

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

Office Use Only

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

Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street)

317 Massachusetts Avenue, NE

1st Floor

☐ Check if different
than previously
reported. (ACC)

Washington

DC

20002

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00343137

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

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

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12G)

Election on

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

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2006

through

03

31

2006

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

Type or Print Name of Treasurer

William J. Robb, III, MD

Signature of Treasurer

Electronically Filed by William J. Robb, III, MD

Date

04

13

2006

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		652130.44
(b) Cash on Hand at Beginning of Reporting Period	652130.44	
(c) Total Receipts (from Line 19)	321712.71	321712.71
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	973843.15	973843.15
7. Total Disbursements (from Line 31)	213032.42	213032.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	760810.73	760810.73
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	286460.00	286460.00
(i) Itemized (use Schedule A)	33741.00	33741.00
(ii) Unitemized	320201.00	320201.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	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 Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	320201.00	320201.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1511.71	1511.71
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	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)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	210500.00	210500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	213032.42	213032.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 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

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

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

FOR LINE NUMBER: PAGE 6 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Robert J De Troye, , MD

Mailing Address PO Box 2267

City State Zip Code
Johnson City TN 37605-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23378246

Amount of Each Receipt this Period

1000.00

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

Dr. Frances A Farley, , MD

Mailing Address Taubman Ctr 2912 Box 0328
Univ of Michigan Health System

City State Zip Code
Ann Arbor MI 48109-0328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23378248

Amount of Each Receipt this Period

1000.00

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

Dr. Charles D Hummer, III, MD

Mailing Address 1 Med Ctr Blvd Ste 324

City State Zip Code
Upland PA 19013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23378256

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Randall J Lewis, , MD

Mailing Address 2021 K St NW Ste 400

City State Zip Code
 Washington DC 20006-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Lewis, Unger and
Barth

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23378249

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen M McCollam, , MD

Mailing Address 2001 Peachtree Rd NE Ste 705

City State Zip Code
 Atlanta GA 30309-1476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peachtree Orthopaedic Cli-
nic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23378247

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Alpesh D Shah, , MD

Mailing Address 106 Fig Dr

City State Zip Code
 Dix Hills NY 11746-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23378254

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Harvey E Smires, Jr, MD Mailing Address Princeton Orthopaedic Associates, 325 Princeton Ave City State Zip Code Princeton NJ 08540-1698 FEC ID number of contributing federal political committee. C Name of Employer Occupation Princeton Ortho Associates Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Transaction ID: 23378253 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Frank A B Gottschalk, , MD Mailing Address U of TX Southwestern Med School 5323 Harry Hines Blvd City State Zip Code Dallas TX 75390-0001 FEC ID number of contributing federal political committee. C Name of Employer Occupation UT Southwestern Medical Ctr Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 23411447 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Don A Kovalsky, , MD Mailing Address 4121 Veterans Memorial Dr City State Zip Code Mount Vernon IL 62864-6262 FEC ID number of contributing federal political committee. C Name of Employer Occupation James C Chow, MD, Ltd Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 23411446 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶		2000.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 9 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Marc I Malberg, MD Mailing Address 1527 State Hwy 27 Ste 1300 City Somerset State NJ Zip Code 08873-2979 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 23411456 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Bernard R Bach, Jr, MD Mailing Address 1029 Franklin Ave City River Forest State IL Zip Code 60305-1339 FEC ID number of contributing federal political committee. C Name of Employer Midwest Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 23411946 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. J Kenneth Burkus, MD Mailing Address 6262 Veterans Pkwy City Columbus State GA Zip Code 31909-3540 FEC ID number of contributing federal political committee. C Name of Employer Hughston Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 9 / 2 0 0 6 Transaction ID: 23411457 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. William C Cottrell, , MD

Mailing Address 430 Morton Plant St Ste 301

City State Zip Code
Clearwater FL 33756-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
West Florida

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23411449

Amount of Each Receipt this Period

500.00

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

Dr. Marshall L Cook, , MD

Mailing Address 4521 E Pepper Tree Ln

City State Zip Code
Paradise Valley AZ 85253-3250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23411448

Amount of Each Receipt this Period

250.00

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

Dr. John Kirk Drake, , MD

Mailing Address 3635 Bienville Blvd

City State Zip Code
Ocean Springs MS 39564-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bienville Orthopaedic Spe-
cialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23487410

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas E Trumble, , MD

Mailing Address 1959 NE Pacific St
Box# 356500

City State Zip Code
Seattle WA 98195-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Washington

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23487413

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. William C Cottrell, , MD

Mailing Address 430 Morton Plant St Ste 301

City State Zip Code
Clearwater FL 33756-3395

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
West Florida

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 23547022

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. James O Gemmer, , MD

Mailing Address 11 Country Club Dr

City State Zip Code
Fairfield CA 94534-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23555963

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard Ian Goldberger, MD

Mailing Address 5106 N Armenia Ave Ste 4

City State Zip Code
Tampa FL 33603-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23555977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Edward C Littlejohn, MD

Mailing Address 14911 National Ave Ste 3

City State Zip Code
Los Gatos CA 95032-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23555964

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James A Moore, MD

Mailing Address 3 Peter Cooper Rd Apt 2F

City State Zip Code
New York NY 10010-6616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montefiore Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23555966

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael Vener, MD

Mailing Address 1201 Mickelson Dr

City State Zip Code
Watertown SD 57201-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
02 14 2006

Transaction ID: 23555967

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Brian S Ziegler, MD

Mailing Address 830 Executive Ln Ste 120

City State Zip Code
Rockledge FL 32955-3595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
02 14 2006

Transaction ID: 23555965

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian C Aamlid, MD

Mailing Address 1210 W 18th Ste G01

City State Zip Code
Sioux Falls SD 57104-4651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 14 2006

Transaction ID: 23555970

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Raymond E Bellamy, , MD

Mailing Address 2534 Marston Rd

City State Zip Code
Tallahassee FL 32308-6485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23555974

Amount of Each Receipt this Period

250.00

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

Dr. James C Bolz, , MD

Mailing Address 47601 Grand River Ave Ste A105

City State Zip Code
Novi MI 48374-1233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23555968

Amount of Each Receipt this Period

250.00

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

Dr. J William Follows, Jr, MD

Mailing Address 1200 1st Ave E Ste C

City State Zip Code
Spencer IA 51301-4342

FEC ID number of contributing
federal political committee.

C

Name of Employer
NWIB

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23585207

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gerald Q Greenfield, Jr, MD

Mailing Address 2829 Babcock Rd Ste 700

City State Zip Code
 San Antonio TX 78229-6015

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Antonio Orthopaedic
Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23585215

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert N Hensinger, , MD

Mailing Address Univ of Michigan Hosp
 2912 Taubman Ctr Box 0328

City State Zip Code
 Ann Arbor MI 48109-0328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Michigan Medical
Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23585206

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul S Lin, , MD

Mailing Address 900 Buffalo Rd

City State Zip Code
 Lewisburg PA 17837-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23585208

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Joseph P Pizzurro, MD

Mailing Address 537 Franklin Ave

City State Zip Code
 Wyckoff NJ 07481-1344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23585211

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Vincent J Russo, MD

Mailing Address 10290 N 92nd St Ste 103

City State Zip Code
 Scottsdale AZ 85258-4508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23585213

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael T Diment, MD

Mailing Address 770 Riverside Ave Ste 105

City State Zip Code
 Adrian MI 49221-1465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591013

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas J Dennie, Jr, MD

Mailing Address 7099 Scenic Hwy

City State Zip Code
Pensacola FL 32504-6842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591024

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary Drillings, , MD

Mailing Address 1777 Hamburg Tpke Ste 305

City State Zip Code
Wayne NJ 07470-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591037

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas K Fehring, , MD

Mailing Address 1915 Randolph Rd

City State Zip Code
Charlotte NC 28207-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591043

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Oran Daniel Fox, , MD

Mailing Address 500 E Business Way
Unit A

City State Zip Code
Cincinnati OH 45241-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacon Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591023

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard W Garner, , MD

Mailing Address 3260 Providence Dr Ste 200
AFOC

City State Zip Code
Anchorage AK 99508-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchorage Fracture & Orth-
opaedic Clini

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591051

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Michael B Grillo, , MD

Mailing Address 3045 S National

City State Zip Code
Springfield MO 65804-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ferrell-Duncom Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591048

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert J Hagen, , MD

Mailing Address 1411 S Creasy Ln Ste 120

City State Zip Code
Lafayette IN 47905-7433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Orthopaedic Cli-
nic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
02 17 2006

Transaction ID: 23591005

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Dr. Raymond L Horwood, , MD

Mailing Address 1575 Balmoral Way

City State Zip Code
Westlake OH 44145-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates,
Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 17 2006

