaver Creek Dr			03 13 7 2006				
	City	State	Zip Code	Transaction ID: 23682829				
	Duncanville	TX	75137-3729	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1000.00				
	Name of Employer Self Employed	Occupation	n edic Surgeon					
	Receipt For:		Year-to-Date ▼	7				
	Primary General Other (specify) ▼	1 1	1000.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Mary Ann E Keenan, , MD			Date of Receipt				
	Mailing Address Univ of Pennsylvania-De 3400 Spruce St 2 Silvers		0	03 13 2006				
	City	State	Zip Code	Transaction ID: 23682832				
	<u>Philadelphia</u>	PA	19104-4208	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Univ of Pennsylvania		edic Surgeon					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General Other (specify) ▼		1000.00					
s	UBTOTAL of Receipts This Page (optional)			3000.00				
Т	OTAL This Period (last page this line number or	OTAL This Period (last page this line number only)						

SC	CHEDULE A (FEC Form 3X)		Llac concrete cohodulo(a)	FOR LINE NUMBER: PAGE 118 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
An or	y information copied from such Reports and State for commercial purposes, other than using the nan	ments may ne and ado	not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		7,7	
$\rangle$	Political Action Committee of the America	ın Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Paul N Krop, , MD			Date of Receipt
	Mailing Address 230 Clearfield Ave Ste 124	4		03 / 13 / 2006
	City	State	Zip Code	Transaction ID: 23682841
	Virginia Beach	VA	23462-1832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Atlantic Orthonáedice	Occupation Orthopae	n dic Surgeon	
			Year-to-Date ▼	
	Primary General	1 1	500.00	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Keith L Markey, , MD			Date of Receipt
	Mailing Address 540 Madison Oak Ste 210	03 / 13 / 4 2006		
	City	State	Zip Code	Transaction ID: 23682838
	San Antonio	TX	78258-3920	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Colf Employed 1	Occupation		
			dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. William C McMaster, , MD			Date of Receipt
	Mailing Address 1310 W Stewart Dr Ste 50	)8		03 13 2006
	City	State	Zip Code	Transaction ID: 23682844
	<u>Orange</u>	CA	92868-3856	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed 1	Occupation Orthopae	n dic Surgeon	
			Year-to-Date ▼	7
	Primary General	-	050.00	1
	Other (specify) ▼	0 0	250.00	
SI	JBTOTAL of Receipts This Page (optional)			1250.00
	OTAL This Period (last page this line number only	`		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 119 / 200
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Richard John Mutty, , MD			Date of Receipt
	Mailing Address 1819 Black River Blvd			03 / 13 / 2006
	City	State	Zip Code	Transaction ID: 23682834
	Rome	NY	13440-2427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. David R Olson, , MD			Date of Receipt
	Mailing Address 5801 Long Brake Trail			03 13 2006
	City	State	Zip Code	Transaction ID: 23682833
	Edina	MN	55439-2623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Twin City Orthopaedics	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
<u>.                                    </u>	Full Name (Last, First, Middle Initial) Dr. George A Pugh, , MD			Date of Receipt
	Mailing Address 1124 Longridge Rd			03 13 2006
	City	State	Zip Code	Transaction ID: 23682846
	Oakland	CA	94610-1812	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer East Bay Orthopaedic Spec- ialists	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	
S	UBTOTAL of Receipts This Page (optional)			800.00
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T	OTAL This Period (last page this line number or	ıly)	<b>&gt;</b>	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 120 / 200				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)				
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
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An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
<u>.                                    </u>	NAME OF COMMITTEE (In Full)							
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns				
	Full Name (Last, First, Middle Initial)							
٩.	Dr. Robert M Ruth, , MD			Date of Receipt				
	Mailing Address 2323 DeLaVina St Ste 20	)1		03 13 2006				
	City	State	Zip Code	Transaction ID: 23682853				
	Santa Barbara	CA	93105-3879	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		250.00				
	Name of Employer Bucks Orthopaedic Surgery	Occupation						
	Associates		dic Surgeon	_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Other (specify)	' '	250.00					
	Guisi (opesily) 🔻	0 0	1 1 1 1 1 1 1					
3	Full Name (Last, First, Middle Initial) Dr. Perry L Schoenecker, , MD			Date of Receipt				
٠.	Mailing Address 2001 S Lindbergh Blvd			M M / D D / Y Y Y Y				
		03 13 2006						
	City	State	Zip Code	Transaction ID: 23682837				
	Saint Louis	MO	63131-3597	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		1000.00				
	Name of Employer Washington Univ School of	Occupation	1	7				
	Medicine Medicine		dic Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)	_ · · ·	1000.00					
	Other (specify)	1 1						
Э.	Full Name (Last, First, Middle Initial) Dr. Mary L Scovazzo, , MD			Date of Receipt				
	Mailing Address Northwest Orthopaedics 875 Swift Blvd	Associate	S	03 13 2006				
	City	State	Zip Code	Transaction ID: 23682826				
	Richland	WA	99352-3592	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		500.00				
	federal political committee.	0						
	Name of Employer Northwest Orthopaedic Ass-	Occupation	1	7				
	ociates		dic Surgeon					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	_ ' '	500.00					
	Stroit (openity)		0 0 0 0 0 0 0					
S	JBTOTAL of Receipts This Page (optional)		·····	1750.00				
T	OTAL This Period (last page this line number onl	y)						

S	CHEDULE A (FEC Form 3X)		Llee concrete cobodulo(e)	FOR LINE NUMBER: PAGE 121 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the American	can Associ	ation of Orthopaedic Surgeo	ons
۸.	Full Name (Last, First, Middle Initial) Dr. Richard E White, Jr, MD			Date of Receipt
	Mailing Address 201 Cedar St SE Ste 66			03 / 13 / 2006
	City	State	Zip Code	Transaction ID: 23682857
	Albuquerque	NM	87106-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer New Mexico Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	1000.00	1
	Other (specify) ▼	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Frank Eugene Whitney, , MD			Date of Receipt
	Mailing Address 940 Sylva Ln Ste E			03 / 13 / 2006
	City	State	Zip Code	Transaction ID: 23682840
	Sonora	CA	95370-5969	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00	
).	Full Name (Last, First, Middle Initial) Dr. Bertram Zarins, , MD			Date of Receipt
	Mailing Address Massachusetts General 55 Fruit St	Hospital		03 / 13 / 2006
	City	State	Zip Code	Transaction ID: 23682839
	Boston	MA	02114-2696	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		500.00	
S	UBTOTAL of Receipts This Page (optional)			2500.00