Transaction ID: 23591012

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Floyd R Jaggears, , MD

Mailing Address 2795 Millstone Plantation Rd

City State Zip Code
Tallahassee FL 32312-3881

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Orthopaedic
Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 17 2006

Transaction ID: 23585556

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Randeep S Kahlon, MD

Mailing Address 4745 Ogletown-Stanton Rd Ste 225

City State Zip Code
 Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
First State Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591064

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Marc L Kahn, MD

Mailing Address Garden State Orthopaedics
 455 Route 70 West

City State Zip Code
 Cherry Hill NJ 08002-3599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden State Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23590998

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. James F Kayvanfar, MD

Mailing Address Orthopaedic & Spinal Surgery
 24318 Walnut St

City State Zip Code
 Santa Clarita CA 91321-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591007

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. John R Kean, , MD Mailing Address 20 S Drexel Ave City Columbus State OH Zip Code 43209-1753 FEC ID number of contributing federal political committee. C Name of Employer Cardinal Orthopaedic Institute Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 23585565 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. John J Larkin, Jr, MD Mailing Address 320 Thomas Moore Pkwy City Crestview Hills State KY Zip Code 41017-3410 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 23591030 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Peter J Mandell, , MD Mailing Address 1663 Rollins Rd City Burlingame State CA Zip Code 94010-2301 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 23591044 Amount of Each Receipt this Period 1500.00
SUBTOTAL of Receipts This Page (optional) ▶		2250.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 22 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Dante A Marra, , MD

Mailing Address 10 Medical Park Ste 203

City State Zip Code
 Wheeling WV 26003-6389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591039

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. Dr. Rowland Brook Mayor, , MD

Mailing Address 1 Church St 4th Fl

City State Zip Code
 New Haven CT 06510-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591065

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. J Wesley Mesko, , MD

Mailing Address 2815 S Pennsylvania Ave Ste 204

City State Zip Code
 Lansing MI 48910-3496

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591067

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gregory R Misenhimer, MD

Mailing Address 2150 Trawood Dr Ste A150

City State Zip Code
 El Paso TX 79935-3323

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23585557

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey G Mokris, MD

Mailing Address 1001 Blythe Blvd Ste 200

City State Zip Code
 Charlotte NC 28203-5863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Carolina

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591052

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard K Muir, MD

Mailing Address 3905 Waring Rd

City State Zip Code
 Oceanside CA 92056-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591040

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 24 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Saint Elmo Newton, III, MD

Mailing Address 801 Broadway 10th Fl

City State Zip Code
 Seattle WA 98122-4396

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591011

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John M Olsewski, MD

Mailing Address 135 Bramble Brook Rd

City State Zip Code
 Ardsley NY 10502-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591038

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Tye Ouzounian, MD

Mailing Address 5620 Wilbur Ave Ste 216

City State Zip Code
 Tarzana CA 91356-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591021

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. George Kyle Parkins, II, MD

Mailing Address 5131 Somerset Dr

City State Zip Code
 Prairie Village KS 66207-2233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591002

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James J Purtill, MD

Mailing Address 25 Lane of Acres

City State Zip Code
 Haddonfield NJ 08033-3504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23585553

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Walter G Robinson, Jr, MD

Mailing Address 660 Golden Ridge Rd Ste 250

City State Zip Code
 Golden CO 80401-9541

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodridge Ortho & Spine
Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591060

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Steven E Roser, , MD

Mailing Address Inter Mountain Ortho
600 N Robbins Rd Ste 401

City State Zip Code
Boise ID 83702-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591050

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Leonard M Rudolf, , MD

Mailing Address 129-C Mascoma St

City State Zip Code
Lebanon NH 03766-2667

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591062

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan Joseph Sarokhan, , MD

Mailing Address 10 Mountain Blvd

City State Zip Code
Warren NJ 07059-5614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Surgical Asso-
ciates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591032

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 27 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Charles P Schneider, MD

Mailing Address 206 E Elm St

City State Zip Code
Caldwell ID 83605-4894

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael S Schwartz, MD

Mailing Address 5515 Willow Wood Ln

City State Zip Code
Dallas TX 75252-2658

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591003

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert A Sciortino, MD

Mailing Address 2821 N Ballas Rd Ste C-15

City State Zip Code
Saint Louis MO 63131-2300

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Louis Orthopaedic Surg-
eons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591068

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Scott Beecher Scutchfield, MD

Mailing Address 1591 Lexington Rd

City State Zip Code
 Danville KY 40422-9795

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591018

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William H Seitz, Jr, MD

Mailing Address 1730 W 25th St

City State Zip Code
 Cleveland OH 44113-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul D Shirley, MD

Mailing Address 3728 Phillips Hwy Ste 214A

City State Zip Code
 Jacksonville FL 32207-6880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591026

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Ira Joel Singer, , MD

Mailing Address 725 Reservoir Ave Ste 101

City State Zip Code
 Cranston RI 02910-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591055

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregory S Slaphey, , MD

Mailing Address 139 Fairway Dr

City State Zip Code
 Carrollton GA 30117-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carrollton Orthopaedic Cl-
inic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591017

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey R Smith, , MD

Mailing Address 2646 N Foothill Dr

City State Zip Code
 Provo UT 84604-4390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591042

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Steven Brent Smith, MD

Mailing Address 7321 NE 84th Terr

City State Zip Code
 Kansas City MO 64157-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591025

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas Greg Sommerkamp, MD

Mailing Address 20 Medical Village Dr Ste 177

City State Zip Code
 Edgewood KY 41017-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hand Surgery Specialists,
Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591022

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Thomas Sowa, MD

Mailing Address 4745 Stanton-Ogletown Rd Ste 225

City State Zip Code
 Newark DE 19713-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
First State Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591028

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Patrick M Sullivan, MD

Mailing Address 6001 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
DMOS

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23585559

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. David B Thordarson, MD

Mailing Address 1520 San Pablo St Ste 2000

City

Los Angeles

State

CA

Zip Code

90033-5314

FEC ID number of contributing
federal political committee.

C

Name of Employer
USC Ortho Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591056

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John A Welsch, MD

Mailing Address PO Box 1358
210 W American Dr Ste 235

City

Fond Du Lac

State

WI

Zip Code

54936-1358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23585566

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Steven B Wertheim, MD

Mailing Address 70 Old Stratton Chase NW

City State Zip Code
 Atlanta GA 30328-3652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Janet E Whirlow, MD

Mailing Address 4547 N 52nd Pl

City State Zip Code
 Phoenix AZ 85018-3024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas W Wright, MD

Mailing Address 8314 SW 42nd Ave

City State Zip Code
 Gainesville FL 32608-3655

FEC ID number of contributing
federal political committee.

C

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

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23585554

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John A Yezerski, MD

Mailing Address 300 S 8th St Ste 178w

City State Zip Code
Murray KY 42071-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591034

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Brent Allen, MD

Mailing Address 4760 W Sunset Blvd

City State Zip Code
Los Angeles CA 90027-6063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter C Amadio, MD

Mailing Address Mayo Clinic
200 1st St S W

City State Zip Code
Rochester MN 55902-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591000

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David E Attarian, MD

Mailing Address Duke Health Ctr Ortho
3116 N Duke St

City State Zip Code
Durham NC 27704-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591063

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Philip L Barry, MD

Mailing Address 2100 Lynn Rd Ste 115

City State Zip Code
Thousand Oaks CA 91360-8031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard J Barry, MD

Mailing Address 2031 Anderson Rd Ste A

City State Zip Code
Davis CA 95616-0699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Oak Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591020

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 35 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin E Bierbaum, MD

Mailing Address 91 Parker Hill Ave

City State Zip Code
 Boston MA 02120-3215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Longwood Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591045

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Harold S Boyd, MD

Mailing Address 1280 Center St N E

City State Zip Code
 Salem OR 97301-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591059

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Knute C Buehler, MD

Mailing Address 2200 NE Neff Rd Ste 200

City State Zip Code
 Bend OR 97701-4281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedic & Neurosurgical
Ctr of the

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591041

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas A Carothers, MD

Mailing Address 10547 Montgomery Rd Ste 400

City State Zip Code
 Cincinnati OH 45242-4418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tristate Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591031

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul A Caviale, MD

Mailing Address 201 E Orangeburg Ave Ste F

City State Zip Code
 Modesto CA 95350-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591036

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Russell Cecil, MD

Mailing Address 5010 St Hwy 30 Ste 205

City State Zip Code
 Amsterdam NY 12010-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mohawk Valley Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 0 6