S	CHEDULE A (FEC Form 3X)		l la a consueta a charle la (a)	FOR LINE NUMBER: PAGE 122 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	Political Action Committee of the Americ	can Associ	ation of Orthonaedic Surgeo	ins
			and the control part of the good	
	Full Name (Last, First, Middle Initial)			
Α.	Dr. Robert S Adelaar, , MD			Date of Receipt
	Mailing Address Dept of Ortho Surgery Box 980153, MCV Static	n		03 13 2006
	City	State	Zip Code	Transaction ID: 23682836
	Richmond	VA	23298-0153	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	า	4
	Name of Employer Medical College of Virgin-		edic Surgeon	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Champ L Baker, Jr, MD			Date of Receipt
	Mailing Address 6262 Veterans Pkwy			M M / D D / Y Y Y Y
	PO Box 9517			03 13 2006
	City	State	Zip Code	Transaction ID: 23682858
	Columbus	GA	31909-3540	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			
	Name of Employer Hughston Orthopaedic Clin-	Occupation		7
	ic		edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Other (specify)		1 1 1 1 1 1 1	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. William P Barrett, , MD			Date of Receipt
	Mailing Address 4011 Talbot Rd S Ste 30	00		03 13 2006
	City	State	Zip Code	Transaction ID: 23682855
	Renton	WA	98055-5791	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer	Occupation	า	$\dashv$
	Valley Orthopaedic Associates		edic Surgeon	
	Receipt For:	<del></del>	Year-to-Date ▼	1
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
	HIPTOTAL of December This Proce (coding to			2500.00
L	UBTOTAL of Receipts This Page (optional)		······	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 123 / 200
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An	y information copied from such Reports and Stateme	ents may	not be sold or used by any perso	
or	for commercial purposes, other than using the name	and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$  \rangle$	Political Action Committee of the American	Associ	ation of Orthopaedic Surged	ons
$\angle$	E HALL (I LET LANGE LET LET LET LET LET LET LET LET LET LE			
Α.	Full Name (Last, First, Middle Initial) Dr. Laura Senunas Phieffer, , MD			Date of Receipt
	Mailing Address 10609 Church Hill Dr			M M / D D / Y Y Y Y
				03 13 2006
	•	State	Zip Code	Transaction ID: 23682835
	<u>Powell</u> 0	OH	43065-8629	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.			
	Name of Employer Ohio State University	ccupation	1	7
			dic Surgeon	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify)	1	500.00	
	Ottlei (specify)	0 0	0 0 0 0 0 0 0	.1
_	Full Name (Last, First, Middle Initial)			+
В.	Dr. Randolph Copeland, , MD			Date of Receipt
	Mailing Address 1609 Red Rock Dr			M M / D D / Y Y Y Y
	Oth. (6)	01-1-	03 14 2006	
	•	State NM	Zip Code	Transaction ID: 23682813
	<u>Canup</u> i	NIVI	87301-5651	Amount of Each Receipt this Period
	550 ID 1 ( 13 3			
	FEC ID number of contributing federal political committee.			300.00
	federal political committee.			300.00
	federal political committee.  Name of Employer ILS Public Health Service	ccupation		300.00
	federal political committee.  Name of Employer US Public Health Service, IHS  Octoor	ccupation rthopae	dic Surgeon	300.00
	federal political committee.  Name of Employer US Public Health Service, IHS  Octoor	ccupation rthopae		300.00
	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  A	ccupation rthopae	dic Surgeon	300.00
	federal political committee.  Name of Employer US Public Health Service, IHS  Receipt For: Primary General	ccupation rthopae	dic Surgeon Year-to-Date ▼	300.00
	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	ccupation rthopae	dic Surgeon Year-to-Date ▼	
<b>C</b> .	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD	ccupation rthopae	dic Surgeon Year-to-Date ▼	Date of Receipt
	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)	ccupation rthopae	dic Surgeon Year-to-Date ▼	
C.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102	ccupation rthopae	dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102	ccupation rthopae ggregate	dic Surgeon Year-to-Date ▼ 300.00	Date of Receipt
c.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown	ccupation rthopae ggregate	dic Surgeon Year-to-Date ▼  300.00  Zip Code	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown	ccupation	dic Surgeon Year-to-Date ▼  300.00  Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
c.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.	ccupation rthopae ggregate	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopa-	ccupatior rthopae ggregate	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopaedic & Sports  Receipt For:  A	ccupatior rthopae	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopaedic & Sports Receipt For: Primary General	ccupatior rthopae	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916  dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopaedic & Sports  Receipt For:  A	ccupatior rthopae	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopaedic & Sports Receipt For: Primary General	ccupatior rthopae	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916  dic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopaedic & Sports  Receipt For: Primary General Other (specify) ▼  A  October Sports  A  Committee  A  Committee  October Sports  Receipt For: Primary General Other (specify) ▼	ccupatior rthopae ggregate  State MD  ccupatior rthopae ggregate	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916  dic Surgeon Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	federal political committee.  Name of Employer US Public Health Service, IHS Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Lloyd G Cox, II, MD  Mailing Address 23000 Moakley St Ste 102  City Leonardtown  FEC ID number of contributing federal political committee.  Name of Employer Southern Maryland Orthopaedic & Sports Receipt For: Primary General	ccupatior rthopae ggregate  State MD  ccupatior rthopae ggregate	dic Surgeon Year-to-Date ▼  300.00  Zip Code 20650-2916  dic Surgeon Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 124 / 200
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Any information copied from such Reports and Star or for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial)  A. Dr. John W Gainor, , MD			Date of Receipt
Mailing Address PO Box 1200			03 / 14 / 2006
City	State	Zip Code	Transaction ID: 23682793
Santa Barbara	CA	93102-1200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Santa Barbara Medical Cli- nic	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. James L Gluck, , MD			Date of Receipt
Mailing Address 1507 W 21st St			03 / 14 / 2006
City	State	Zip Code	Transaction ID: 23682810
<u>Wichita</u>	KS	67203-2449	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify) ▼	0 0	300.00	
Full Name (Last, First, Middle Initial) Dr. David H Godfried, , MD			Date of Receipt
Mailing Address 89 Remington Rd			03 / 04 / 2006
City	State	Zip Code	Transaction ID: 23682811
Manhasset	NY	11030-2726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Children's Hospital	Occupation	n edic Surgeon	
Receipt For:		e Year-to-Date ▼	_
Primary General			1
Other (specify)	0 0	250.00	
SUBTOTAL of Receipts This Page (optional)			1250.00
TOTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	
or	for commercial purposes, other than using the na	me and add	lress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Shelton G Hopkins, , MD			Date of Receipt
	Mailing Address 7777 Forest Ln C106			03 14 2006
	City	State	Zip Code	Transaction ID: 23682798
	Dallas	TX	75230-6831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. Sergio D Ilic, , MD			Date of Receipt
	Mailing Address 7415 N Cedar Ste 102			03 / 14 / 2006
	City	State	Zip Code	Transaction ID: 23682804
	Fresno	CA	93720-3834	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation		
		•	dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. David J Kolessar, , MD			Date of Receipt
	Mailing Address Geisinger Clinic 1000 E Mountain Blvd			03 / 14 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23682816
	Wilkes Barre	PA	18711-0027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		7
			dic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
_	OTAL This Period (last nage this line number on			
- 17	LIE LUIS PERIOD (19ST DOME THIS ING NUMBER ON	V1		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 126 / 200
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Peter A Matsuura, , MD			Date of Receipt
	Mailing Address 670 Ponahawai St Ste 21	4		03 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23682824
	Hilo	HI	96720-2660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Dr. William Keith McKibbin, , MD			Date of Receipt
	Mailing Address 129 Skyview Dr			03 / 14 / 2006
	City	State	Zip Code	Transaction ID: 23682796
	Asheville	NC	28804-2720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Blue Ridge Bone & Joint	Occupation		
	Clinic, PĂ Receipt For:		edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate		
	Other (specify) ▼		365.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Ali Reza Motamedi, , MD			Date of Receipt
	Mailing Address 1250 16th St Ste 745			03 / 14 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23682821
	Santa Monica	CA	90404-1249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer UCLA	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1115.00
_	OTAL This Posted floor			
ſ	OTAL This Period (last page this line number onl	y)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 127 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name	e and add	lress of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the American	n Associ	ation of Orthopaedic Surgeo	ns
^	Full Name (Last, First, Middle Initial)			Data of Bassist
Α.	Dr. William Robert Niedermeier, , MD  Mailing Address 35 Prairie Ave Ste 200			Date of Receipt
	Maining Aldress 33 Frame Ave Ste 200			03 14 2006
	City	State	Zip Code	Transaction ID: 23682795
	Prairie Du Sac	WI	53578-1500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	ccupation	1	7
	<u>Cault I Taille</u>		edic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Carlot (opcomy) •	0 0	1 1 1 1 1 1 1	
В.	Full Name (Last, First, Middle Initial) Dr. Mary I O'Connor, , MD			Date of Receipt
	Mailing Address Mayo Clinic 4500 San Pablo Rd			03 14 2006
	•	State	Zip Code	Transaction ID: 23682809
	<u>Jacksonville</u>	FL	32224-1865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Mayo Clinic 'lacksonville	ccupation		7
		•	edic Surgeon	_
	Receipt For:  Primary General	rggregate	Year-to-Date ▼	
	Other (specify) ▼	1 1	300.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Chitranjan S Ranawat, , MD			Date of Receipt
	Mailing Address Lenox Hill Hosp-W Black H	lall		M M / D D / Y Y Y Y
	130 E 77th St 11th FI	<u> </u>		03 14 2006
	•	State NY	Zip Code	Transaction ID: 23682822
		INT	10021-1851	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Longy Hill Hospital	ccupation		
			edic Surgeon Year-to-Date <b>V</b>	-
	Primary General	iggi egale		
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	1800.00
Т	OTAL This Period (last page this line number only)		<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 128 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δr	ay information copied from such Reports and Stat	temente may	y not be sold or used by any person	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ons
A.				Date of Receipt
	Mailing Address 24723 Detroit Rd			03 14 2006
	City	State	Zip Code	Transaction ID: 23682815
	Westlake	OH	44145-2526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Orthopaedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	7
	Other (specify)		0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Dr. Richard Mills Roberts, , MD			Date of Receipt
Ь.	Mailing Address 2120 N MacArthur Blvd 9	Sto 100		M M / D D / Y Y Y Y
	Walling Address 2120 N MacAithur Blvd C	516 100		03 14 2006
	City	State	Zip Code	Transaction ID: 23682801
	Irving	TX	75061-2260	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Irving Orthopaedics	Occupation		
	Receipt For:		edic Surgeon  Year-to-Date	_
	Primary General	Aggregate	Teal-to-Date V	1
	Other (specify) ▼		500.00	
_				
C.	Full Name (Last, First, Middle Initial) Dr. Steve G Salyers, , MD			Date of Receipt
	Mailing Address 1060 Rossview Rd			M M / D D / Y Y Y Y
			7: 0 1	03 14 2006
	City Clarksville	State TN	Zip Code	Transaction ID: 23682823
		IIN	37043-1908	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Premier Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	1
	LIPTOTAL of Descripts This Descripts The			1500.00
L	UBTOTAL of Receipts This Page (optional)		······	
_	OTAL This Period (last page this line number on	ılv)	1	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 129 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMILLO ILLOCKI 10		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associa	ation of Orthopaedic Surged	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Mark Wellisch, , MD			Date of Receipt
	Mailing Address 16311 Ventura Blvd Ste 8	300		03 14 2006
	City	State	Zip Code	Transaction ID: 23682818
	Encino	CA	91436-2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer OCMG Inc.	Occupation Orthopae	dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
3.	Full Name (Last, First, Middle Initial) Dr. G William Woods, , MD			Date of Receipt
	Mailing Address 7401 S Main			03 14 2006
	City	State	Zip Code	Transaction ID: 23682812
	Houston	TX	77030-4509	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Fondren Orthopedic Group	Occupation Orthopae	dic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John W Adkison, , MD			Date of Receipt
	Mailing Address 1211 N 16th Ave			03 / 14 / 2006
	City	State	Zip Code	Transaction ID: 23682797
	<u>Yakima</u>	WA	98902-1347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Orthopedics Northwest		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
SI	JBTOTAL of Receipts This Page (optional)			2250.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:
Δr	y information copied from such Reports and Statement:	te mai	• •	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name an	nd add	dress of any political committee to	solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the American As	ssoci	ation of Orthopaedic Surged	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Richard David Barker, , MD			Date of Receipt
	Mailing Address 970 W Wooster Ste 222		7. 0.1	03 14 2006
	City Stat Bowling Green OH		Zip Code 43402-2662	Transaction ID: 23682803  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		10102 2002	2000.00
	Rowling Green Orthonaedics	upation nopae	n edic Surgeon	
	Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼ ☐ Aggr	regate	e Year-to-Date ▼ 2000.00	
В.	Full Name (Last, First, Middle Initial) Dr. John A Barrasso, , MD Million Address , 4140 Centennial Hills Blad Ste	- ^		Date of Receipt
	Mailing Address 4140 Centennial Hills Blvd Ste	03 14 2006		
	City Stat Casper WY		Zip Code	Transaction ID: 23682800
	Casper WY  FEC ID number of contributing federal political committee.  C	1	82609-3265	Amount of Each Receipt this Period  1000.00
	Self Employed	upation nopae	n edic Surgeon	
	Receipt For:  Primary  General  Other (specify) ▼	regate	Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Charles R Carozza, , MD			Date of Receipt
	Mailing Address 127 Union St			03 14 2006
	City Star Ridgewood NJ		Zip Code 07450-4478	Transaction ID: 23682806  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Solf Employed	upation nopae	n edic Surgeon	
	Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼	regate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			3500.00
	OTAL This Period (last page this line number only)		,	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 131 / 200
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,	13 14 15 16 17
An or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. Steven E Casey, , MD			Date of Receipt
	Mailing Address 711 Lawn Ave Prof Ctr Bldg 3			03 / 14 / 2006
	City	State	Zip Code	Transaction ID: 23682802
	Sellersville	PA	18960	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. C Perry Cooke, III, MD			Date of Receipt
	Mailing Address 5000 W Seneca Tpke			03 14 2006
	City	State	Zip Code	Transaction ID: 23682805
	Syracuse	NY	13215-2280	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Syracuse Orthopaedic Spec-	Occupation		7
	ialists, PC	•	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Douglas Mark Cooper, , MD			Date of Receipt
	Mailing Address Iowa Orthopaedic Societ 312 E Main St Ste 2400	у		03 / 17 / 2006
	City	State	Zip Code	Transaction ID: 23706268
	Marshalltown	IA	50158-1885	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Iowa Orthopaedic Society	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00
	· · · · · · · · · · · · · · · · · · ·		•	
T	OTAL This Period (last page this line number on	ly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 132 / 20	0
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12  13 14 15 16	<b>1</b> 7
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) Political Action Committee of the Amer				
Α.	Full Name (Last, First, Middle Initial) Dr. Scott P Fischer, , MD Mailing Address Orthopaedic Specialty	Institute		Date of Receipt  0 3 1 7 2 0 0 6	1
	280 S Main Ste 200 City	State	Zip Code	Transaction ID: 23706261	1
	Orange	CA	92868-3852	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1500.00	
	Name of Employer Self Employed		edic Surgeon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1500.00		
В.	Full Name (Last, First, Middle Initial) Dr. Sigvard T Hansen, Jr, MD Mailing Address Harborview Med Ctr			Date of Receipt	
	Foot & Ankle, Box 3597	799		03 17 2006	
	City	State	Zip Code	Transaction ID: 23706171	
	Seattle  FEC ID number of contributing federal political committee.	C	98104-2499	Amount of Each Receipt this Period  500.00	
	Name of Employer University of Washington		edic Surgeon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
C.	Full Name (Last, First, Middle Initial) Dr. Stephen T Ikard, , MD Mailing Address PO Box 2447			Date of Receipt  0 3 1 7 2 0 0 6	1
	City	State	Zip Code	Transaction ID: 23706178	1
	Tuscaloosa	AL	35403-2447	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer University Orthopaedics		edic Surgeon		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00		
s	UBTOTAL of Receipts This Page (optional)			3000.00	
Т	OTAL This Period (last page this line number of	only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 133 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
•	LIMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
۹.	Full Name (Last, First, Middle Initial) Dr. Haik G Kavookjian, , MD			Date of Receipt
	Mailing Address 555 Newfield Ave			03 / 07 / 2006
	City	State	Zip Code	Transaction ID: 23706168
	Stamford	CT	06905-3330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Dr. Gregg Louis Massanelli, , MD			Date of Receipt
	Mailing Address 704 W Grove Ste 5	03 / 07 / 4 2006		
	City	State	Zip Code	Transaction ID: 23706223
	El Dorado	AR	71730-4469	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer South Arkansas	Occupation		
		<u> </u>	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1000.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. David A McGuire, , MD			Date of Receipt
	Mailing Address 4100 Lake Otis Pkwy St	e 320		03 17 2006
	City	State	Zip Code	Transaction ID: 23706186
	Anchorage	AK	99508-5231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Anchorage Orthopaedic	Occupation		7
	Receipt For:	· · · · · · · · · · · · · · · · · · ·	edic Surgeon e Year-to-Date ▼	_
	Primary General	Aggregate	rear-to-date V	1
	Other (specify) ▼	0 0	1000.00	
S	UBTOTAL of Receipts This Page (optional)			2500.00
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T	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 134 / 200
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any person	n for the purpose of soliciting contributions
<u>.                                    </u>	NAME OF COMMITTEE (In Full)		are or any point of the second	
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۸.	Full Name (Last, First, Middle Initial) Dr. W Carlton Reckling, , MD			Date of Receipt
	Mailing Address 2208 Omega			03 17 2006
	City	State	Zip Code	Transaction ID: 23706167
	Cheyenne	WY	82009-1916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	230.00	
3.	Full Name (Last, First, Middle Initial) Dr. Alan M Reznik, , MD			Date of Receipt
	Mailing Address 199 Whitney Ave			03 / 07 / 2006
	City	State	Zip Code	Transaction ID: 23706166
	New Haven	CT	06511-3786	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Jon F Robinson, , MD			Date of Receipt
	Mailing Address Bridger Orthopedic and S 1450 Ellis St Ste 201	<u> </u>		03 / 17 / 2006
	City	State	Zip Code	Transaction ID: 23706265
	Bozeman	MT	59715-8813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Bridger Orthopedic and Sp-	Occupation	1	7
	orts Medicine		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Office (Specify)	0 0	0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			1000.00
т.	OTAL This Period (last page this line number onl	lv)		
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or i	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Muskogee Roné and Joint		Zip Code 74401-5096  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Solf Employed 1	•	Zip Code 92123-4230  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Self Employed 1		Zip Code 79416-2422  notic Surgeon Year-to-Date ▼ 250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number only	<b>/</b> )	<b>)</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 200 (check only one)  X 11a 11b 11c 12
An	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
$\frac{}{}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
۹.	Full Name (Last, First, Middle Initial) Dr. Susan M Swank, , MD			Date of Receipt
	Mailing Address 7 Chaparral Ln			03 17 2006
	City	State	Zip Code	Transaction ID: 23706187
	Rancho Palos Verde	CA	90275-5167	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer PIH/Spine Ctr		dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
_	Full Name (Last, First, Middle Initial)			Date of Bassist
э.	Dr. Steven J Triantafyllou, , MD  Mailing Address 1855 Powder Mill Rd			Date of Receipt    M M
	City	State	Zip Code	Transaction ID: 23706260
	York	PA	17402-4723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	dic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Howard L Wilcox, Jr, MD			Date of Receipt
	Mailing Address 26351 W Cedar Niles Circ	cle		0 3
	City	State	Zip Code	Transaction ID: 23706225
	Olathe	KS	66061-7478	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Mid America Bone and Joint		dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		PAGE 137 / 200	
ITEMIZED RECEIPTS			or each category of the	(check only one)	🗖
••	EMIZED RECEIL 10		Detailed Summary Page		11c   12 15   16   17
Δ,	by information conicd from such Benerte and St	otomonto moi	, not be cold or used by any norse		
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such	ch committee.
$\setminus$	NAME OF COMMITTEE (In Full)				
$\rangle$	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ns	
Α.	Full Name (Last, First, Middle Initial) Dr. Adolph J Yates, Jr, MD	<u> </u>		Date of Receipt	
	Mailing Address Univ of Pittsburgh Med Shadyside Medical Bldg	Ste 415		03 / 17	2006
	City	State	Zip Code	Transaction ID: 2370	)6226
	Pittsburgh	PA	15232	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			300.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	7	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) ▼	0 0	300.00		
В.	Full Name (Last, First, Middle Initial) Dr. Dale R Anderson, , MD			Date of Receipt	
	Mailing Address 101 E Minnesota Ave			0 3 / D D /	2006
	City	State	Zip Code	Transaction ID: 2370	)6176
	Rapid City	SD	57701-6204	Amount of Each Recei	pt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Self Employed	Occupation			
			edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. LeRoy Scott Atkins, Jr, MD			Date of Receipt	
	Mailing Address PO Box 2447			03 17	2006
	City	State	Zip Code	Transaction ID: 2370	06175
	Tuscaloosa	AL	35403-2447	Amount of Each Recei	
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer University Orthopaedics	Occupation Orthopae	n edic Surgeon		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	-	1000.00		
	Other (specify) ▼		1000.00		
s	UBTOTAL of Receipts This Page (optional)				2300.00
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1 1	OTAL This Period (last page this line number of	лиу)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a 11b 11c 12
Ar	ny information copied from such Reports and Staten	nents may	not be sold or used by any pers	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)  Political Action Committee of the American			
Α.	Full Name (Last, First, Middle Initial) Dr. Edward J Atler, , MD Mailing Address 1518 Plaza Encantada NW	I		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Albuquerque	State NM	Zip Code 87107-3255	Transaction ID: 23706269  Amount of Each Receipt this Period
	FFC ID number of contribution	C	07107 0200	500.00
	New Mexico Orthopaedic Associates		edic Surgeon e Year-to-Date ▼	
В.	Full Name (Last, First, Middle Initial) Dr. Michael Jacob Battaglia, , MD Mailing Address 104 Market St			Date of Receipt  0 3 1 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 23706263
	Annapolis	MD	21401-2633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	LIS Naw '	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. David Matthew Beard, , MD Mailing Address 3280 20th St South			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23706173
	Fargo	ND	58104-5917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed		edic Surgeon	
	Receipt For:  Primary  General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
Ļ	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 139 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Eric B Benz, , MD  Mailing Address Champlain Valley Orthor 1436 Exchange St	pedics		Date of Receipt  0 3 1 7 2 0 0 6
	City Middlebury	State VT	Zip Code	Transaction ID: 23706267
	FEC ID number of contributing federal political committee.	C	05753-1185	Amount of Each Receipt this Period  1000.00
	Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		edic Surgeon e Year-to-Date ▼	
 3.	Full Name (Last, First, Middle Initial) Dr. Robert Brent Blake, , MD			Date of Receipt
	Mailing Address Bridger Orthopedic and S 1450 Ellis St Ste 201	Sports Med		03 / 17 / 2006
	City	State MT	Zip Code	Transaction ID: 23706266
	Bozeman FEC ID number of contributing federal political committee.	C	59715-8813	Amount of Each Receipt this Period 500.00
	Name of Employer Bridger Orthopaedic and Sports Medicin Receipt For:  ☐ Primary ☐ General  ☐ Other (specify) ▼		n edic Surgeon e Year-to-Date ▼	
 C.	Full Name (Last, First, Middle Initial) Dr. Stephen E Blythe, , MD			Date of Receipt
	Mailing Address 1403 N Green Way Dr			03 / 17 / 2006
	City Coral Gables	State FL	Zip Code 33134-4774	Transaction ID: 23706227
	FEC ID number of contributing federal political committee.	C	35134-4774	Amount of Each Receipt this Period  1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SI	UBTOTAL of Receipts This Page (optional)			2500.00
T	OTAL This Period (last page this line number on	ly)	<b></b>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 140 / 200
TEMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED NEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
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Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
Full Name (Last, First, Middle Initial)  A. Dr. H Chester Boston, Jr, MD			Date of Receipt
Mailing Address PO Box 2447			03 / 17 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 23706177
Tuscaloosa	AL	35403-2447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer University Orthopaedic Cl- inic PC	Occupation	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1000.00	1
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial) Dr. William Landess Bourland, , MD			Date of Receipt
Mailing Address 6286 Briarcrest Ave			03 / 17 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 23706224
Memphis	<u>TN</u>	38120-4078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Ortho Memphis	Occupation		
·		edic Surgeon	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		500.00	
Full Name (Last, First, Middle Initial)  Dr. John D Campbell, , MD			Date of Receipt
Mailing Address Bridger Ortho & Sports 1450 Ellis St Ste 201	Med PC		03 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 23706259
Bozeman	MT	59715-8813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Bridger Orthopedic and Sp-	Occupation	n	7
orts Medicine	1	edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	1	500.00	
Other (specify) ▼	0 0	0 0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional)			2000.00
TOTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 200   (check only one)   X   11a   11b   11c   12
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or	ly information copied from such Reports and Stateme for commercial purposes, other than using the name	and add	rnot be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	Associ	ation of Orthopaedic Surgeo	ons
Α.	Full Name (Last, First, Middle Initial) Dr. Robert H Clayburgh, , MD Mailing Address Valley Bone & Joint Clinic			Date of Receipt
	3035 Demers Ave	tate	Zip Code	0 3 1 7 2 0 0 6 Transaction ID: 23706170
	•	ID	58201-4025	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	;		500.00
	Self Employèd Ori	cupation thopae	n edic Surgeon	
	Receipt For:  Primary  General  Other (specify) ▼	gregate	Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Juliet M DeCampos, , MD Mailing Address 9400 University Pkwy Ste 30	)9		Date of Receipt
		03 28 2006		
	City S Pensacola F	tate	Zip Code	Transaction ID: 23746766
	FEC ID number of contributing federal political committee.		32514-5485	Amount of Each Receipt this Period  250.00
	Self Employèd Ori		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	gregate	year-to-Date ▼ 250.00	
c.	Full Name (Last, First, Middle Initial) Dr. Kenneth J Edwards, , MD			Date of Receipt
	Mailing Address 183 Peace Blvd			03 28 2006
		tate	Zip Code	Transaction ID: 23746744
	Saint Joseph N	<u>/II</u>	49085-9146	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Divorvious Orthonordice 9	cupation		
	Oporto Micalci		edic Surgeon e Year-to-Date ▼	_
	Primary General Other (specify) ▼	, ,	500.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
  -	OTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form	3X)		FOR LINE NUMBER: PAGE 142 / 200
	JK)	Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	and Statements maging the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the	American Assoc	ation of Orthopaedic Surge	ons
Full Name (Last, First, Middle Initial)  A. Dr. Jacqueline M Fogarty, , MD			Date of Receipt
Mailing Address 409 Oak Ln			03 28 2006
City	State	Zip Code	Transaction ID: 23746764
South Boston	VA	24592-1633	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	<del></del>	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial)  3. Dr. Joe L Gerald, , MD			Date of Receipt
Mailing Address 919 Med Ctr Dr	0 3 2 8 2 0 0 6		
City	State	Zip Code	Transaction ID: 23746746
Bessemer	AL	35022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self Employed	Occupatio		
Receipt For:		edic Surgeon e Year-to-Date ▼	_
Primary General	Aggregate	, real to Bate ¥	7
Other (specify) ▼	0 0	1000.00	
Full Name (Last, First, Middle Initial)  Dr. Robert Mark Hazel, , MD	•		Date of Receipt
Mailing Address 6701 Heritage Pk	wy Ste 140		03 / 28 / 2006
City	State	Zip Code	Transaction ID: 23746747
Rockwall	TX	75087-8799	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Orthopae	n edic Surgeon	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (option	onal)		1500.00
TOTAL This Period (last page this line n	umber only)	I	

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 143 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ons
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Dr. Max R Kasselt, , MD			Date of Receipt
	Mailing Address 2104 N Herritage St		7: 0.1	03 / 28 / 2006
	City Kinston	State NC	Zip Code 28501-2222	Transaction ID: 23746754  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	100012	500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Dr. E Jeff Kennedy, , MD			Date of Receipt
	Mailing Address 1020 River Oaks Dr Ste	03 / 28 / Y Y Y Y Y Y		
	City Flowood	State MS	Zip Code 39232-9536	Transaction ID: 23746763
	FEC ID number of contributing federal political committee.	C	39232-9330	Amount of Each Receipt this Period  250.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Delores K Kirkpatrick, , MD			Date of Receipt
	Mailing Address 5671 Peachtree Dunwoo Ste 900			03 / 28 / 4 2006
	City Atlanta	State GA	Zip Code 30342-5022	Transaction ID: 23746752  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Resurgens Orthopaedics	Occupation Orthopae	n edic Surgeon	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			1250.00
T	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 144 / 200
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ai	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)	iamo ana aa	are or any pointed committee to	Constructions from Cash Committee.
	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons
_	Full Name (Last, First, Middle Initial)			Date of Descript
Α.	Dr. John S Kirkpatrick, , MD  Mailing Address Univ of Alabama at Birr	ningham		Date of Receipt
	510 20th St South	01-1-	7'- 0-4-	03 28 2006
	City Birmingham	State <b>AL</b>	Zip Code 35294-0001	Transaction ID: 23746753
	FEC ID number of contributing		33294-0001	Amount of Each Receipt this Period
	federal political committee.	C		500.00
	Name of Employer Univ of Alabama at Birmin-	Occupation	n edic Surgeon	
	gham Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	500.00	
R	Full Name (Last, First, Middle Initial) Dr. Louis J Mariorenzi, , MD			Date of Receipt
٥.	Mailing Address 725 Reservoir Ave Ste	101		M M / D D / Y Y Y Y
	City	State	Zip Code	0 3 2 8 2 0 0 6  Transaction ID: 23746756
	Cranston	RI	02910-4450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Orthopaedic Associates,	Occupation		
	Inc Receipt For:		edic Surgeon e Year-to-Date ▼	
	Primary General	7 iggi ogaic		1
	Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Steven Douglas K Ross, , MD			Date of Receipt
٠.	Mailing Address Dept of Orthopaedics-U	CI		M M / D D / Y Y Y Y
	Attn: Jackie Krisher		7: 0.1	03 28 2006
	City Orange	State CA	Zip Code 92868	Transaction ID: 23746757  Amount of Each Receipt this Period
	FEC ID number of contributing		32000	
	federal political committee.	C		250.00
	Name of Employer UCI	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General	39 - 3		1
	Other (specify) ▼		250.00	
	LUBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 145 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
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				13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
<u></u>	NAME OF COMMITTEE (In Full)			
$  \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	nns
		04117100001	anon or orthopassis surges	
_	Full Name (Last, First, Middle Initial)			
Α.				Date of Receipt
	Mailing Address El Mirador 8th St G-15			03 28 2006
	City	State	Zip Code	Transaction ID: 23746768
	San Juan	PR	00926	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1 1 1	
	federal political committee.	C		500.00
	None of Family as	10		
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	_
	Primary General	, igg. ogaio		1
	Other (specify) ▼		500.00	
ь	Full Name (Last, First, Middle Initial)			Data of Bossint
В.	Dr. Vincent E Vena, , MD  Mailing Address 2 Celeste Dr			Date of Receipt
	Walling Address 2 Geleste Dr			03 28 2006
	City	State	Zip Code	Transaction ID: 23746748
	Johnstown	PA	15905-2832	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Occupation	1	7
	Self Employed 1	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Michael B Vessely, , MD			Date of Receipt
	Mailing Address 16869 SW 65th Ave			M M / D D / Y Y Y Y
	PMB 323		7' 0 1	03 28 2006
	City	State OR	Zip Code	Transaction ID: 23746765
	Lake Oswego	Uh	97035-7865	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		750.00
	Name of Employer Portland Clinic	Occupation		
			edic Surgeon	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		750.00	
		-		1
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s	UBTOTAL of Receipts This Page (optional)			1500.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 146 / 200
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	ons		
Α.	Full Name (Last, First, Middle Initial) Dr. Stephen C Weber, , MD			Date of Receipt
	Mailing Address 2801 K St Ste 310			03 28 2006
	City	State	Zip Code	Transaction ID: 23746759
	Sacramento CA		95816-5119	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. George William Wood, II, MD			Date of Receipt
	Mailing Address Campbell Clinic 1211 Union Ave Ste 500	03 28 2006		
	City	State	Zip Code	Transaction ID: 23746758
	Memphis	TN	38104-6656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Campbell Clinic	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	<del>-</del>
	Primary General	1.999		
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Dr. Mark W Woolf			Date of Receipt
	Mailing Address 800 ORTHOPEDIC WAY	Y		03 28 2006
	City	State	Zip Code	Transaction ID: 23746750
	Arlington	TX	76015-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		350.00
			n edic Surgeon	
			Year-to-Date ▼	
	Primary General		050.00	7
	Other (specify) ▼		350.00	
s	UBTOTAL of Receipts This Page (optional)			1100.00
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т	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 147 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Jeffrey D Yoder, , MD  Mailing Address 1907 W Sycamore St Medical Office Bldg 200			Date of Receipt  0 3
	City	State	Zip Code	Transaction ID: 23746762
	Kokomo	IN	46901-4197	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Self employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. James B Benjamin, , MD Mailing Address 1555 E River Rd			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23746760
	Tucson	AZ	85718-7626	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Terry A Clyburn, , MD			Date of Receipt
	Mailing Address UT Orthopaedic 6410 Fannin Ste 1100			03 / 28 / 4 2006
	City	State	Zip Code	Transaction ID: 23746745
	Houston  FEC ID number of contributing federal political committee.	C	77030-5302	Amount of Each Receipt this Period  500.00
	Name of Employer UT Houston Medical School	Occupation	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
т.	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 148 / 200
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Political Action Committee of the Ameri	can Associ	iation of Orthopaedic Surgeo	ns
Full Name (Last, First, Middle Initial)  1. Dr. John J DiBiase, , MD			Date of Receipt
Mailing Address 26 Independence Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 23746901
Titusville	NJ	08560-1523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Trenton Orthopaedic Group	Occupation	n edic Surgeon	
Receipt For:	<del> </del>	e Year-to-Date ▼	
Primary General		250.00	1
☐ Other (specify) ▼	0 0		
Full Name (Last, First, Middle Initial)  3. Dr. Kiran J Dave, , MD			Date of Receipt
Mailing Address 214 SW 26th Ave Ste A			03 29 7 9 2006
City	State	Zip Code	Transaction ID: 23746890
Mineral Wells	TX	76067-8249	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupation		7
-		edic Surgeon	_
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)		250.00	
Full Name (Last, First, Middle Initial)			
Dr. Douglas A Dennis, , MD			Date of Receipt
Mailing Address Colorado Joint Replaced 2535 S Downing St Ste			03 29 2006
City	State	Zip Code	Transaction ID: 23746908
Denver	CO	80210-5848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Colorado Joint Replacement	Occupation		7
		edic Surgeon	_
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)		1000.00	
		0 0 0 0 0 0 0	1
SUBTOTAL of Receipts This Page (optional)		·····	1500.00
TOTAL This Period (last nage this line number o	nlv)		