Transaction ID: 23591061

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 37 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Leroy H Cooley, , MD Mailing Address Mohawk Valley Ortho 1903 Sunset Ave City State Zip Code Utica NY 13501-4196 FEC ID number of contributing federal political committee. C Name of Employer Occupation Mohawk Valley Orthopaedics Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 23591054 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Kourosh Korsh Jafarnia, , MD Mailing Address 2 Marilane City State Zip Code Houston TX 77007-7046 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 23591016 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Joel D Thompson, , MD Mailing Address 4396 N Atfield Pl City State Zip Code Tucson AZ 85719-1175 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6 Transaction ID: 23591066 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Joseph C DiRaimondo, MD

Mailing Address PO Box 907

City State Zip Code
 Manitowoc WI 54221-0907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
Manitowoc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593552

Amount of Each Receipt this Period

1000.00

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

Dr. Paul Allen Davis, MD

Mailing Address 90 Cedar Point Ln

City State Zip Code
 Killen AL 35645-8723

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593549

Amount of Each Receipt this Period

250.00

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

Dr. Leslie P Dean, MD

Mailing Address 3260 Providence Dr Ste 200

City State Zip Code
 Anchorage AK 99508-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchorage Fracture & Orth-
opedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593548

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 39 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Roger Arnold Freeman, MD

Mailing Address 7485 Mission Valley Rd Ste 103

City State Zip Code
 San Diego CA 92108-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593564

Amount of Each Receipt this Period

250.00

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

Dr. J Randy Gipple, MD

Mailing Address 2195 N Hill Rd

City State Zip Code
 Muscatine IA 52761-9399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593544

Amount of Each Receipt this Period

250.00

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

Dr. Michael Lee Granberry, MD

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code
 Mobile AL 36608-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Orthopaedic Clini-
cs, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593558

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Russell A Hudgens, , MD

Mailing Address 3610 Springhill Memorial Dr N

City State Zip Code
 Mobile AL 36608-1162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Orthopaedic Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593547

Amount of Each Receipt this Period

500.00

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

Dr. W Benjamin Kibler, , MD

Mailing Address 700 Bob-Olink Dr

City State Zip Code
 Lexington KY 40504-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593572

Amount of Each Receipt this Period

250.00

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

Dr. David A Lewis, , MD

Mailing Address 12522 E Lambert Rd Ste A

City State Zip Code
 Whittier CA 90606-2758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593563

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Jeffrey Lozman, MD

Mailing Address 1367 Washington Ave Ste 200

City State Zip Code
 Albany NY 12206-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Region Orthopaedic
Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593576

Amount of Each Receipt this Period

250.00

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

Dr. Robert R Madigan, MD

Mailing Address PO Box 51090

City State Zip Code
 Knoxville TN 37950-1090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593543

Amount of Each Receipt this Period

250.00

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

Dr. John H Pelozza, MD

Mailing Address 7115 Greenville Ave Ste 210

City State Zip Code
 Dallas TX 75231-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593561

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Rodney P Wigle, , MD

Mailing Address 2473 NW Marken St

City State Zip Code
 Bend OR 97701-8639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593568

Amount of Each Receipt this Period

250.00

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

Dr. Charles H Alexander, , MD

Mailing Address 5549 Green Oak Dr

City State Zip Code
 Los Angeles CA 90068-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593566

Amount of Each Receipt this Period

1000.00

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

Dr. Walther Hartmuth Bohne, , MD

Mailing Address Hosp for Special Surgery
 535 E 70th St

City State Zip Code
 New York NY 10021-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593567

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen D Brown, , MD

Mailing Address 1300 Ritchie Hwy Ste A

City State Zip Code
 Arnold MD 21012-2244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593551

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. J Kenneth Burkus, , MD

Mailing Address 6262 Veterans Pkwy

City State Zip Code
 Columbus GA 31909-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughston Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 23593554

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Edward J Collins, Jr, MD

Mailing Address 150 Mansfield Ave

City State Zip Code
 Willimantic CT 06226-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conn Sports Med & Ortho
Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593573

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jose A Cancio, MD

Mailing Address 351 Hostos Ave
Bldg 409

City State Zip Code
Mayaguez PR 00682-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593570

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jonathan T Deland, MD

Mailing Address Hospl for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Ray M Fitzgerald, MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSF Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593591

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 45 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Michael J Ford, MD Mailing Address 716 College View Dr Ste A City State Zip Code Riverton WY 82501-2282 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 23593601 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			
B. Full Name (Last, First, Middle Initial) Dr. Steven R Garfin, MD Mailing Address UCSD Dept of Orthopaedics 350 Dickinson St MC 8894 City State Zip Code San Diego CA 92103-1913 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 23593587 Amount of Each Receipt this Period 250.00
Name of Employer UCSD Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			
C. Full Name (Last, First, Middle Initial) Dr. Gabriel Gluck, MD Mailing Address 8702 Sudley Rd City State Zip Code Manassas VA 20110-4463 FEC ID number of contributing federal political committee. C			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 23593598 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David A Halsey, , MD

Mailing Address 29 Ridgewood Rd

City

Springfield

State

VT

Zip Code

05156-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
Connecticut Valley Orthop-
aedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593603

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert H Harrington, , MD

Mailing Address 237 Route 108 Ste 205

City

Somersworth

State

NH

Zip Code

03878-1517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacoast Orthopedics and
Sports Medici

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593620

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David M Lintner, , MD

Mailing Address 6348 Mercer

City

Houston

State

TX

Zip Code

77005-3346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor College of Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593585

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Michael M Lynch, MD

Mailing Address 40 Cross St

City

Norwalk

State

CT

Zip Code

06851-4647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593604

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Arnold R Miller, MD

Mailing Address PO Box 637

City

Laconia

State

NH

Zip Code

03247-0637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laconia Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593622

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark G Murphy, MD

Mailing Address 111 S 5th

City

Douglas

State

WY

Zip Code

82633-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593626

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Peter O Newton, , MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code
 San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593625

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. John C Richmond, , MD

Mailing Address New England Baptist Hospital
 125 Parker Hill Ave

City State Zip Code
 Roxbury Crossing MA 02120-2850

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Baptist Hospi-
tal

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593615

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. K Daniel Riew, , MD

Mailing Address Dept of Orthopaedic Surgery
 West Pavilion Ste 11300

City State Zip Code
 Saint Louis MO 63110-1094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593610

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Samuel R Rosenfeld, , MD Mailing Address 1310 W Stewart Dr Ste 508 City State Zip Code Orange CA 92868-3856 FEC ID number of contributing federal political committee. C Name of Employer APOS Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 23593600 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. James L Scales, , MD Mailing Address 280 Newton Sparta Rd Ste 4 City State Zip Code Newton NJ 07860-2775 FEC ID number of contributing federal political committee. C Name of Employer Andover Ortho Surg & Sports Med Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 23593608 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Steven Aaron Shapiro, , MD Mailing Address 1714 W Anklam Ste 104 City State Zip Code Tucson AZ 85745-2690 FEC ID number of contributing federal political committee. C Name of Employer Saguaro Orthopedic Associates Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 23593619 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 50 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Robert R Slater, Jr, MD

Mailing Address 2057 Boulder Mine Way

City State Zip Code
 Gold River CA 95670-8365

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593606

Amount of Each Receipt this Period

250.00

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

Dr. William B Stetson, , MD

Mailing Address Stetson Powell Orthopedics and Spo
 201 S Buena Vista St Ste 240

City State Zip Code
 Burbank CA 91505-4576

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593616

Amount of Each Receipt this Period

500.00

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

Dr. Stephen G Taylor, , MD

Mailing Address 6001 Westown Pkwy

City State Zip Code
 West Des Moines IA 50266-7702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines Orthopaedic Su-
rgeons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 23593611

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Cooper L Terry, MD

Mailing Address 497 Azalea Dr Ste 102

City State Zip Code
 Oxford MS 38655-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oxford Orthopaedic & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593602

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Edward A Toriello, MD

Mailing Address 7815 Eliot Ave

City State Zip Code
 Middle Village NY 11379-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593588

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark T Wichman, MD

Mailing Address Milwaukee Ortho Specialists
 1575 N Rivercenter Dr Ste 160

City State Zip Code
 Milwaukee WI 53212-3965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milwaukee Orthopaedic Specialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593613

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Joseph N Wilson, MD

Mailing Address 4701 85th St

City State Zip Code
 Lubbock TX 79424-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593621

Amount of Each Receipt this Period

500.00

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

Dr. Donald J Zoltan, MD

Mailing Address 2025 W Oklahoma Ave Ste 100

City State Zip Code
 Milwaukee WI 53215-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23593624

Amount of Each Receipt this Period

250.00

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

Dr. Brett R Bolhofner, MD

Mailing Address 4600 4th St N

City State Zip Code
 Saint Petersburg FL 33703-3822

FEC ID number of contributing
federal political committee.