SCHEDULE A (	FFC Form 3X)			FOR LINE NUMB	ER: PAGE 149/200
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)	
I EMIZED RECI	EIPIS		Detailed Summary Page	X 11a 11	b 11c 12
				13 14	15 16 17
Any information copied for for commercial purpos	rom such Reports and States, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of a solicit contributions t	soliciting contributions from such committee.
NAME OF COMMITT					
1	, ,	an Associ	ation of Orthopaedic Surgeo	ns	
Full Name (Last, First	•			Date of Receip	ot
Mailing Address 27	27 W Holcombe			0 3	29 Y Y Y Y Y Y 2006
City		State	Zip Code	Transaction ID	): 23746891
<u>Houston</u>		TX	77025-1669	Amount of Eac	ch Receipt this Period
FEC ID number of co federal political comm		C			750.00
Name of Employer Kelsey Seyhold Clinic	;	Occupation Orthopae	n edic Surgeon		
Receipt For:		<u> </u>	Year-to-Date ▼		
Primary Other (specify)	General ▼		750.00		
Full Name (Last, First				Date of Receip	ot .
Mailing Address 53	8880 Carmichael Dr	0 3 / D	29 Y Y Y Y Y Y 2006		
City		State	Zip Code	Transaction ID	<b>)</b> : 23746883
South Bend		IN	46635-1567	Amount of Eac	ch Receipt this Period
FEC ID number of co federal political comm		С			500.00
Name of Employer Self-employed		Occupation			
	1		edic Surgeon		
Receipt For:	7.0	Aggregate	e Year-to-Date ▼		
Other (specify)	General ▼		500.00		
Full Name (Last, First	,			Date of Receip	ot
10	rtho Surg Specialist Mo 3 Park St Ste 1G			03	29 / 2006
City		State	Zip Code	Transaction ID	
<u>Montclair</u>		NJ	07042-2935	Amount of Eac	ch Receipt this Period
FEC ID number of co federal political comm		С			500.00
Name of Employer Self Employed			edic Surgeon		
Receipt For:	T	Aggregate	Year-to-Date ▼		
Other (specify)	General ▼	0 0	500.00		
SUBTOTAL of Receipts	s This Page (optional)				1750.00
<u> </u>			·		
TOTAL This Period (las	st page this line number or	ıly)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one)  X 11a  11b  11c  12
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any pers	n for the purpose of soliciting contributions
or	NAME OF COMMITTEE (In Full)  Political Action Committee of the America			
Α.	Full Name (Last, First, Middle Initial) Dr. David S Girdany, , MD Mailing Address 206 Oakridge Ave			Date of Receipt  0 3 2 9 2 0 0 6
	City Bedford	State PA	Zip Code 15522-2008	Transaction ID: 23746913  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Bedford Ortho  Receipt For:  Primary  Other (specify) ▼		edic Surgeon  • Year-to-Date ▼  1000.00	1
В.	Full Name (Last, First, Middle Initial) Dr. Michael H Gordon, , MD Mailing Address 3350 Highway 138			Date of Receipt  0 3 2 9 2 0 0 6
	Bldg 2 Ste 125 City	State	Zip Code	0 3 2 9 2 0 0 6 Transaction ID: 23746899
	Wall Township	NJ	07719-9693	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Gregory V Hahn, , MD Mailing Address 880 6th St S Ste 310			Date of Receipt
	680 6[1] St 3 Ste 310			03 29 2006
	City Saint Petersburg	State FL	Zip Code 33701-4824	Transaction ID: 23746882  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Childrens Ortho and Scoliosis Assoc Receipt For:  Primary  General  Other (specify) ▼		edic Surgeon e Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			1500.00
\	OTAL This Period (last page this line number on	(v)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 200 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Michael Francis Harrer, , MD  Mailing Address 600 Summerdale Rd Ste  City  Voorhees  FEC ID number of contributing federal political committee.  Name of Employer Self-employed  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial)	State NJ  C Occupation Orthopae	Zip Code 08043-1868	Date of Receipt  M M A Z 9 Z 0 0 6  Transaction ID: 23746894  Amount of Each Receipt this Period  250.00
3.	Dr. Robert William Hunt, , MD  Mailing Address 3661 Torrance Blvd  City  Torrance  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)		Zip Code 90503-4812  n edic Surgeon e Year-to-Date ▼ 1000.00	Date of Receipt    M M
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Andrea S Kramer, , MD Mailing Address 3035 Greenwood Ave  City Highland Park  FEC ID number of contributing federal political committee.  Name of Employer Illinois Bone & Joint  Receipt For: Primary General Other (specify)		Zip Code 60035-1239	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			2250.00
т	OTAL This Period (last page this line number on	lv)		

9	CHEDIII E A /EEC Form 2V)			FOR LINE NUMBER: PAGE 152 / 200
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	Political Action Committee of the Ameri	can Accoci	ation of Orthonaedic Surger	one
	Tomical Action Committee of the Amen	can Associ	allori of Orthopaedic Surget	in S
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Mark J Lemos, , MD			Date of Receipt
	Mailing Address 1164 Ocean Blvd			M M / D D / Y Y Y Y
				03 29 2006
	City	State	Zip Code	Transaction ID: 23746909
	Rye	NH	03870-2835	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Lahey Clinic	Occupation		
	,	<u> </u>	edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify) ▼	0 0		
D	Full Name (Last, First, Middle Initial) Dr. Jeffrey L Lovallo, , MD			Date of Receipt
Ь.	· · · · · · · · · · · · · · · · · · ·			<u> </u>
	Mailing Address 7025 Benjamin St	03 29 2006		
	City	State	Zip Code	Transaction ID: 23746906
	Mc Lean	VA	22101-1550	Amount of Each Receipt this Period
		VA	22101-1330	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederal political committee.			
	Name of Employer	Occupation	ำ	
	Self-employed	Orthopae	edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		2000	1
	Other (specify)		2000.00	
_	Full Name (Last, First, Middle Initial)			
Ċ.	Dr. John A MacPhail, , MD			Date of Receipt
	Mailing Address 950 Greengate North Pl	aza		03 29 2006
	City	State	Zip Code	
		PA	·	Transaction ID: 23746914
	Greensburg	FA	15601	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			
	Name of Employer	Occupation	า	
	Self Employed	Orthopae	edic Surgeon	
	Receipt For:		Year-to-Date ▼	7
	Primary General	1 1		1
	Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
$\vdash$				-

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 153 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
^ -	· · · · · · · · · · · · · · · · · · ·			13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. James R McClurg, , MD			Date of Receipt
	Mailing Address 1855 First Ave Ste 100			03 / 29 / 2006
	City	State	Zip Code	Transaction ID: 23746875
	San Diego	CA	92101-2650	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. David A McGuire, , MD			Date of Receipt
	Mailing Address 4100 Lake Otis Pkwy Ste	03 / 29 / 4 2006		
	City	State	Zip Code	Transaction ID: 23746876
	Anchorage	AK	99508-5231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	n	7
	Anchorage Orthopaedic		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	, ,	2000.00	
	cuis. (epos.iy) V		0 0 0 0 0 0 0	1
— Э.	Full Name (Last, First, Middle Initial) Dr. Paul C Milling, , MD			Date of Receipt
	Mailing Address 163 N Date St			03 / 29 / 4 2006
	City	State	Zip Code	Transaction ID: 23746892
	Escondido	CA	92025-3405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		400.00	
	Other (specify)		400.00	
s	UBTOTAL of Receipts This Page (optional)			2400.00
_	OTAL This Period (last page this line number on	dv)		
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S	CHEDULE A (FEC Form 3X)		Llog concrete cobodulo(a)	FOR LINE NUMBER: PAGE 154 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13     14     15     16     17
Ar	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u></u>	NAME OF COMMITTEE (In Full)			
$  \rangle$	Political Action Committee of the America	n Associ	ation of Orthonaedic Surgeo	ne
	Tollied Action Committee of the America	111 7133001	ation of Orthopacaic Gargeo	113
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. John Timothy Moor, , MD			Date of Receipt
	Mailing Address 2222 S Tamiami Ste D			03 29 2006
	City	State	Zip Code	Transaction ID: 23746887
	Sarasota	FL	34239-3805	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		1000.00
	V (5 )	· ·		_
	Solf Employed	Occupation	n dic Surgeon	
	Receipt For:		Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	Total to Date 🔻	
	Other (specify)		1000.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 1440 E Sherman Blvd Orthopaedic Associates			03 29 2006
	City City	State	Zip Code	Transaction ID: 23746877
	Muskegon	MI	49444-1816	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	-
	Orthopaedic Associates of	-	dic Surgeon	
	Muskegon Receipt For:	•	Year-to-Date ▼	
	Primary General	00 0		
	Other (specify)		1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Steven W Pearson, , MD			Date of Receipt
Ο.	Mailing Address 5333 Hollister Ave Ste 12	Λ		M M / D D / Y Y Y Y
	Jood Homster Ave Ole 12	O		03 29 2006
	City	State	Zip Code	Transaction ID: 23746911
	Santa Barbara	CA	93111-3314	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			230.00
	Name of Employer	Occupation	1	╡
	Solt Employed		dic Surgeon	
	Receipt For:		Year-to-Date ▼	1
	Primary General	-	250.00	
	Other (specify) ▼		250.00	
_				
١.				2250.00
Ls	UBTOTAL of Receipts This Page (optional)		·····	220.00
1				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
Α.	Southern Bone & Joint Center (		Zip Code 78502-6209  n edic Surgeon Year-to-Date ▼	Date of Receipt  M M M / 29 / 2006  Transaction ID: 23746881  Amount of Each Receipt this Period  1000.00
3.	Self Employed	•	Zip Code 30350-1077  n edic Surgeon Year-to-Date ▼ 500.00	Date of Receipt  M M M / 29 / 2006  Transaction ID: 23746889  Amount of Each Receipt this Period  500.00
	Self Employed 5		Zip Code 07601-2570	Date of Receipt  M M A 29 2006  Transaction ID: 23746880  Amount of Each Receipt this Period  500.00
s	UBTOTAL of Receipts This Page (optional)			2000.00
T	OTAL This Period (last page this line number only	)		

SCHEDULE A (FEC Form 3X)			Lie a consulta a chardula (a)	FOR LINE NUMBER: PAGE 156 / 200
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EWIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ.				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. R Dale Blasier, , MD			Date of Receipt
	Mailing Address Univ of Arkansas for Med 800 Marshall St Sturgis 3	363		03 / 29 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23746896
	Little Rock	AR	72202-3510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self-employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify)			
3.	Full Name (Last, First, Middle Initial) Dr. Oheneba Boachie-Adjei, , MD			Date of Receipt
	Mailing Address Hosp for Special Surgery 535 E 70th St	/		03 / 29 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23746898
	New York	NY	10021-4872	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hospital for Special Surg-	Occupation		
	ery	•	edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			5. (5
Ĵ.	Dr. Jonathan S Braslow, , MD	24 - D		Date of Receipt
	Mailing Address 81719 Dr Carreon Blvd S	ole B		03 29 2006
	City	State	Zip Code	Transaction ID: 23746885
	Indio	CA	92201-5518	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation	n edic Surgeon	
			e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1750.00
			<u> </u>	
Т	OTAL This Period (last page this line number on	ly)	<b>)</b>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a     11b     11c     12
				13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the name	ments may ne and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	Political Action Committee of the America	ın Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Donald W Breech, , MD			Date of Receipt
	Mailing Address 605 E San Antonio St Ste	410 E		03 / 29 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23746873
	Victoria	TX	77901-6061	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Victoria Orthopédic Surge-	Occupation	n dic Surgeon	
	TY ASSOCIACS		Year-to-Date ▼	-
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Paul Victor Conescu, , MD			Date of Receipt
	Mailing Address 3118 8th St	03 / 29 / 2006		
	City	State	Zip Code	Transaction ID: 23746879
	Las Vegas	NM	87701-5135	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Alta Vista Orthónaedic Sn.	Occupation		
	ecialists	•	dic Surgeon Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate	rear-to-Date ▼	1
	Other (specify) ▼	0 0	500.00	
).	Full Name (Last, First, Middle Initial) Dr. Radhakrishnan V Nair, , MD			Date of Receipt
	Mailing Address 3291 Lost Valley Dr			M M / D D / Y Y Y Y
	City	Ctctc	7in Cod-	03 29 2006
	City Jonesboro	State GA	Zip Code 30236-5479	Transaction ID: 23746900  Amount of Each Receipt this Period
	FEC ID number of contributing		00200 0473	
	federal political committee.	C		1000.00
	Posturgoons Orthonoodies	Occupation		
			dic Surgeon Year-to-Date ▼	_
	Receipt For: Primary General	Aggregate		1
	Other (specify)	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
T	OTAL This Period (last page this line number only	<b>/</b> )	<b>•</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 200 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the America			
۸.	Full Name (Last, First, Middle Initial) David Lovett, , JD  Mailing Address Director, AAOS Washing 317 Massachusetts Ave N		}	Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	State	Zip Code	Transaction ID: 23746869
	Washington  FEC ID number of contributing federal political committee.	C	20002-5769	Amount of Each Receipt this Period  250.00
	Name of Employer American Academy of Ortho- paedic Surgeo Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼		Washington Office  Year-to-Date ▼  250.00	
3.	Full Name (Last, First, Middle Initial) Dr. S Michael Dean, , MD Mailing Address 17270 Red Oak Dr Ste 20	00		Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City	Transaction ID: 23746865		
	Houston FEC ID number of contributing federal political committee.	TX C	77090-2632	Amount of Each Receipt this Period 1000.00
	Name of Employer FSF Orthopedic Center		edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Stephen F Emery, , MD			Date of Receipt
Mailing Address Big Horn Basin Ortho Clinic 720 Lindsay Lane Ste C			7:n Code	03 / 30 / 2006
	City Cody	State WY	Zip Code 82414-4103	Transaction ID: 23746803  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Big Horn Basin Orthopaedic Clinic Receipt For:		n edic Surgeon e Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	1000.00	
S	UBTOTAL of Receipts This Page (optional)			2250.00
T	OTAL This Period (last page this line number onl	v)		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 159 / 200 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns			
<u>′</u> ۵.	Full Name (Last, First, Middle Initial) Dr. Jack Farr, II, MD			Date of Receipt			
	Mailing Address 5255 E Stop 11 Rd Ste 3		7.0	03 / 30 / 2006			
	City Indianapolis	State IN	Zip Code 46237-6340	Transaction ID: 23746922  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	10207 0010	500.00			
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00				
3.	Full Name (Last, First, Middle Initial) Dr. Waddell H Gilmore, III, MD			Date of Receipt			
	Mailing Address 913 Bowman Rd Ste 2B	03 / 30 / 4 2006					
	City Mount Pleasant	State SC	Zip Code 29464-3235	Transaction ID: 23746916			
	FEC ID number of contributing federal political committee.	C	29404-3233	Amount of Each Receipt this Period 500.00			
	Name of Employer Palmetto Orthopaedics	Occupation Orthopae	n edic Surgeon				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
).	Full Name (Last, First, Middle Initial) Dr. John Grady-Benson, , MD			Date of Receipt			
	Mailing Address 85 Seymour St Ste 607			03 / 30 / 4 2006			
	City Hartford	State CT	Zip Code 06106-5525	Transaction ID: 23746866  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	00100 0020	500.00			
	Name of Employer Orthopaedic Associates of Hartford		edic Surgeon				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
SI	SUBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number on	ly)	<b>_</b>				