C

Name of Employer
All Florida Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert E. Booth, Jr, MD

Mailing Address 3 B Orthopaedics
800 Spruce St

City State Zip Code
Philadelphia PA 19107-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer
3 B Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23593589

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Lawrence N Borelli, MD

Mailing Address 899 Hartglen Ave

City State Zip Code
Westlake Village CA 91361-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23593607

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Bertrand Paul Kaper, MD

Mailing Address 3655 Crossings Dr

City State Zip Code
Prescott AZ 86305-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23593594

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James R Dyreby, , MD

Mailing Address 444 E Timber Dr

City

Rhineland

State

WI

Zip Code

54501-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northland Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603900

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Ted B Eshbach, , MD

Mailing Address 761 Johnsonburg Rd Ste 310

City

Saint Marys

State

PA

Zip Code

15857-3480

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elk Regina Professional
Group

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603897

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas B Grollman, , MD

Mailing Address PO Box 1607

City

Lihue

State

HI

Zip Code

96766-5607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health South

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603893

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 55 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Van W Johnson, , MD

Mailing Address 103 St Clair St

City	State	Zip Code
Warren	PA	16365

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph B Koscielniak, Jr, MD

Mailing Address 5587 Broadway

City	State	Zip Code
Merrillville	IN	46410-2632

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603943

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen J Lombardo, , MDMailing Address Kerlan Jobe Clinic
6801 Park Ter

City	State	Zip Code
Los Angeles	CA	90045-1539

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

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603891

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Rafael Antonio Lopez, MD

Mailing Address 198 Zorzal Street
Montehiedra

City State Zip Code
San Juan PR 00926-7110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603940

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Douglas W Lundy, MD

Mailing Address Orthopaedic Center of the Rockies
2500 E Prospect Rd

City State Zip Code
Fort Collins CO 80525-9718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Center of the
Rockies

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603934

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory G Markarian, MD

Mailing Address 10 W Martin Ave Ste 50

City State Zip Code
Naperville IL 60540-6537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603880

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 57 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Daniel J Martin, Jr, MD

Mailing Address 621 S New Ballas Rd Ste 5015B

City State Zip Code
 Saint Louis MO 63141-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603912

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Mathias A Masem, MD

Mailing Address 3300 Webster St Ste 202

City State Zip Code
 Oakland CA 94609-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603937

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Hugh Carroll McLeod, III, MD

Mailing Address 1163 Johnson Ferry Rd Ste 200

City State Zip Code
 Marietta GA 30068-2764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Orthopaedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603922

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 58 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. David C Napoli, MD

Mailing Address 900 Buffalo Rd

City State Zip Code
 Lewisburg PA 17837-2800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sun Orthopaedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603910

Amount of Each Receipt this Period

500.00

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

Dr. David L Nelson, MD

Mailing Address 1363 S Eliseo Dr Ste B

City State Zip Code
 Greenbrae CA 94904-2012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603920

Amount of Each Receipt this Period

500.00

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

Dr. Kyle L Palmer, MD

Mailing Address 520 S Eagle Rd Ste 1205

City State Zip Code
 Meridian ID 83642-6355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603923

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 59 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Jacquelin Perry, MD

Mailing Address 12319 Brock Ave

City State Zip Code
 Downey CA 90242-3503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23603919

Amount of Each Receipt this Period

300.00

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

Dr. Charles Turner Price, MD

Mailing Address Orhs Medical Education Pediatric O
 86 W Underwood St Ste 101

City State Zip Code
 Orlando FL 32806-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603899

Amount of Each Receipt this Period

500.00

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

Dr. Pablo P Prietto, MD

Mailing Address Orthopaedic Specialty Institute
 280 S Main Ste 200

City State Zip Code
 Orange CA 92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603904

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. A Herbert Alexander, , MD

Mailing Address Alexander Orthopaedics PA
100 Hospital Dr Ste 100

City State Zip Code
Ketchum ID 83340-6997

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alexander Orthopaedics,
PA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603888

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James W Scott, , MD

Mailing Address PO Box 7630

City State Zip Code
Tifton GA 31793-7630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgia Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603933

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert T Semba, , MD

Mailing Address 7600 W College Dr

City State Zip Code
Palos Heights IL 60463-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23603921

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 61 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Milo G Sloo, III, MD

Mailing Address 520 S Santa Fe Ste 400

City State Zip Code
 Salina KS 67401-4190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Clinic of Sal-
ina

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 23603944

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Russell G Tigges, , MD

Mailing Address 1 Webster Ave Ste 400

City State Zip Code
 Poughkeepsie NY 12601-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603939

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven J Touloupoulos, , MD

Mailing Address 1 Horseshoe Rd

City State Zip Code
 Cos Cob CT 06807-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603887

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James C Vailas, , MD

Mailing Address Orthopaedic Center
35 Kosciuszko St

City State Zip Code
Manchester NH 03101-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603894

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. David L Waxman, , MD

Mailing Address 600 Davisson Run Rd Ste 102

City State Zip Code
Clarksburg WV 26301-9307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603928

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan H Wilde, , MD

Mailing Address 8542 Windsor Way

City State Zip Code
Broadview Heights OH 44147-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stulberg, Wilde Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23603942

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 63 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Eugene Michael Wolf, MD

Mailing Address 3000 California St
3rd Fl

City State Zip Code
San Francisco CA 94115-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John D Bailey, MD

Mailing Address 4140 Centennial Hills Blvd Ste C

City State Zip Code
Casper WY 82609-3265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casper Orthopaedic Associ-
ates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603896

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. William Lamont Bargar, MD

Mailing Address 1020 29th St Ste 450

City State Zip Code
Sacramento CA 95816-5173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603932

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 64 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey A Baum, , MD

Mailing Address 200 Delafield Rd Ste 1040

City State Zip Code
Pittsburgh PA 15215-3234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Three Rivers Orthopaedics
Associates U

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603914

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Alexander Blevens, , MD

Mailing Address 3635 Bienville Blvd

City State Zip Code
Ocean Springs MS 39564-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bienville Orthopaedic Spe-
cialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603901

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J Blumenfeld, , MD

Mailing Address 1020 29th St Ste 450

City State Zip Code
Sacramento CA 95816-5173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603931

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 65 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Evan Budoff, MD

Mailing Address 6620 Main St #1300

City State Zip Code
Houston TX 77030-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603890

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dwight W Burney, III, MD

Mailing Address New Mexico Orthopaedics
201 Cedar SE Ste 6600

City State Zip Code
Albuquerque NM 87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23603941

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Henry G Chambers, MD

Mailing Address 3030 Children's Way Ste 410

City State Zip Code
San Diego CA 92123-4228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Specialists of
San Diego

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603902

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 66 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Rick F Papandrea, MD

Mailing Address 1111 Delafield St Ste 120

City State Zip Code
Waukesha WI 53188-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23603930

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Simon M Cornelissen, MD

Mailing Address Sullivan Orthopaedics
PO Box 30

City State Zip Code
Stoughton MA 02072-0030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23603903

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J Dittkoff, MD

Mailing Address 6900 Orchard Lake Rd Ste 103

City State Zip Code
West Bloomfield MI 48322-3424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610684

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Fred G Corley, , MD

Mailing Address Univ TX Health Sci Ctr
7703 Floyd Curl Dr MC-7774

City State Zip Code
San Antonio TX 78229-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Texas Health Scie-
nce Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610697

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Howard R Epps, , MD

Mailing Address 7401 S Main

City State Zip Code
Houston TX 77030-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fondren Orthopedic Group,
LLP

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610675

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Larry Fambrough, , MD

Mailing Address 15781 Professional Plaza

City State Zip Code
Hammond LA 70403-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610693

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 68 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Laith A Farjo, MD

Mailing Address 1808 Hermitage

City State Zip Code
 Ann Arbor MI 48104-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610655

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jonathan P Garino, MD

Mailing Address Dept of Orthopaedic Surgery
 1 Cupp Pavilion

City State Zip Code
 Philadelphia PA 19104

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610665

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert S Gorab, MD

Mailing Address Orthopaedic Specialty Inst
 280 S Main St Ste 200

City State Zip Code
 Orange CA 92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialty Ins-
titute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610645

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 69 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Martin Jacob Greenberg, MD

Mailing Address 916 Merry Ln

City

Oak Brook

State

IL

Zip Code

60523-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610656

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Benjamin Gulli, MD

Mailing Address 3366 Oakdale Ave N Ste 103

City

Minneapolis

State

MN

Zip Code

55422-2961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Twin Cities Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610669