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 160 / 200
ITI	EMIZED RECEIPTS		or each category of the	(check only one)  X 11a
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
	or commercial purposes, other than using the na	me and add	iress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
	Full Name (Last, First, Middle Initial) Dr. Daniel William Green, , MD			Date of Receipt
	Mailing Address Hosp for Special Surgery 535 E 70th St			03 / 30 / 2006
	City New York	State NY	Zip Code	Transaction ID: 23746921
		INT	10021-4898	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hospital for Special Surg- ery	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas P Gross, , MD			Date of Receipt
	Mailing Address Midlands Orthopaedics 1910 Blanding St			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746859
	Columbia	SC	29201-3520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Midlands Orthopedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	•	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Full Name (Last, First, Middle Initial) Dr. Thomas P Gross, , MD			Date of Receipt
	Mailing Address Midlands Orthopaedics 1910 Blanding St			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746930
	Columbia	SC	29201-3520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Midlands Orthopedics	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		2000.00	
sı	JBTOTAL of Receipts This Page (optional)			2500.00
	OTAL This Period (last page this line number on	lv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 200 (check only one)  X 11a 11b 11c 12
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Clark Alan Gunderson, , MD			Date of Receipt
	Mailing Address 2615 Enterprise Blvd			03 / 30 / 2006
	City	State	Zip Code	Transaction ID: 23746802
	Lake Charles	LA	70601-7675	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. John G Heller, , MD			Date of Receipt
	Mailing Address 59 Executive Park South	03 / 30 / 4 2006		
	City	State	Zip Code	Transaction ID: 23746918
	Atlanta	GA	30329-2208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Emory Spine Center	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Arthur M Jansa, , MD			Date of Receipt
	Mailing Address 1400 Herman Dr 5E			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746795
	Houston	TX	77004-7136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Texas Medic- al School	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			1750.00
т	OTAL This Period (last page this line number or	nly)	<b></b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 162 / 200
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X
An or	ny information copied from such Reports and Stat- for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
Α.	Full Name (Last, First, Middle Initial) Dr. Jerry L Jochims, , MD Mailing Address 1225 S Gear Ave Ste 159 City West Burlington FEC ID number of contributing federal political committee.  Name of Employer Jansen Ortho Clinic	State IA C		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)		edic Surgeon  • Year-to-Date ▼  1000.00	
Full Name (Last, First, Middle Initial) Dr. Andrew Peter Kant, , MD  Mailing Address 17270 Red Oak Dr Ste 200				Date of Receipt  0 3 3 3 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 23746917
	Houston	TX	77090-2632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 1000.00	
`	Full Name (Last, First, Middle Initial) Dr. John D Kelly, IV, MD			Date of Receipt
	Mailing Address Temple University Hospit Dept of Orthopaedics 5th			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 23746862
	Philadelphia  FEC ID number of contributing federal political committee.	PA C	19140	Amount of Each Receipt this Period  1000.00
	Name of Employer Temple University	•	edic Surgeon	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
T	OTAL This Period (last page this line number on	ly)	<b></b>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 163 / 200
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, -	13 14 15 16 17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the American	n Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. John Lex Kenerly, III, MD			Date of Receipt
	Mailing Address PO Box 1334			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746801
	Jesup	GA	31598-1334	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Robert S Kramer, , MD			Date of Receipt
	Mailing Address 8 Vouga Ln		03	
	City	State	Zip Code	Transaction ID: 23746924
	Saint Louis	MO	63131-2628	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Motropolitan'Orthopodice	Occupation		7
	LTD		edic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. Warren G Kramer, III, MD			Date of Receipt
	Mailing Address 1401 Avocado Ave Ste 307	7		03 / 30 / 4 9 9 9
	City	State	Zip Code	Transaction ID: 23746926
	Newport Beach	CA	92660-8732	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Self Employed 5	Occupation Orthopae	n edic Surgeon	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
			·	
T	OTAL This Period (last page this line number only)	)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 164 / 200		
	EMIZED RECEIPTS		or each category of the	(check only one)	l 🗖	
••			Detailed Summary Page	X 11a 11b 13 14	11c   12 15   16   17	
Δr	v information conied from such Reports and St	atomonte may	unot he sold or used by any nerso			
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.	
	NAME OF COMMITTEE (In Full)					
$\rangle$	Political Action Committee of the Amer	ican Associ	ation of Orthopaedic Surgeo	ns		
Α.	Full Name (Last, First, Middle Initial) Dr. Paul A Manner, , MD	. F 400		Date of Receipt		
Mailing Address Dept of Orthopaedics Ste 5-422 2150 Pennsylvannia Ave NW				03 30	2006	
City State		Zip Code	Transaction ID: 23	746929		
	Washington	DC	20037-3201	Amount of Each Red		
FEC ID number of contributing federal political committee.				500.00		
	Name of Employer Self Employed	Occupation	n edic Surgeon			
	Receipt For:	_ <del>_</del>	e Year-to-Date ▼			
	Primary General	-	500.00			
	Other (specify) ▼	0 0	500.00			
В.	Full Name (Last, First, Middle Initial) Dr. Dennis R McGee, , MD			Date of Receipt		
	Mailing Address 600 E Robbins Rd Ste	401		03 / 30	2006	
	City	State	Zip Code	Transaction ID: 23	Transaction ID: 23746931	
	Boise	ID	83702-4566	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	С			1000.00	
	Name of Employer Inter Mountain Orthopaedi-	Occupation				
	CS		edic Surgeon			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		1000.00			
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. David P Mesna, , MD			Date of Receipt		
	Mailing Address 3704 Camino Codorniz			03 / 30	2006	
	City	State	Zip Code	Transaction ID: 23	746793	
	Calabasas	CA	91302-3043	Amount of Each Rec	eipt this Period	
	FEC ID number of contributing federal political committee.	C			320.00	
	Name of Employer Kaiser Permanente	Occupation Orthopae	n edic Surgeon			
		Aggregate	e Year-to-Date ▼			
Primary General			320.00			
_	Other (specify)					
s	UBTOTAL of Receipts This Page (optional)	······	······································		1820.00	
TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 165 / 200
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. S Glen Neale, , MD			Date of Receipt
	Mailing Address 530 Washington Hwy St	e 8		03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746860
	Morrisville	VT	05661-8716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self Employed	Occupation	n edic Surgeon	
	Receipt For:	<u> </u>	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Dr. John W Noble, Jr, MD			Date of Receipt
	Mailing Address Lake Charles Medical P 1717 Oak Park Blvd 3rd	03 / 30 / 4 2006		
	City	State	Zip Code	Transaction ID: 23746792
	Lake Charles	LA	70601-8990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Center for Orthopaedics	Occupation		7
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	edic Surgeon	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
— Э.	Full Name (Last, First, Middle Initial) Dr. R Scott Oliver, , MD			Date of Receipt
	Mailing Address 95 Tremont St Ste 1			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746919
	Duxbury	MA	02332-4738	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Plymouth Bay Orthopedic Associates	Occupation Orthopae	n edic Surgeon	
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	
S	UBTOTAL of Receipts This Page (optional)			1000.00
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C				FOR LINE NUMBER: PAGE 166 / 200			
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)			
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Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ons			
Α.	Full Name (Last, First, Middle Initial) Dr. William L Oppenheim, , MD			Date of Receipt			
	Mailing Address UCLA Med Ctr Rm 76-134 CHS			03 / 30 / 2006			
	City	State	Zip Code	Transaction ID: 23746799			
	Los Angeles	CA	90095-0001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		250.00			
	Name of Employer UCLA Medical Center	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	250.00				
В.	Full Name (Last, First, Middle Initial) Dr. Ralph F Rashbaum, , MD			Date of Receipt			
	Mailing Address Texas Back Institute 6300 W Parker Rd	1 01.00 = 01011 11.011010					
	City	State	Zip Code	Transaction ID: 23746797			
	Plano	TX	75093-8100	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		750.00			
	Name of Employer Texas Back Institute	Occupation Orthopae	n edic Surgeon				
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	750.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Benjamin N Rosenberg, , MD			Date of Receipt			
	Mailing Address 1436 Exchange St			03 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City Middlebury	State VT	Zip Code 05753-1185	Transaction ID: 23746928			
	FEC ID number of contributing federal political committee.	C	03733-1163	Amount of Each Receipt this Period  1000.00			
	Name of Employer Champlain Valley Orthopae- dics	Occupation Orthopae	n edic Surgeon				
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00				
s	UBTOTAL of Receipts This Page (optional)			2000.00			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 167 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
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Λ				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	can Associ	ation of Orthopaedic Surgeo	ons
۹.	Full Name (Last, First, Middle Initial) Dr. Peter B Salamon, , MD			Date of Receipt
	Mailing Address 333 E Alpine			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746932
	Stockton	CA	95204-3407	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		750.00
	Name of Employer Self Employed	Occupation Orthopae	n edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify) ▼	0 0	730.00	
3.	Full Name (Last, First, Middle Initial) Dr. Leslie Jon Schwendeman, , MD			Date of Receipt
	Mailing Address 6470 Tippecanoe Rd	03 / 30 / 4 2006		
	City	State	Zip Code	Transaction ID: 23746870
	Canfield	OH	44406-9568	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-employed	Occupation		
			edic Surgeon	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify) ▼	0 0	250.00	
<del></del> Э.	Full Name (Last, First, Middle Initial) Dr. Mitchell B Sheinkop, , MD			Date of Receipt
	Mailing Address 1725 W Harrison St Ste	1063		03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746796
	Chicago	IL	60612-3884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		2000.00
	Name of Employer Midwest Orthopaedics	Occupation	n edic Surgeon	
	Receipt For:		Year-to-Date ▼	_
	Primary General	00 0	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) ▼	0 0	2000.00	
S	UBTOTAL of Receipts This Page (optional)			3000.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 168 / 200 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u>\</u>	NAME OF COMMITTEE (In Full)	inc and add	ileas of any political committee to	Solicit Contributions from Such Committee.
$\rangle$	Political Action Committee of the Americ	an Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) Dr. Jeffery J Soldatis, , MD			Date of Receipt
	Mailing Address Orthopaedics Indianapoli 10601 N Meridian Ste 20			03 / 30 / 4 9 9
	City	State	Zip Code	Transaction ID: 23746864
	Indianapolis	IN	46290-1100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Orthopaedics Indianapolis	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Kenneth C Spengler, Jr, MD			Date of Receipt
	Mailing Address 1 Hampton Rd			03 30 YYYYY 2006
	City	State	Zip Code	Transaction ID: 23746871
	Exeter	NH	03833-4848	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Access Sports Medicine	Occupation Orthopae	dic Surgeon	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Dr. John Robert Starynski, , MD			Date of Receipt
	Mailing Address RR 5 Box 136			03 / 30 / 2006
	City	State	Zip Code	Transaction ID: 23746854
	Bluefield	WV	24701-9006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Marshfield Clinic	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
-	UBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 169 / 200
ITEMIZED RECEIPTS		or each category of the	(check only one)		
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b	11c   12
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from su	ig contributions uch committee.
	NAME OF COMMITTEE (In Full)		71		
$ \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthopaedic Surgeo	ns	
	Full Name (Last, First, Middle Initial)				
Α.	Dr. Elizabeth Ann Szalay, , MD			Date of Receipt	
	Mailing Address Carrie Tingley Hospital MSC 10-5600 Dept of C	Artha ( Dah	anh.	03 30	2006
	City	State	Zip Code	Transaction ID: 237	
	Albuquerque	NM	87102-1715	Amount of Each Rec	
	FEC ID number of contributing		0.102.1.10	7 tillodilit of Edolf Floor	<del></del>
	federal political committee.	C			500.00
	Name of Employer Univ of New Mexico Hospit-	Occupation			
	al Receipt For:	<u> </u>	edic Surgeon e Year-to-Date ▼		
	Primary General	Aggregate	rear-to-Date V		
	Other (specify)		500.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.	Dr. Kelly Vince, , MD			Date of Receipt	
	Mailing Address USC Ortho Surg Assoc			03 30	2006
	1520 San Pablo St 2nd		Zip Code		
	City	State CA	•	Transaction ID: 237	
	Los Angeles	CA	90033-5310	Amount of Each Reco	eipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	•				
	Name of Employer USC	Occupation			
		<u> </u>	edic Surgeon		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)		500.00		
	Cure (epoch) V	0 0	1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
C.	Dr. Richard Wathne, , MD			Date of Receipt	
	Mailing Address 18th Ave Medical Plaza	Ste D1		03 30	2006
	City 333 N 18th Ave	State	Zip Code	Transaction ID: 237	
	Pocatello	ID	83201-3358	Amount of Each Rec	
	FEC ID number of contributing		00201 0000	Amount of Lacif Nect	eipt this renou
	federal political committee.	C			500.00
	·	1.			
	Name of Employer Self Employed	Occupation			
			edic Surgeon e Year-to-Date ▼	_	
	Receipt For:  Primary  General	Aggregate	e real-lo-Dale V		
	Other (specify)		500.00		
		0 0		'	
Г					
s	UBTOTAL of Receipts This Page (optional)				1500.00
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T	OTAL This Period (last page this line number o	nly)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 170 / 200						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)						
II EIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions						
<u>~</u>	NAME OF COMMITTEE (In Full)	arric aria aac	ress of any political committee to	Solicit Contributions from Such Committee.						
$  \rangle$	Political Action Committee of the Ameri	can Associ	ation of Orthonaedic Surgeo	ne						
	Tollical Action Committee of the Amen	Cari 7 (3300)	ation of Orthopacaic Cargeo							
_	Full Name (Last, First, Middle Initial)									
A.				Date of Receipt						
	Mailing Address 582 Middletown Blvd St	e B-100		03 30 2006						
	City	State	Zip Code	Transaction ID: 23746805						
	<u>Langhorne</u>	PA	19047-1862	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		250.00						
	Name of Employee	10		_						
	Name of Employer Self Employed	Occupation	n edic Surgeon							
	Receipt For:	<u> </u>	Year-to-Date ▼	-						
	Primary General	7.99.094.0								
	Other (specify) ▼	1	250.00							
_	Full Name (Last, First, Middle Initial)			Data of Bassist						
В.		C+r		Date of Receipt						
	Mailing Address Indiana University Med Dept of Ortho Surg	Oli		03 30 2006						
	City	State	Zip Code	Transaction ID: 23746861						
	Indianapolis	IN	46202-5111	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		230.00						
	Name of Employer	Occupation	1	7						
	Indiana University	Orthopae	edic Surgeon							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		250.00							
	Other (specify)		250.00							
_	Full Name (Last, First, Middle Initial)									
C.	Dr. Eric B Arvidson, , MD			Date of Receipt						
	Mailing Address 140 Haverhill St Ste 1			M M / D D / Y Y Y Y						
	0.1	01-1-	7'- 0-4-	03 30 2006						
	City Andover	State MA	Zip Code	Transaction ID: 23746925						
		IVIA	01810-1504	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		400.00						
	Name of Employer Essex Orthopaedics	Occupation								
	Receipt For:		edic Surgeon Year-to-Date <b>V</b>	_						
	Primary General	Aggregate	rtear-l0-Dale ▼							
	Other (specify)		400.00							
		-	0 0 0 0 0 0 0	'						
Г										
s	UBTOTAL of Receipts This Page (optional)			900.00						
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 171 / 200
	EMIZED RECEIPTS		or each category of the	(check only one)
• •	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•	information and discount December and Obstant		and the sould assess of the source of	13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\rangle$	Political Action Committee of the America	n Associ	ation of Orthopaedic Surgeo	ns
۸.	Full Name (Last, First, Middle Initial) Dr. John C Bax, , MD			Date of Receipt
	Mailing Address 2323 N Casaloma Dr PO Box 7700			03 / 30 / 4 2006
	City	State	Zip Code	Transaction ID: 23746872
	Appleton	WI	54913-8284	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Salf Employed	Occupation Orthopae	n dic Surgeon	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
	Other (specify)	0 0		
3.	Full Name (Last, First, Middle Initial) Dr. B Hudson Berrey, Jr, MD			Date of Receipt
	Mailing Address Univ of Florida			03 30 YYYYY 2006
	HIth Science Ctr/Jacksonv	'IIIe State	Zip Code	Transaction ID: 23746856
	Jacksonville	FL	32209	Amount of Each Receipt this Period
	FEC ID number of contributing		02200	
	federal political committee.	C		250.00
	Univ. of Florida' lookaany	Occupation	ı dic Surgeon	
			Year-to-Date ▼	4
	Primary General	Aggregate	Teal-to-Date ▼	1
	Other (specify) ▼	0 0	250.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Bruce R Buhr, , MD			Date of Receipt
	Mailing Address Wichita Clinic 3311 E Murdock			03 30 2006
	City	State	Zip Code	Transaction ID: 23746794
	Wichita	KS	67208-3054	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		
	Wichita Clinic	Occupation		
			dic Surgeon	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
		0 0	0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			1500.00
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	OTAL This Period (last page this line number only)		_	