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John H Healey, MD

Mailing Address Sloan Kettering Cancer Center
1275 York Ave

City

New York

State

NY

Zip Code

10021-6094

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610637

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Harry N Herkowitz, MD

Mailing Address Medical Office Bldg
3535 W 13 Mile Rd Ste 744

City State Zip Code
Royal Oak MI 48073-6710

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610647

Amount of Each Receipt this Period

500.00

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

Dr. C Thomas Hopkins, MD

Mailing Address 717 S 8th St

City State Zip Code
Griffin GA 30224-4818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic & Sports Inju-
ry Center, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610640

Amount of Each Receipt this Period

250.00

C. 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
Philadelphia PA 19107-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rothman Institute Orthope-
dic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610644

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 71 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gregory Lane Hummel, MD

Mailing Address 15900 Ess Rd

City State Zip Code
 Kansas City MO 64136-1259

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610690

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Matthew J Kraay, MD

Mailing Address 11100 Euclid Ave

City State Zip Code
 Cleveland OH 44106-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals of
Cleveland

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610660

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Joseph M Lane, MD

Mailing Address Hosp for Special Surgery
 535 E 70th St

City State Zip Code
 New York NY 10021-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610686

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Randall J Lewis, , MD

Mailing Address 2021 K St NW Ste 400

City State Zip Code
 Washington DC 20006-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Lewis, Unger and
Barth

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: 23610666

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Ernest B Marsolais, , MD

Mailing Address 2835 Drummond

City State Zip Code
 Shaker Heights OH 44120-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Anesthesia, Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610689

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Joseph G Martin, , MD

Mailing Address 1414 W Lombard St

City State Zip Code
 Davenport IA 52804-2152

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORA

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610682

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 73 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. James R McCoy, MD

Mailing Address Searcy Med Ctr
2900 Hawkins Dr

City State Zip Code
Searcy AR 72143-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Searcy Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610674

Amount of Each Receipt this Period

1000.00

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

Dr. Jeffrey Meisles, MD

Mailing Address Ortho Specialists
305 N York Rd

City State Zip Code
Elmhurst IL 60126-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610678

Amount of Each Receipt this Period

250.00

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

Dr. Frederick N Meyer, MD

Mailing Address 6505 Sugar Pointe Ct

City State Zip Code
Mobile AL 36695-2741

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of South Alaba-
ma

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610639

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey K Moore, , MD

Mailing Address 3714 Guardian Ave

City State Zip Code
 Morehead City NC 28557-4322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carteret Surgical Associa-
tes

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610650

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. R Kent Moseman, , MD

Mailing Address 583 Clarizz Blvd

City State Zip Code
 Bloomington IN 47401-5515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610677

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth M Oates, , MD

Mailing Address 3516 W 3rd St

City State Zip Code
 Anacortes WA 98221-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Orthopaedic Sur-
geons

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610663

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gregory G Orson, MD

Mailing Address 2049 Rose Creek Blvd

City State Zip Code
 Fargo ND 58104-6878

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merit Care Health System

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610691

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul David Peterson, MD

Mailing Address 2950 S Elm Pl Ste 460

City State Zip Code
 Broken Arrow OK 74012-7863

FEC ID number of contributing
federal political committee.

C

Name of Employer
Broken Arrow Bone & Joint

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610672

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. George W Prutzman, Jr, MD

Mailing Address 689 Sierra Rose Dr Ste B

City State Zip Code
 Reno NV 89511-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610679

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 76 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Delwin E Quenzer, , MD

Mailing Address 5604 Glen Oaks Pointe

City State Zip Code
West Des Moines IA 50266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Des Moines Orthopaedic Su-
rgeons, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610649

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John Sargent Rogerson, , MD

Mailing Address 2 Science Ct

City State Zip Code
Madison WI 53711-1088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610658

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Alan Rosen, , MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
KSF Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610636

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Marc J Rosen, MD

Mailing Address 5605 W Eugie Ste 111

City State Zip Code
 Glendale AZ 85304-1273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phoenix Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610680

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan S Routman, MD

Mailing Address North Ridge Medical Plaza
 5601 N Dixie Highway Ste 210

City State Zip Code
 Oakland Park FL 33334-4145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610692

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas A Russell, MD

Mailing Address 10328 Crooked Creek Rd

City State Zip Code
 Collierville TN 38017-8954

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610701

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Eduardo Agustin Salvati, MD

Mailing Address Hosp for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610648

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Carlton G Savory, MD, FACS

Mailing Address 6262 Veterans Pkwy

City State Zip Code
Columbus GA 31909-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughston Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610643

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert G Viere, MD

Mailing Address North Texas Spine Care
3600 Gaston Ave Ste 651

City State Zip Code
Dallas TX 75246-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Texas Spine Care

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610695

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 79 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Julie Wehner, MD Mailing Address 916 Merry Ln City State Zip Code Oak Brook IL 60523-1422 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Transaction ID: 23610657 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Gerald R Williams, Jr, MD Mailing Address 1 Cupp Pavilion, Presbyterian Hosp 39th & Market Sts City State Zip Code Philadelphia PA 19104-4228 FEC ID number of contributing federal political committee. C Name of Employer Hospital of the Univ of Pennsylvania Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Transaction ID: 23610642 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Bruce Wolock, MD Mailing Address 8564 Leisure Hill Dr City State Zip Code Baltimore MD 21208-1740 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Transaction ID: 23610664 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		2250.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 80 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Mary Johanna Albert, MD

Mailing Address 758 Old Norcross Rd Ste 100

City State Zip Code
 Lawrenceville GA 30045-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610646

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark Michael Allard, MD

Mailing Address 1675 W Jefferson St Ste D
 PO Box 857

City State Zip Code
 Siloam Springs AR 72761-3001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ozark Orthopaedic & Sports
Medicine CL

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610668

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Jaafar M Bazih, MD

Mailing Address 4802 S 109th East Ave

City State Zip Code
 Tulsa OK 74146-5822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tulsa Bone and Joint Asso-
ciates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610673

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James H Beaty, , MD

Mailing Address Campbell Clinic
1211 Union Ave Ste 500

City State Zip Code
Memphis TN 38104-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert J Benz, , MD

Mailing Address 2500 E Prospect Rd

City State Zip Code
Fort Collins CO 80525-9718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Center of the
Rockies

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610671

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert J Bercik, , MD

Mailing Address 1445 Raritan Rd

City State Zip Code
Clark NJ 07066-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610652

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 82 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Daniel J Berry, , MD

Mailing Address Mayo Clinic
200 First St SW

City State Zip Code
Rochester MN 55905-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610661

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. James Frank Bethea, , MD

Mailing Address Columbia Orthopaedic Specialists
1301 Taylor St Ste 3-0

City State Zip Code
Columbia SC 29201-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia Orthopaedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610651

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John W Blute, Jr, MD

Mailing Address No 11 Brier Hill Rd

City State Zip Code
Acton MA 01720-7751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Concord Orthopaedics, Inc.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23610683

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John Thomas Bolger, MD

Mailing Address 1111 Delafield St Ste 120

City State Zip Code
Waukesha WI 53188-3402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
Wisconsin

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 28 2006

Transaction ID: 23610635

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Tomasz W Borowiecki, MD

Mailing Address 49 Linden Ln

City State Zip Code
Springfield IL 62712-8965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
02 28 2006

Transaction ID: 23610688

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Matthew J Bueche, MD

Mailing Address 1259 Rickert Dr Ste 101

City State Zip Code
Naperville IL 60540-8904

FEC ID number of contributing
federal political committee.

C

Name of Employer
M & M Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
02 28 2006

Transaction ID: 23610685

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 84 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jorge Manuel Cabrera, MD

Mailing Address 6341 Sunset Dr Ste 100

City State Zip Code
 South Miami FL 33143-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610676

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles D Cardenas, MD

Mailing Address Calallen Orthopaedics LLP
 14317 Northwest Blvd

City State Zip Code
 Corpus Christi TX 78410-5123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calallen Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610638

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Huntly Gordon Chapman, MD

Mailing Address 3600 Gaston Ave Ste 651

City State Zip Code
 Dallas TX 75246-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Texas Spine Care

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23610696

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 85 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Paul Calvin Collins, MD

Mailing Address 1520 W State Ste 220

City State Zip Code
Boise ID 83702-4085

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 23610654

Amount of Each Receipt this Period

5000.00

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

Dr. Edward Adrian Connolly, MD

Mailing Address 520 Valley View Dr

City State Zip Code
Moline IL 61265-6152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic & Rheumatology
Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610659

Amount of Each Receipt this Period

500.00

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

Dr. Joseph E Alhadeff, MD

Mailing Address 1555 Strawberry Mountain Dr

City State Zip Code
Roanoke VA 24018-7686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roanoke Orthopaedic Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23610641