SC	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 172 / 200
ITEMIZED RECEIPTS			or each category of the	(check only one)
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or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\leftarrow$	NAME OF COMMITTEE (In Full)			
\	Political Action Committee of the Americ	can Associ	ation of Orthopaedic Surgeo	ns
$\angle$			,	
	Full Name (Last, First, Middle Initial)			Date of Bessiel
	Dr. Wayne Z Burkhead, Jr, MD			Date of Receipt
'	Mailing Address 9301 N. Central Express Suite 400	sway		03 30 2006
(	City	State	Zip Code	Transaction ID: 23746867
	Dallas	TX	75231-5009	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	ederal political committee.	C		500.00
ī	Name of Employer	Occupation	า	$\dashv$
,	Name of Employer W.B. Carrell Clinic		edic Surgeon	
Ī	Receipt For:	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Dr. Neil B Callister, , MD			Date of Receipt
-	Mailing Address 1802 Quail Run Dr			M M / D D / Y Y Y Y
	- Joseph Tool Guan Tan Di			03 30 2006
(	City	State	Zip Code	Transaction ID: 23746915
-	<u>Ogden</u>	UT	84403-3266	Amount of Each Receipt this Period
	EC ID number of contributing	С		250.00
1	ederal political committee.			
Ī	Name of Employer Self Employed	Occupation	า	7
_	Sell Employed		edic Surgeon	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial)			+
	Dr. Murali Moorthy, , MD			Date of Receipt
- 1	Mailing Address Muir Orthopaedic Specia	alists		M M / D D / Y Y Y Y
-	2405 Shadelands Dr	Ctoto	7in Codo	03 30 2006
	City Walnut Creek	State CA	Zip Code 94598-2444	Transaction ID: 23746927
_		UA	94390-2444	Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		500.00
_	·			
	Name of Employer Muir Orthopaedic Speciali-	Occupation		
2	sts Receipt For:	<del></del>	edic Surgeon • Year-to-Date ▼	_
	Primary General	Aggregate	: Teal-10-Date V	1
	Other (specify) ▼		500.00	
				1
	<u> </u>			
su	BTOTAL of Receipts This Page (optional)			1250.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 173 / 200 (check only one)
Any or f	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full) Political Action Committee of the Americ			
<b>A.</b>	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road  City  Rosemont  FEC ID number of contributing federal political committee.  Name of Employer	State IL C	Zip Code 60018	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 235.81	Refund from Affil Organiz- ation for Bank Fees
3.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road  City Rosemont  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General	State IL  C Occupation Aggregate	Zip Code 60018	Date of Receipt    M   M
	Other (specify) ▼		428.03	Refund from Affil Organ for Bank Fees
<b>.</b>	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road  City  Rosemont  FEC ID number of contributing federal political committee.  Name of Employer	State IL C	Zip Code 60018	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 489.60	Refund bank fees from aff- iliated organization
SL	JBTOTAL of Receipts This Page (optional)		······	489.60
TC	OTAL This Period (last page this line number or	nly)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 174 / 200 (check only one)  11a 11b 11c 12  13 14 X 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Political Action Committee of the American	can Associ	ation of Orthopaedic Surgeo	ns
۹.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road City	State	Zip Code	Date of Receipt    M
	Rosemont	II	60018	Transaction ID: 23664839
	FEC ID number of contributing federal political committee.	C	00010	Amount of Each Receipt this Period  32.78
	Name of Employer	Occupation		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 522.38	Refund bank fees from Aff- il Organization
3.	Full Name (Last, First, Middle Initial) American Assoc of Orthopaedic Surgeons Mailing Address 6300 N River Road			Date of Receipt
	City	State	Zip Code	0 3 1 5 2 0 0 6  Transaction ID: 23701526
	Rosemont	IL	60018	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		989.33
	Name of Employer	Occupation	n	]
	Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1511.71	Refund of bank fees from Affil Organization

SUBTOTAL of Receipts This Page (optional)	•	1022.11
TOTAL This Period (last page this line number only)	<u> </u>	1511.71

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			INE NUMBER: PAGE 175/2				200	
Τ	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	۱,	(check on X 21b 27						26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										3
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) Political Action Committee of the American							om ddorr			
	Full Name (Last, First, Middle Initial)					Trans	action ID	: 233782	95		
١.	Northern Trust Company					Date o	of Disburs	ement			
	Mailing Address 50 S. LaSalle St.					0 <sup>M</sup> 1	M / D	05 /	ž	0 Ď 6	Y
	•	State IL	Zip Code 60675			Amou	nt of Eacl	n Disburse	ment	this P	eriod
	Purpose of Disbursement					<u> </u>			0	235.8	81
	Bank fees deducted from account  Candidate Name			Ca	001 tegory/ Type						
	Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary Other (spe	General cify) ▼		71-	Bank accou		lucted fro	om		
	Full Name (Last, First, Middle Initial)					Tropo	ootion ID	: 235365	E 1		
3.	Northern Trust Company						of Disburs		51		
	Mailing Address 50 S. LaSalle St.					0 1	M / D	24	ž	0 ŏ 6	Y
	•	State IL	Zip Code 60675			Amou	nt of Each	n Disburse	-		-
	Purpose of Disbursement Bank fees deducted from account			(	001	L.			0	192.2	22
	Candidate Name				tegory/ Type						
	Office Sought:  Senate President  State:  Disburse	ment For: Primary Other (spe	General cify) ▼			Bank accou		lucted fro	om		
	Full Name (Last, First, Middle Initial)					Trans	action ID	: 236132	40		
).	Northern Trust Company						of Disburs				
	Mailing Address 50 S. LaSalle St.					0 2	M / D	06 /	ž	0 ŏ 6	Y
		State IL	Zip Code 60675			Amou	nt of Eacl	n Disburse	ment	this P	eriod
	Purpose of Disbursement Bank fees deducted from account				201	L.				61.5	57
	Candidate Name			Ca	001 tegory/ Type						
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			Bank accou		lucted fro	om		
s	UBTOTAL of Disbursements This Page (optional) .				▶					189.6	0
	OTAL This Period (last page this line number only)										
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	Use seperate schedule(s)		R LINE ock only	NUMBE (one)	H:		PAG	3E 1/6	/ 200
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r for commercial purposes, other than using the name	e and address of any political co	ommitte	e to sol	icit contr	ibution	s from	such co	ommittee	
NAME OF COMMITTEE (In Full)  Political Action Committee of the American	Association of Orthopaed	dic Sur	geons						
Full Name (Last, First, Middle Initial)				Trans	action	I <b>D</b> : 23	61324	1	
Northern Trust Company						urseme	ent		
Mailing Address 50 S. LaSalle St.				0 <sup>M</sup> 2	M /	24	/ L	ž 0 ŏ	6 <sup>*</sup>
•	State Zip Code			Amou	nt of E	ach Dis	bursen	nent this	Period
Chicago Purpose of Disbursement	IL 60675							32.	78
Bank fees deducted from account		001							
Candidate Name		Catego Type	ry/						
Office Sought: House Disburse Senate President State: District:	ement For:  Primary  General  Other (specify)			Bank accou		deduct	ed froi	m	
Full Name (Last, First, Middle Initial)				Trans		ID: 00	66400	14	
Northern Trust Company				Date o		ID: 23 ourseme			Y
Mailing Address 50 S. LaSalle St.				0 3		06	L	žoŏ	6
City Chicago	State Zip Code IL 60675			Amou	nt of E	ach Dis	bursen	nent this	
Purpose of Disbursement Bank fees deducted from account		001						989.	33
Candidate Name		Catego	ry/						
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)			Bank accou		deduct	ed froi	m	
Full Name (Last, First, Middle Initial)  Northern Trust Company						ID: 23		57	
Mailing Address 50 S. LaSalle St.					M /	24	/ Y	ž 0 0 (	6 Y
	State Zip Code			Amou	nt of E	ach Dis	bursen	nent this	Period
Chicago	IL 60675					- 10		• •	
Purpose of Disbursement Bank fees deducted from account		001						1020.	/1
Candidate Name		Catego Type							
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)			Bank accou		deduct	ed froi	m	
SUBTOTAL of Disbursements This Page (optional)			<b>•</b>					2042.	82
			_					2532.	42
<b>FOTAL</b> This Period (last page this line number only)								2002.	-

SCHEDULE B (FECFOIIII 3X)	Use seperate schedule(s)	FOR LINE I		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Political Action Committee of the American				
Full Name (Last, First, Middle Initial) David Scott For Congress  Mailing Address 162 Hurt Street Ne			Transaction ID: 23338560 Date of Disbursement  O 1	
	State Zip Code GA 30307		Amount of Each Disbursement this Period	t t
Purpose of Disbursement  Candidate Name	[	011 Category/	2000.00	_
	ment For: 2006 Primary General Other (specify)	Туре		
Full Name (Last, First, Middle Initial)  Friends Of Clay Shaw			Transaction ID: 23346607  Date of Disbursement	
Mailing Address 2600 NE 14th Street Cau	·		$ \begin{bmatrix} M & M \\ 0 & 1 \end{bmatrix}  \begin{bmatrix} D & D \\ 0 & 6 \end{bmatrix}  \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$	
City Pompano Beach	State Zip Code FL 33062		Amount of Each Disbursement this Period	i
Purpose of Disbursement  Candidate Name Rep. E. Clay Shaw, Jr.		011 Category/ Type	2000.00	_
	ment For: 2006 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) Friends Of Kent Conrad			Transaction ID: 23349768 Date of Disbursement	
Mailing Address PO Box 812			$ \begin{bmatrix} M & M & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & 9 & M \end{bmatrix} / \begin{bmatrix} Y & 2 & 0 & 0 & 0 \\ 2 & 0 & 0 & 0 & M \end{bmatrix} $	
City Bismarck	State Zip Code ND 58502		Amount of Each Disbursement this Period	t
Purpose of Disbursement		011	2000.00	
Candidate Name Sen. Kent Conrad		Category/ Type		
Office Sought:    House   Disburse    X Senate    President    State: ND District: 1	ment For: 2006 Primary X General Other (specify)			
SUBTOTAL of Disbursements This Page (optional)			6000.00	
TOTAL This Period (last page this line number only)		•		

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NAME OF COMMITTEE (In Full)	and address of any political se	J		Joholt O	Ontinou	10110 110	211 30011	0011111		
Political Action Committee of the American	Association of Orthopaed	dic S	Surgeoi	ns						
Full Name (Last, First, Middle Initial)							23484	900		
National Republican Senatorial Committee						Disburse / D		ΥΥ	Y	Υ
Mailing Address 425 Second Street NE					) 2 <sup>M</sup>	0	7 /	2	0 ŏ 6	
	tate Zip Code DC 20002			Aı	mount o	of Each	Disburs	emen	this P	eriod
Purpose of Disbursement	20002			- [				15	0.00	0
		Q	11							
Candidate Name			egory/ vpe							
Office Sought: House Disburser  Senate	nent For: Primary General									
	Other (specify)									
State: District:	· 									
Full Name (Last, First, Middle Initial)							234849	908		
Democratic Congressional Campaign Com	nittee				ate of С	)isburse		v v	· ·	V
Mailing Address 430 S Capitol St SE 2nd Floor					) 2 <sup>  </sup>	0	7 /	2	0 ŏ 6	
,	tate Zip Code OC 20003			Aı	mount o	of Each	Disburs	emen	this P	eriod
Purpose of Disbursement	20000	_	-	-				15	000.0	0
		Ò	11	_						
Candidate Name			egory/ vpe							
Office Sought: House Disburser Senate	nent For: Primary General									
	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial)  Democratic Senatorial Campaign Committee	ee					t <b>ion ID:</b> Disburse	234849 ement	907		
Mailing Address 430 South Capitol St SE					M 2 M	/ DO	<sup>D</sup> /	y y 2	0 ŏ 6	Y
,	tate Zip Code OC 20003			Aı	mount o	of Each	Disburs	emen	this P	eriod
Purpose of Disbursement	20000	_						15	000.0	0
			11							
Candidate Name	'		egory/ /pe							
Office Sought: House Disburser	nent For:		·							
	Primary General									
State: President State:	Other (specify) ▼									
					-					_ '
SUBTOTAL of Disbursements This Page (optional)				Ĺ				45	0.000	U
TOTAL This Period (last page this line number only) .			•							