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Thomas Burke, , MD Mailing Address Associates In Orthopaedics & Spor #505 Physician Office Bldg City State Zip Code Cambridge MA 02238 FEC ID number of contributing federal political committee. C Name of Employer Occupation Self Employed Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Transaction ID: 23610700 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. John Z Edwards, , MD Mailing Address 1442 Whitman Dr City State Zip Code Laramie WY 82070-4871 FEC ID number of contributing federal political committee. C Name of Employer Occupation Scripps Clinic Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 8 / 2 0 0 6 Transaction ID: 23610687 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Thomas W Currey, , MD Mailing Address 975 E 3rd St Box 260 City State Zip Code Chattanooga TN 37403-2103 FEC ID number of contributing federal political committee. C Name of Employer Occupation Orthopaedic Associates Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 3 / 2 0 0 6 Transaction ID: 23628774 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John English Feighan, MD

Mailing Address 2260 Harcourt Dr

City State Zip Code
 Cleveland Heights OH 44106-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23629248

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Cyrus Ghavam, MD

Mailing Address 12 Northampton Dr SE

City State Zip Code
 Huntsville AL 35801-2844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sportsmed Ortho Surg & Sp-
ine Ctr

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: 23629238

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Justis Haynes, MD

Mailing Address Shriners Hosp for Children
6977 Main St

City State Zip Code
 Houston TX 77030-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shriners Hospitals

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23629239

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 88 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Elliott Hershman, , MD

Mailing Address 130 E 77th St 7th Fl

City State Zip Code
 New York NY 10021-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Manhattan Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23624722

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark W Hollmann, , MD

Mailing Address 740 W Plymouth Ave

City State Zip Code
 Deland FL 32720-3292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23628783

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Melburn K Huebner, , MD

Mailing Address 1901 Medi Park Dr Ste 10

City State Zip Code
 Amarillo TX 79106-2105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23629237

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 89 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth K Ishizue, , MD

Mailing Address 12705 Corte Cordillera

City State Zip Code
 Salinas CA 93908-8942

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23629233

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan T Kawaguchi, , MD

Mailing Address Alpine Orthopaedic Med Grp
 333 E Alpine Ave

City State Zip Code
 Stockton CA 95204-3494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alpine Orthopaedic Medical
Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23628776

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Alvin Wayne Larkins, , MD

Mailing Address 3650 Laurel Ave

City State Zip Code
 Beaumont TX 77707-2216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23628780

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 90 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James Kevin Lynch, MD

Mailing Address 1 Church St 4th Fl

City State Zip Code
 New Haven CT 06510-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23629243

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Reginald V S McCoy, MD

Mailing Address 340 Dardanelli Ln Ste 14-A

City State Zip Code
 Los Gatos CA 95032-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23628785

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard F McKay, MD

Mailing Address 8 Medical Dr

City State Zip Code
 Amarillo TX 79106-4168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23624720

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 91 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Christopher B Michelsen, MD

Mailing Address 5141 Broadway Rm 3-029

City State Zip Code
 New York NY 10034-1159

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY Orthopaedic Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 23628784

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. Anthony F Pachelli, MD

Mailing Address 201 Cedar SE Ste 6600

City State Zip Code
 Albuquerque NM 87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedic As-
sociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23628771

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas J Parr, MD

Mailing Address 14090 Southwest Fwy Ste 130

City State Zip Code
 Sugar Land TX 77478-3683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23628772

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jay David Pond, MD

Mailing Address 800 Orthopedic Way

City State Zip Code
Arlington TX 76015-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington Orthopedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: 23629244

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Andrew H Schmidt, MD

Mailing Address 3630 Rosewood Ln

City State Zip Code
Plymouth MN 55441-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hennepin Faculty Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: 23629240

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Peter White Whitfield, MD

Mailing Address 201 E Wendover Ave

City State Zip Code
Greensboro NC 27401-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2006

Transaction ID: 23628775

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 93 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Lesley J Anderson, , MD

Mailing Address 2100 Webster St Ste 309

City State Zip Code
 San Francisco CA 94115-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23628781

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Phillip R Bacilla, Jr, MD

Mailing Address 6424 Taylor Oaks

City State Zip Code
 Alexandria LA 71301-2772

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-State Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23629234

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen L Brenneke, , MD

Mailing Address 3510 NE 122nd Ste 103

City State Zip Code
 Portland OR 97230-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23629247

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. J Dean Cole, , MD

Mailing Address 2501 N Orange Ave Ste 340
Attn: PITAGAYE DOWNER

City State Zip Code
Orlando FL 32804-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23628786

Amount of Each Receipt this Period

1000.00

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

Dr. William G Hamilton, , MD

Mailing Address 2001 Cool Spring Dr

City State Zip Code
Alexandria VA 22308-1635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23624719

Amount of Each Receipt this Period

500.00

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

Dr. Andrew Park, , MD

Mailing Address 3600 Gaston Ave Ste 651

City State Zip Code
Dallas TX 75246-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23628777

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 95 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Marc Romayne Davidson, MD

Mailing Address 2088 Alpine Dr

City

West Linn

State

OR

Zip Code

97068-8618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advantage Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635419

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Bryan D Den Hartog, MD

Mailing Address Black Hills Ortho& Spine Ctr
7220 South Highway 16

City

Rapid City

State

SD

Zip Code

57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedic &
Spine Center

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635407

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Denis Burke Drennan, MD

Mailing Address 1316 Sherman Ave

City

Evanston

State

IL

Zip Code

60201-4361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635409

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 96 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Frank P Giammattei, MD

Mailing Address Crozer-Chester Med Ctr Ste 324
Professional Office Bldg 2

City State Zip Code
Upland PA 19013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635155

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry D Greenway, MD

Mailing Address 1015 E 32nd St Ste 101

City State Zip Code
Austin TX 78705-2700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Austin Bone & Joint Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635410

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert A Gurtler, MD

Mailing Address 2192 Wagon Trail Rd

City State Zip Code
White Heath IL 61884-9314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635147

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 97 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas R Huberty, MD

Mailing Address 2111 Ogden Ave

City

Aurora

State

IL

Zip Code

60504-7597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635152

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Jim K Hudson, MD

Mailing Address 3635 Bienville Blvd

City

Ocean Springs

State

MS

Zip Code

39564-5711

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bienville Orthopaedic Spe-
cialists

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635225

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. E Michael Keating, MD

Mailing Address 1199 Hadley Rd

City

Mooreville

State

IN

Zip Code

46158-1797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Joint Replacement Surgeons
of Indiana

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635148

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 98 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Robert A Kelly, , MD

Mailing Address 270 Chastain Rd NW

City State Zip Code
 Kennesaw GA 30144-3012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurgens Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635157

Amount of Each Receipt this Period

500.00

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

Dr. John Charles Kofoed, , MD

Mailing Address 2619 Seminole Ct

City State Zip Code
 Fairfield CA 94534-7871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635229

Amount of Each Receipt this Period

1000.00

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

Dr. James Hon-Kit Lau, , MD

Mailing Address 3010 W Orange Ave Ste 303

City State Zip Code
 Anaheim CA 92804-3172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635151

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 99 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gordon M Mead, MD

Mailing Address PO Box 51455

City

Shreveport

State

LA

Zip Code

71135-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635150

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Evangelos Megariotis, MD

Mailing Address 21 Ravona St

City

Clifton

State

NJ

Zip Code

07012-1521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clifton Orthopedics PA

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: 23635227

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dr. Keith W Miller, MD

Mailing Address Central Indiana Ortho
3600 W Bethel Ave

City

Muncie

State

IN

Zip Code

47304-5407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Indiana Orthopedi-
cs

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23635411

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 100 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Ellen M Raney, , MD

Mailing Address 1310 Punahou St
Shriners Hospital for Children

City State Zip Code
Honolulu HI 96826-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shriners Hospital for Children

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635153

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. William J Robb, III, MD

Mailing Address 2401 Ravine Way Ste 200

City State Zip Code
Glenview IL 60025-7645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Bone & Joint Ins-
titute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635408

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. David P Rouben, , MD

Mailing Address 9300 Stones St Rd Ste 200

City State Zip Code
Louisville KY 40272-2876

FEC ID number of contributing
federal political committee.

C

Name of Employer
River City Orthopedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635142

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 101 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Benjamin D Rubin, , MD

Mailing Address Orthopaedic Specialty Institute
280 S Main Ste 200

City State Zip Code
Orange CA 92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Specialty Ins-
titute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635414

Amount of Each Receipt this Period

250.00

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

Dr. Richard D Schmidt, , MD

Mailing Address 7373 France Ave S Ste 312

City State Zip Code
Edina MN 55435-4549

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635156

Amount of Each Receipt this Period

250.00

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

Dr. Dennis Martin Walker, , MD

Mailing Address 1717 Oak Park Blvd 3rd Fl

City State Zip Code
Lake Charles LA 70601-8990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635413

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 102 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas Atkins, MD

Mailing Address 5N105 Burr Rd

City

Saint Charles

State

IL

Zip Code

60175-6106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635144

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Joseph Benevenia, MD

Mailing Address UMDNJ

90 Bergen St Ste 7400

City

Newark

State

NJ

Zip Code

07103-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMDNJ

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635226

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles M Blitzer, MD

Mailing Address New Hampshire Ortho Society

237 Route 108 Ste 205

City

Somersworth

State

NH

Zip Code

03878-1517

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Hampshire Ortho Socie-
ty

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23635418

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 103 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. S Terry Canale, MD

Mailing Address Campbell Clinic
1400 S Germantown Rd

City State Zip Code
Germantown TN 38138-2205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23635141

Amount of Each Receipt this Period

250.00

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

Dr. Ricardo M Canals-Morales, MD

Mailing Address PO Box 360097

City State Zip Code
San Juan PR 00936-0097

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 23635415

Amount of Each Receipt this Period

750.00

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

Dr. Kent Jason Lowry, MD

Mailing Address 444 E Timber Dr

City State Zip Code
Rhineland WI 54501-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northland Orthopedic Asso-
ciates PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23635145

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Gregory P Duff, MD Mailing Address 2600 Wheaton Way Ste 311 City State Zip Code Bremerton WA 98310-3319 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 23661490 Amount of Each Receipt this Period 750.00
B. Full Name (Last, First, Middle Initial) Dr. Thomas L Erickson, MD Mailing Address 1780 E Florence Blvd Ste 106 City State Zip Code Casa Grande AZ 85222-4782 FEC ID number of contributing federal political committee. C Name of Employer Sierra Orthopaedics PC Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 23661489 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. John T Gill, MD Mailing Address 8230 Walnut Hill Ln Ste 708 City State Zip Code Dallas TX 75231-4431 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 23661502 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 105 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Victor Goldberg, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address Case Western Reserve Univ 11100 Euclid Ave		Transaction ID: 23661475	
City Cleveland State OH Zip Code 44106-5043		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Case Western Reserve Univ-ersity Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. Larry D Herron, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 1304 Ella Street, Suite A		Transaction ID: 23661477	
City San Luis Obispo State CA Zip Code 93401-4165		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Central Coast Orthopaedic Medical Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. D Marshall Jemison, MD		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address Hayes Hand Center 979 E 3rd St Ste C920		Transaction ID: 23661499	
City Chattanooga State TN Zip Code 37403-2136		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Hayes Hand Center Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Orthopaedic Surgeon Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 106 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Frank R Joseph, , MD

Mailing Address 1285 Hembree Rd Ste 200A

City State Zip Code
 Roswell GA 30076-4995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurgens Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Abbott Kagan, II, MD

Mailing Address Florida Othopaedic Society
 8710 College Pky

City State Zip Code
 Fort Myers FL 33919-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Orthopaedic Socie-
ty

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661463

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark Shannon Lawler, , MD

Mailing Address 4000 Civic Center Dr Ste 205

City State Zip Code
 San Rafael CA 94903-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661486

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey L. Lovallo, MD

Mailing Address 7025 Benjamin St

City State Zip Code
 Mc Lean VA 22101-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661497

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Fred G. McQueary, MD

Mailing Address 1229 E Seminole St Ste 230

City State Zip Code
 Springfield MO 65804-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
St John's Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661492

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Rosemarie M. Morwessel, MD

Mailing Address Azalea Orthos & Sports Medicine
 2860B Dauphin St

City State Zip Code
 Mobile AL 36606-2415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Azalea Orthopaedics & Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661485

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 108 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Paul Martin Puziss, MD Mailing Address 3130 Northwest Chapin Dr City Portland State OR Zip Code 97229-8073 FEC ID number of contributing federal political committee. C Name of Employer Semi-retired Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 23661468 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Scott Gunnar Quisling, MD Mailing Address 758 Old Norcross Rd Ste 100 City Lawrenceville State GA Zip Code 30045-3386 FEC ID number of contributing federal political committee. C Name of Employer Resurgens Orthopedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 23661494 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Craig P Smith, MD Mailing Address 4140 Centennial Hills Blvd Ste A City Casper State WY Zip Code 82609-3265 FEC ID number of contributing federal political committee. C Name of Employer Casper Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6 Transaction ID: 23661496 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 109 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John E Spieker, , MD

Mailing Address 17005 Old Orchard Rd

City State Zip Code
Lewes DE 19958-4828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 08 2006

Transaction ID: 23661471

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. James C Strazzeri, , MD

Mailing Address 11550 Indian Hills Rd Ste 351

City State Zip Code
Mission Hills CA 91345-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 08 2006

Transaction ID: 23661465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James H Van Olst, , MD

Mailing Address 3855 NW Lincoln Ave

City State Zip Code
Corvallis OR 97330-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 08 2006

Transaction ID: 23661500

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 110 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Alex R Verhoogen, MD

Mailing Address Advanced Surgical Orthopedics, PS
Sacred Heart Doctors Bldg Ste 454

City State Zip Code
Spokane WA 99204-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Surgical Orthope-
dics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661469

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Harvey M Wichman, MD

Mailing Address 1575 N Rivercenter Dr Ste 160

City State Zip Code
Milwaukee WI 53212-3965

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milwaukee Orthopedic Spec-
ialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661487

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Russell E Windsor, MD

Mailing Address Hosp for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4892

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661484

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Iqbal Ansgar Anwar, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address Dept of Orthopaedics 6041 Cadillac Ave		Transaction ID: 23661482	
City Los Angeles	State CA	Zip Code 90034-1702	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Dr. Michael J Archibeck, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address 4409 Chinlee Ave		Transaction ID: 23661488	
City Albuquerque	State NM	Zip Code 87110-5715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer New Mexico Orthopaedics		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Henry A Backe, Jr, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 0 8 / 2 0 0 6	
Mailing Address Orthopaedic Specialty Group,PC 75 Kings Highway Cutoff		Transaction ID: 23661498	
City Fairfield	State CT	Zip Code 06824-5340	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 112 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas E Baier, , MD

Mailing Address 725 Stonegate

City

Libertyville

State

IL

Zip Code

60048-1855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenleaf Orthopedic

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661473

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Carl E Becker, , MD

Mailing Address Westphal Group
609 N Cherry St

City

Lancaster

State

PA

Zip Code

17602-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661501

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John D Bloom, , MD

Mailing Address 237 Route 108 Ste 205

City

Somersworth

State

NH

Zip Code

03878-1517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacoast

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661470

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Raymond J Boniface, , MD

Mailing Address 835 McKay Ct Ste 100

City State Zip Code
 Youngstown OH 44512-5786

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661493

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ross N Brudenell, , MD

Mailing Address 3524 North Point Dr

City State Zip Code
 Anchorage AK 99502-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661467

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dr. Jonathan L Chang, , MD

Mailing Address 707 S Garfield Ave Ste 201

City State Zip Code
 Alhambra CA 91801-4438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pacific Orthopaedic Medic-
al Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661495

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. George F Chimento, MD

Mailing Address 2405 Chester St

City

Metairie

State

LA

Zip Code

70001-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661481

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Stephen Ilario, MD

Mailing Address 1735 York Ave Apt 16D

City

New York

State

NY

Zip Code

10128-6858

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nycorr Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 8 / 2 0 0 6

Transaction ID: 23661503

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. William H Davidson, MD

Mailing Address 4060 4th Ave Ste 700

City

San Diego

State

CA

Zip Code

92103-2121

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Diego Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682828

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Brian L Davison, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 85 McNaughten Rd Ste 200		Transaction ID: 23682845	
City Columbus	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 43213-5111			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. Alfred Ainsley Durham, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 4910 Valley View Blvd NW		Transaction ID: 23682854	
City Roanoke	State VA	Amount of Each Receipt this Period 300.00	
Zip Code 24012-2040			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	
C. Full Name (Last, First, Middle Initial) Dr. Bruce T Faure, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6	
Mailing Address 6849 W Ridgeview Dr		Transaction ID: 23682851	
City Mequon	State WI	Amount of Each Receipt this Period 500.00	
Zip Code 53092-1008			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jay P Ginther, MD

Mailing Address 1753 W Ridgeway Ste 103

City State Zip Code
 Waterloo IA 50701-4544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Valley Medical Spec-
ialists, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23682830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert H Haralson, III, MD, M

Mailing Address American Academy of Orthopaedic Su
 6300 N. River Rd

City State Zip Code
 Rosemont IL 60018-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Ortho-
paedic Surgeon

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682849

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Justis Haynes, MD

Mailing Address Shriners Hosp for Children
 6977 Main St

City State Zip Code
 Houston TX 77030-3701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shriners Hospitals