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE N		PAGE 179 / 200
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22   X 23   24   28a   28b   28	
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Political Action Committee of the American	•••			
Full Name (Last, First, Middle Initial)  National Republican Congressional Comm	ttee Contr		Transaction ID: 2348 Date of Disbursement	4904 Y 2 0 0 6
Mailing Address 320 First Street, SE			02 07	2006
,	State Zip Code DC 20003		Amount of Each Disbut	rsement this Period
Purpose of Disbursement		011		15000.00
Candidate Name		Category/ Type		
Office Sought:  Senate  President  State:  Disburse	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID: 2348	 5011
Republican National Committee			Date of Disbursement	YYYYY
Mailing Address 310 First Street SE			$\begin{bmatrix} 0 & 2 & M \\ 0 & 2 & M \end{bmatrix}$	<sup>*</sup> 2006
,	State Zip Code DC 20003		Amount of Each Disbu	rsement this Period
Purpose of Disbursement		011		15000.00
Candidate Name		011 Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) Democratic National Committee			Transaction ID: 2348-	4906
Mailing Address 430 S Capitol Street SE			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 0 & D \\ 0 & 7 & \end{smallmatrix} ] /$	2006
,	State Zip Code DC 20003		Amount of Each Disbui	rsement this Period
Purpose of Disbursement	20000			15000.00
Candidate Name	C	011 Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional) .				45000.00
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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 280		25 29	26 30b	
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NAME OF COMMITTEE (In Full)	and address of any political co	אווווווונני	ee 10 St	JIICIL COITLI	ibutions n	OIII SUCII	COITIII	iiiiee		
Political Action Committee of the American	Association of Orthopaed	dic Su	irgeon	S						
Full Name (Last, First, Middle Initial)				action ID		010				
Hall For Congress Committee (Ralph Hall - Rockwall				of Disburs		ΥΥ	Υ	Υ		
Mailing Address Post Office Box 711				0 2		o 7 /	2	0 Ď 6		
	State Zip Code FX 75087			Amou	nt of Eacl	n Disburs	ement	this P	eriod	
Purpose of Disbursement	I	U					_ 1	0.00	0	
Candidate Name 011 Category/										
Rep. Ralph M. Hall  Type										
Office Sought: X House Disburse	nent For: 2006 Primary General									
Senate X President	Other (specify)									
State: TX District: 4	· 									
Full Name (Last, First, Middle Initial)  Congressman Bill Young Campaign Committee				action ID		986				
			M	M / D	D /	Y Y	0 ŏ 6	Υ		
Mailing Address P. O. Box 47025				0 2		0 7	. 2	006		
•	State Zip Code FL 33743			Amou	nt of Eacl	n Disburs	ement	this P	eriod	
Purpose of Disbursement		-					2	0.000	0	
Candidate Name		011 Catego								
Rep. C.W. Bill Young		Тур	-							
Office Sought: X House Disburse Senate X	nent For: 2006 Primary General									
President	Other (specify)									
State: FL District: 10										
Full Name (Last, First, Middle Initial) Sorensen For Congress				action ID	0 .00	455				
Mailing Address PO Box 1661			0 <sup>M</sup> 2	M / D	08 /	y y	0 ŏ 6	Y		
	State Zip Code			Атон	nt of Eacl	Dichure	omont	thic D	oriod	
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Purpose of Disbursement 011				-		1	0.000	0		
Candidate Name Categor Sheila Sorensen Type			ory/							
Office Sought: X House Disburse										
Senate X President	Primary General Other (specify) ▼									
State: ID District: 1										
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Political Action Committee of the American	Association of Orthopaec	dic Surç	geons						
Full Name (Last, First, Middle Initial)					action ID		444		
Bilirakis For Congress					of Disburs		Y Y	Y	Υ
Mailing Address 610 S Boulevard				0 2		8 /	2	0 Ď 6	
City Tampa	State Zip Code FL 33606			Amoui	nt of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement	12 00000		_				1	000.0	0
		011							
Candidate Name Mr. Gus Bilirakis		Categor Type	y/						
X	ment For: 2006 Primary General								
President	Other (specify)								
State: FL District: 9									
Full Name (Last, First, Middle Initial)					action ID		093		
Hastert For Congress Committee				M	of Disburs	ement	Y ~ Y	Y	Υ
Mailing Address P. O. Box 625 PO Box 625				0 2	* 2	20 /	2	0 Ď 6	
City Batavia	State Zip Code IL 60510			Amoui	nt of Each	Disburs	emen	t this P	eriod
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Candidate Name		011	_						
Rep. J. Dennis Hastert		Categor Type	y/						
Office Sought: X House Disburse	ment For: 2005								
Senate President X	Primary General Other (specify) ▼								
	ongressional G								
Full Name (Last, First, Middle Initial)					action ID		460		
Hastert For Congress Committee					of Disburs		V * W	· V	V
Mailing Address P. O. Box 625 PO Box 625				0 2	w / 2	20 /	Ż	0 Ď 6	
City Batavia	State Zip Code IL 60510			Amoui	nt of Each	Disburs	emen	t this P	eriod
Purpose of Disbursement Funds Reported On This Report		011					5	0.000	0
Candidate Name		Categor	y/						
Rep. J. Dennis Hastert		Туре		ГМЕМ	O ITEM]	l			
Office Sought: X House Disburse Senate	ment For: 2005 Primary General			Funds	Report	-	his F	Re-	
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State: IL District: 14 2006 C	ongressional G								
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Political Action Committee of the American	Association of Orthopaed	dic Surg	eons						
Full Name (Last, First, Middle Initial)				Transa	ction ID	: 23826	461		
Hastert For Congress Committee					f Disburs		V V	· · · ·	V
Mailing Address P. O. Box 625 PO Box 625				0 2		20 /	2	0 0̈ 6	
•	itate Zip Code L 60510			Amoun	t of Each	Disburs	emen	t this P	eriod
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Re-designated funds for trans. dated 2/2		011							
Candidate Name Rep. J. Dennis Hastert		Category Type			N ITEM				
President	Primary General Other (specify) ▼				o ITEM: signated dated 2/		for 6		
	ngress Genera								
Full Name (Last, First, Middle Initial)  Feinstein For Senate					ction ID		095		
- enstern of Senate				M M	1 / D	D /	Y Y	Y	Υ
Mailing Address 601 S Glenoaks Blvd #21				0 2		20	2	0 Ó 6	
•	state Zip Code CA 91502			Amoun	t of Each	n Disburs	emen	t this P	eriod
Purpose of Disbursement		011					1	0.000	0
Candidate Name Sen. Dianne Feinstein		Category Type	/						
President	nent For: 2006 Primary General Other (specify)								
State: CA District: 1									
Full Name (Last, First, Middle Initial) Rely on Your Beliefs Fund					ction ID f Disburs	ement			V
Mailing Address 1736 E Sunshine Suite 913				0,3	່	3 /	<u>'</u> 2	0 Ó 6	
•	itate Zip Code MO 65804			Amoun	t of Each	n Disburs	emen	t this P	eriod
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Candidate Name		O11 Category Type	/						
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NAME OF COMMITTEE (In Full)	and address of any political c	, , , , , , , ,		Johon GOI			,,,, Guoii	50111			
Political Action Committee of the American	Association of Orthopae	dic S	Surgeo	ns							
Full Name (Last, First, Middle Initial)				Trai	nsact	ion ID:	23622	334			
Republican Main Street Partnership						isburse		V * V		V	
Mailing Address 2201 Wisconsin Avenue Suite 320	NW			o <sup>M</sup> :	3 📉	0	3 /	2	0 Ď 6		
	State Zip Code DC 20007			Amo	ount c	f Each	Disburs	emen	t this P	erioc	_
Purpose of Disbursement	20007			+				5	000.0	00	
			11								
Candidate Name			egory/ ype								
Office Sought: House Disburse	ment For:  Primary General										
President	Other (specify)										
State: District:											
Full Name (Last, First, Middle Initial)  The Blue Dog PAC							23622	321			
The Blue Dog FAC				Date	e of L	isburse		ΥΫ́Υ	Y	Υ	
Mailing Address 227 Massachusetts Aven Suite 101	· 			0 3	3	0	3 /	2	0 Ó 6		
,	State Zip Code DC 20002			Amo	ount c	f Each	Disburs	emen	t this P	erioc	
Purpose of Disbursement	20002	_						5	5000.0	00	
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Candidate Name			egory/ /pe								
Office Sought: House Disburse	ment For:  Primary General										
President	Other (specify)										
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Full Name (Last, First, Middle Initial) Searchlight Leadership Fund				1			23622	331			
Searchinght Leadership Fund				М	М	isburse		Y Y	Υ	Υ	
Mailing Address 422 C Street, NE Lower Level				lo";			<sup>D</sup> /		0 Ď 6		
	State Zip Code DC 20002			Amo	ount c	f Each	Disburs	emen	t this P	erioc	
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Senate President	Primary General Other (specify) ▼										
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<ul> <li>NAME OF COMMITTEE (In Full)</li> </ul>	to and address of any pointed Co	Zi i i i i i i i i i i i i i i i i i i	io soli	on contrib	JU110115 11	om audil	JUITIT	iiiiGG	
Political Action Committee of the America	n Association of Orthopaed	lic Surg	eons						
Full Name (Last, First, Middle Initial)					action ID		322		
The Hawkeye PAC					f Disburs		V • V	V	V
Mailing Address PO Box 7255				0,3	່ ໃ	3 /	2	0 Ď 6	
City Des Moines	State Zip Code IA 50309			Amour	nt of Each	Disburs	ement	this P	eriod
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Candidate Name		Category Type	/						
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President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)  Texans For Henry Bonilla					action ID f Disburs		282		
·				M N	1 / D	D /	YYY	0 ŏ 6	Υ
Mailing Address P.O. Box 17292				0 3		3		006	
City San Antonio	State Zip Code TX 78217			Amour	nt of Each	Disburs	ement	this P	eriod
Purpose of Disbursement	Г		$\neg$				. 4	000.0	0
Candidate Name		011							
Rep. Henry Bonilla	'	Category Type							
X X	ement For: 2006								
Senate Senate	C Primary General Other (specify) ▼								
State: TX District: 23									
Full Name (Last, First, Middle Initial)  Michael Burgess For Congress					action ID f Disburs		301		
Mailing Address P.O. Box 2334				0 3	/ D	3 /	Y Ž	0 ŏ 6	Y
City	State Zip Code			Amour	nt of Each	Disburs	ement	this P	eriod
Denton Purpose of Disbursement	TX 76202		_				2	500.0	0
		011							
Candidate Name Mr. Michael C. Burgess		Category Type	/						
	ement For: 2005								
Senate President	Primary General  C Other (specify) ▼								
	Congressional G								
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$\rangle$	Political Action Committee of the America	n Associatio	on of Orthopa	edic	: 5	Surg	eons								
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Α.	Michael Burgess For Congress							Date	of D			ent	V .	, · · ·	V
	Mailing Address P.O. Box 2334							0,3	IVI	, L	0 3	]	2	o ŏ e	6
	City Denton	State TX	Zip Code 76202					Amou	ınt o	f Eac	h Dis	sburs	emen	t this I	Period
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	Candidate Name Mr. Michael C. Burgess					egory pe	7	[MEN	<b>1</b> 0 I	TEM	1				
	Senate President	ement For: Primary Other (spec						Fund: port			-	On T	his F	Re-	
		Congression	al G				_								
В.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress							Trans Date	of D	isburs	seme				
	Mailing Address P.O. Box 2334							0 <sup>M</sup> 3	М	/ D	0 3		ÝŽ	0 0 6	3 Y
	City Denton	State TX	Zip Code 76202					Amou	ınt o	f Eac	h Dis	sburs		t this	
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	Candidate Name Mr. Michael C. Burgess			Ca	ate	egory pe	/								
	Senate President	ement For: Primary Other (spec						Re-de trans				nds 1 2006	for		
		Congress Ge	enera												
C.	Full Name (Last, First, Middle Initial) Doggett For Congress							Trans Date	of D	isburs	seme	~			
	Mailing Address P.O. Box 5843							0 <sup>M</sup> 3	М	/ D	0 3	]	ž	0 0 0	5 Y
	City Austin	State TX	Zip Code 78703					Amou	ınt o	f Eac	h Dis	sburs		t this	
	Purpose of Disbursement			Г	, ^	11		L.	_	_		-		1000.	00
	Candidate Name Rep. Lloyd Doggett			Ca	ate	gory pe	/								
	Senate President	ement For: C Primary Other (spec	2006 General												
_	State: TX District: 10														
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Political Action Committee of the American	Association of Orthopaed	ic Surgeor	าร				
Full Name (Last, First, Middle Initial)				tion ID: 23			
Gingrey For Congress				Disburseme		, · · · · ·	Υ
Mailing Address PO Box U			03 M	03	2	0 Ó 6	
•	State Zip Code GA 30060		Amount	of Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement			1 [		1	0.000	0
Candidate Name		011					
Mr. Phil Gingrey		Category/ Type					
Office Sought: X House Disburse							
Senate X President	Primary General Other (specify) ▼						
State: GA District: 11	· 						
Full Name (Last, First, Middle Initial)  Kay Granger Campaign Fund				tion ID: 230 Disburseme			
			M M	/ D D		0 0 6	Υ
Mailing Address 715 Jones Street Suite 10	1		0 3	0 3	2	006	
•	State Zip Code FX 76102		Amount	of Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement	Г	*	T L			2000.0	0
Candidate Name		011 Category/					
Rep. Kay Granger		Type					
Office Sought: X House Disburser Senate X	nent For: 2006 Primary General						
President	Other (specify)						
State: TX District: 12							
Full Name (Last, First, Middle Initial)  Gene Green Congressional Campaign				tion ID: 230 Disburseme			
Mailing Address PO Box 16128			0 3 M	03	/ Y Y Y 2	0 0 6	Y
,	State Zip Code FX 77222		Amount	of Each Dis	bursemen	t this Pe	eriod
Purpose of Disbursement	Г		1 L.		3	3000.0	0
Candidate Name		011 Category/					
Rep. Gene Green		Type					
Office Sought: X House Disburser Senate X	nent For: 2006 Primary General						
President	Other (specify)						
State: TX District: 29							
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Political Action Committee of the American	Association of Orthopaed	lic Surgeo	ns				
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Hall For Congress Committee (Ralph Hall -	Rockwall			Disburseme		γ ,	γ
Mailing Address Post Office Box 711			03 м	0 3	2	0 Ó 6	
	State Zip Code FX 75087		Amount	of Each Dis	sbursemen	t this Pe	eriod
Purpose of Disbursement	Г	•				1000.00	)
Candidate Name		011					
Rep. Ralph M. Hall	,	Category/ Type					
Office Sought: X House Disburse							
Senate X President	Primary General Other (specify) ▼						
State: TX District: 4	<b>/</b> /						
Full Name (Last, First, Middle Initial)				ction ID: 23			
3. Johnson For Congress Committee			Date of	Disburseme		· · · · ·	v
Mailing Address P.O. Box 1986			0 3	0 3	/ <u>'</u> 2	0 Ó 6	
•	State Zip Code CT 06050		Amount	of Each Dis	sbursemen	t this Pe	eriod
Purpose of Disbursement	Г				1	000.00	0
One distante Manage		011					
Candidate Name Rep. Nancy L. Johnson		Category/ Type					
Office Sought: X House Disburse							
Senate President X	Primary General Other (specify) ▼						
	ngressional G						
Full Name (Last, First, Middle Initial)				ction ID: 23			
Johnson For Congress Committee			Date of	Disburseme		· · · · ·	v .
Mailing Address P.O. Box 1986			0 3	03	2	0 Ó 6	
	State Zip Code CT 06050		Amount	of Each Dis	sbursemen	t this Pe	eriod
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Candidate Name		Category/					
Rep. Nancy L. Johnson		Туре	[МЕМС	ITFM1			
Office Sought: X House Disburser Senate	nent For: 2005 Primary General		Funds	Reported (	On This F	Re-	
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NAME OF COMMITTEE (In Full) Political Action Committee of the American	Association of Orthopaed	ic Surgeor	s			
Full Name (Last, First, Middle Initial)			Transactio	on ID: 23826	464	
1. Johnson For Congress Committee				bursement	v v v	V
Mailing Address P.O. Box 1986			03 4	03 /	žoŏe	6
	State Zip Code CT 06050		Amount of	Each Disburs	ement this I	Period
Purpose of Disbursement	00000				1000.	00
Re-designated funds for trans. dated 3/3		011				
Candidate Name Rep. Nancy L. Johnson		Category/ Type				
Office Sought: X House Disburse			Re-design		ior	
Senate President X	Primary General Other (specify) ▼		trans. date	ated funds f ed 3/3/2006	0.	
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Full Name (Last, First, Middle Initial)			Transactio	on ID: 23622	 276	
Friends Of Sam Johnson				bursement	v v v	V
Mailing Address 1611 Avenue K			03 /	03	žoŏe	3 <sup>*</sup>
•	State Zip Code FX 75074		Amount of	Each Disburs	ement this I	Period
Purpose of Disbursement		•			2000.	00
Candidate Name		011 Category/				
Rep. Sam Johnson		Type				
Office Sought:  X House Senate X President Disburse	nent For: 2006 Primary General Other (specify)					
State: TX District: 3						
Full Name (Last, First, Middle Initial)  Jerry Weller For Congress Inc.				on ID: 236223 sbursement	320	
Mailing Address P.O. Box 15283			03 /	03	žoŏe	6 Y
•	State Zip Code DC 20003		Amount of	Each Disburs	ement this I	Period
Purpose of Disbursement	20003		-		1000.	00
		011				
Candidate Name Rep. Jerry Weller		Category/ Type				
President	nent For: 2006 Primary General Other (specify)					
State: IL District: 11						
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	Political Action Committee of the American	Association of Ortho	paedic	Sı	urgeor	ns							
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٩.	Cantor For Congress						Date of [			V .	/ · · ·	V	
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Mailing Address 5429 Madison Avenue				o <sup>M</sup> ;	3 M	/ DO	<sup>D</sup> /	Y Y	0 0 6	Υ	
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۹.	Full Name (Last, First, Middle Initial) Charles Boustany Jr For Congress					Date o	of Disbu	ID: 23622 irsement	2336		
	Mailing Address 331 Beverly Drive					0 <sup>M</sup> 3	M /	03	Ý Ž	0 Ď 6	S Y
	City Lafayette	State LA	Zip Code 70503			Amou	nt of Ea	ch Disbur		-	-
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3.	Full Name (Last, First, Middle Initial) Northern Lights PAC						of Disbu	ID: 23622 irsement	2333		
	Mailing Address 1155 21st Street, NW Suite 300					0,3	M /	03	Ý Ž	0 ŏ 6	S Y
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Э.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc							ID: 23622 rsement	2325		
	Mailing Address PO Box 2918					0 3	M /	03	Ý Ž	0 ŏ 6	, Y
	City Raleigh	State NC	Zip Code 67601			Amou	nt of Ea	ch Disbur			
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Political Action Committee of the American	Association of Orthopaec	dic Surgeo	ns					
Full Name (Last, First, Middle Initial)					_	622335		
Friends Of John Barrow				of Disb			YY	Υ
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Full Name (Last, First, Middle Initial)  Texans For Henry Cuellar Congressional C	ampaign			saction of Disb		622273 nt		
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Mailing Address 1519 Washington Street 2nd Floor Suite 200								
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Α.	Snowe For Senate					Date	of Di	sburse			V • V	V/
	Mailing Address PO Box 2006					0 3	IVI /	0	<b>3</b> /		ž 0 ŏ 6	3 <sup>'</sup>
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В.	Full Name (Last, First, Middle Initial) Pete Sessions For Congress					Date	of Di	sburse	ement			
	Mailing Address P.O. Box 38585					0 3	M /	□0	<b>3</b> /	2	žoóe	5 <sup>Y</sup>
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Mccrery For Congress Committee					of Disbur		V V		V
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3. Schwarz For Congress				Date o	of Disbur				
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Schwarz For Congress				Date o	of Disbur				V
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۹.	Full Name (Last, First, Middle Initial) Schwarz For Congress						action II	<b>D:</b> 238264 sement	<del></del>		
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۹.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress  Mailing Address 235 Montgomery Street,	Suite 610				1	of Dis	n ID: 2 burser			0 ŏ 6	Y
	Suite 610		Zip Code			Amo	unt of	Each [	Disburse	ement	this P	eriod
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۹.	Full Name (Last, First, Middle Initial) Boyd For Congress  Mailing Address P.O. Box 15703						e of D	isburs	23696 ement		0 Ď 6	Y
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	State: DE District: 2 Full Name (Last, First, Middle Initial)					<b> </b> _			00744	700		
Э.	Kyl for Senate					Dat	e of D	isburs			· * V *	V
	Mailing Address 507 Capitol Court, N.E. #	100				O S	3 <sup>M</sup>	′	3 O /	<u>'</u> 2	0 Ď 6	<u>.                                    </u>
	•		p Code 0002			Am	ount c	of Each	Disburs	emen	t this F	Period
	Purpose of Disbursement				)11					2	2500.0	00
	Candidate Name Jon Kyl			Cat	egory/ ype							
	X Senate President	ment For: Primary Other (specify	2006 X General									
	State: AZ District: 2											
S	UBTOTAL of Disbursements This Page (optional) .				<b>•</b>					6	500.0	00
т	OTAL This Period (last page this line number only)											

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the Detailed Summary Page	the (check only one)				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name		by any person fo	or the purpose of solicating contributions			
NAME OF COMMITTEE (In Full) Political Action Committee of the America						
Full Name (Last, First, Middle Initial)  4. Ryan For Congress			Transaction ID: 23744729 Date of Disbursement			
Mailing Address P. O. Box 1919 P. O. Box 1919			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & 3 & D \\ O & 3 & O \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Q & Q & G \\ Y & Q & Q & G & G \end{bmatrix}$			
City Janesville	State Zip Code WI 53547		Amount of Each Disbursement this Period			
Purpose of Disbursement		011	1000.00			
Candidate Name Rep. Paul Ryan  Office Sought: X House Disburs	ement For: 2006	Category/ Type				
· -	Primary General  Other (specify) ▼					
Full Name (Last, First, Middle Initial)  3. CARE PAC			Transaction ID: 23744731 Date of Disbursement			
Mailing Address 929 Second Street, NE			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ O & O & G \end{smallmatrix} \end{bmatrix} $			
City Washington	State Zip Code DC 20002		Amount of Each Disbursement this Period 2500.00			
Purpose of Disbursement  Candidate Name		011 Category/ Type	2300.00			
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial)  KITPAC			Transaction ID: 23744730 Date of Disbursement			
Mailing Address 147 N. Meramec Suite 100			$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ O & 3 & M \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix} $			
City St. Louis	State Zip Code MO 63105		Amount of Each Disbursement this Period			
Purpose of Disbursement  Candidate Name	[	011	5000.00			
	ement For:	Category/ Type				
Senate President State: District:	Primary General  Other (specify) ▼					
SUBTOTAL of Disbursements This Page (optional)			8500.00			
TOTAL This Period (last page this line number only		<u> </u>				

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S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		NUMBER:	PAGE	200 / 200
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	y Information copied from such Reports and S for commercial purposes, other than using the	•		, , ,		•	
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
/	Political Action Committee of the Ame	erican Associati	ion of Orthopaed	ic Surgeons	3		
	Full Name (Last, First, Middle Initial)				Transaction ID: 237	746952	
۹.	Ed Bryant For US Senate Inc				Date of Disbursemen	nt	
	Mailing Address 115 Penn Warren D	Prive Ste 300-30	9		03 7 3 1	<sup>'</sup> 2	0 0 6
	City	State	Zip Code		Amount of Each Disl	bursement	this Period
	Brentwood	TN	37027			-	000.00
	Purpose of Disbursement		ΙΓ	011		10	000.00
	Candidate Name			Category/			
	Mr. Edward Bryant			Type			
	Office Sought: House Dis	sbursement For:	2006				
	χ Senate	X Primary	General				
	President	Other (spe	ecity) 🔻				
	State: TN District: 2						

SUBTOTAL of Disbursements This Page (optional)	•	1000.00
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