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682825

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Alan Sander Hilibrand, MD

Mailing Address The Rothman Institute
925 Chestnut St- 5th Fl

City State Zip Code
Philadelphia PA 19107-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Rothman Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: 23682827

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry T Johnson, MD

Mailing Address 1819 Beaver Creek Dr

City State Zip Code
Duncanville TX 75137-3729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: 23682829

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Mary Ann E Keenan, MD

Mailing Address Univ of Pennsylvania-Dept of Ortho
3400 Spruce St 2 Silverstein

City State Zip Code
Philadelphia PA 19104-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Pennsylvania

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2006

Transaction ID: 23682832

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 118 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Paul N Krop, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 230 Clearfield Ave Ste 124		Transaction ID: 23682841
City Virginia Beach	State VA	
Zip Code 23462-1832		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Atlantic Orthopaedics	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Dr. Keith L Markey, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 540 Madison Oak Ste 210		Transaction ID: 23682838
City San Antonio	State TX	
Zip Code 78258-3920		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Dr. William C McMaster, , MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 3 / 2 0 0 6
Mailing Address 1310 W Stewart Dr Ste 508		Transaction ID: 23682844
City Orange	State CA	
Zip Code 92868-3856		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 119 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Richard John Mutt, , MD Mailing Address 1819 Black River Blvd City State Zip Code Rome NY 13440-2427 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Transaction ID: 23682834 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. David R Olson, , MD Mailing Address 5801 Long Brake Trail City State Zip Code Edina MN 55439-2623 FEC ID number of contributing federal political committee. C Name of Employer Twin City Orthopaedics Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Transaction ID: 23682833 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. George A Pugh, , MD Mailing Address 1124 Longridge Rd City State Zip Code Oakland CA 94610-1812 FEC ID number of contributing federal political committee. C Name of Employer East Bay Orthopaedic Specialists Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 6 Transaction ID: 23682846 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) ▶		800.00
TOTAL This Period (last page this line number only) ▶		

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

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

FOR LINE NUMBER: PAGE 120 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. Robert M Ruth, , MD

Mailing Address 2323 DeLaVina St Ste 201

City State Zip Code
 Santa Barbara CA 93105-3879

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bucks Orthopaedic Surgery
Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23682853

Amount of Each Receipt this Period

250.00

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

Dr. Perry L Schoenecker, , MD

Mailing Address 2001 S Lindbergh Blvd

City State Zip Code
 Saint Louis MO 63131-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School of
Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23682837

Amount of Each Receipt this Period

1000.00

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

Dr. Mary L Scovazzo, , MD

Mailing Address Northwest Orthopaedics Associates
 875 Swift Blvd

City State Zip Code
 Richland WA 99352-3592

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Orthopaedic Ass-
ociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682826

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 121 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard E White, Jr, MD

Mailing Address 201 Cedar St SE Ste 6600

City State Zip Code
 Albuquerque NM 87106-5411

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23682857

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank Eugene Whitney, , MD

Mailing Address 940 Sylva Ln Ste E

City State Zip Code
 Sonora CA 95370-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23682840

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Bertram Zarins, , MD

Mailing Address Massachusetts General Hospital
 55 Fruit St

City State Zip Code
 Boston MA 02114-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682839

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 122 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert S Adelaar, MD

Mailing Address Dept of Ortho Surgery
Box 980153, MCV Station

City State Zip Code
Richmond VA 23298-0153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical College of Virgin-
ia

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682836

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Champ L Baker, Jr, MD

Mailing Address 6262 Veterans Pkwy
PO Box 9517

City State Zip Code
Columbus GA 31909-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hughston Orthopaedic Clin-
ic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23682858

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. William P Barrett, MD

Mailing Address 4011 Talbot Rd S Ste 300

City State Zip Code
Renton WA 98055-5791

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Orthopaedic Associ-
ates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23682855

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Laura Senunas Phieffer, MD

Mailing Address 10609 Church Hill Dr

City State Zip Code
 Powell OH 43065-8629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682835

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Randolph Copeland, MD

Mailing Address 1609 Red Rock Dr

City State Zip Code
 Gallup NM 87301-5651

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Public Health Service,
IHS

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23682813

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Lloyd G Cox, II, MD

Mailing Address 23000 Moakley St Ste 102

City State Zip Code
 Leonardtown MD 20650-2916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Maryland Orthopa-
edic & Sports

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682817

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 124 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

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

Dr. John W Gainor, , MD

Mailing Address PO Box 1200

City State Zip Code
 Santa Barbara CA 93102-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Barbara Medical Cli-
nic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682793

Amount of Each Receipt this Period

500.00

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

Dr. James L Gluck, , MD

Mailing Address 1507 W 21st St

City State Zip Code
 Wichita KS 67203-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682810

Amount of Each Receipt this Period

500.00

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

Dr. David H Godfried, , MD

Mailing Address 89 Remington Rd

City State Zip Code
 Manhasset NY 11030-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23682811

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 125 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Shelton G Hopkins, MD

Mailing Address 7777 Forest Ln C106

City State Zip Code
 Dallas TX 75230-6831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682798

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Sergio D Ilic, MD

Mailing Address 7415 N Cedar Ste 102

City State Zip Code
 Fresno CA 93720-3834

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682804

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. David J Kolessar, MD

Mailing Address Geisinger Clinic
 1000 E Mountain Blvd

City State Zip Code
 Wilkes Barre PA 18711-0027

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 23682816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 126 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Peter A Matsuura, MD Mailing Address 670 Ponahawai St Ste 214 City State Zip Code Hilo HI 96720-2660 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">500.00</div>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6 Transaction ID: 23682824 Amount of Each Receipt this Period <div style="text-align: right;">500.00</div>
B. Full Name (Last, First, Middle Initial) Dr. William Keith McKibbin, MD Mailing Address 129 Skyview Dr City State Zip Code Asheville NC 28804-2720 FEC ID number of contributing federal political committee. C Name of Employer Blue Ridge Bone & Joint Clinic, PA Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">365.00</div>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6 Transaction ID: 23682796 Amount of Each Receipt this Period <div style="text-align: right;">365.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Ali Reza Motamedi, MD Mailing Address 1250 16th St Ste 745 City State Zip Code Santa Monica CA 90404-1249 FEC ID number of contributing federal political committee. C Name of Employer UCLA Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 4 / 2 0 0 6 Transaction ID: 23682821 Amount of Each Receipt this Period <div style="text-align: right;">250.00</div>

SUBTOTAL of Receipts This Page (optional)**1115.00****TOTAL** This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 127 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. William Robert Niedermeier, , MD

Mailing Address 35 Prairie Ave Ste 200

City State Zip Code
 Prairie Du Sac WI 53578-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
Sauk Prairie

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682795

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

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

Mailing Address Mayo Clinic
 4500 San Pablo Rd

City State Zip Code
 Jacksonville FL 32224-1865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayo Clinic Jacksonville

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 23682809

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Dr. Chitranjan S Ranawat, , MD

Mailing Address Lenox Hill Hosp-W Black Hall
 130 E 77th St 11th Fl

City State Zip Code
 New York NY 10021-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lenox Hill Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 23682822

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 128 / 200

(check only one)

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

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

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Roberts, , MD

Mailing Address 24723 Detroit Rd

City

Westlake

State

OH

Zip Code

44145-2526

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682815

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Mills Roberts, , MD

Mailing Address 2120 N MacArthur Blvd Ste 100

City

Irving

State

TX

Zip Code

75061-2260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Irving Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Steve G Salyers, , MD

Mailing Address 1060 Rossview Rd

City

Clarksville

State

TN

Zip Code

37043-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 23682823

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Mark Wellisch, MD

Mailing Address 16311 Ventura Blvd Ste 800

City State Zip Code
 Encino CA 91436-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
OCMG Inc.

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 23682818

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. G William Woods, MD

Mailing Address 7401 S Main

City State Zip Code
 Houston TX 77030-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fondren Orthopedic Group

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 23682812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John W Adkison, MD

Mailing Address 1211 N 16th Ave

City State Zip Code
 Yakima WA 98902-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopedics Northwest

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 4 / 2 0 0 6

Transaction ID: 23682797

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard David Barker, , MD

Mailing Address 970 W Wooster Ste 222

City	State	Zip Code
Bowling Green	OH	43402-2662

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bowling Green OrthopaedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Transaction ID: 23682803

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr. John A Barrasso, , MD

Mailing Address 4140 Centennial Hills Blvd Ste A

City	State	Zip Code
Casper	WY	82609-3265

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Transaction ID: 23682800

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles R Carozza, , MD

Mailing Address 127 Union St

City	State	Zip Code
Ridgewood	NJ	07450-4478

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	0	6

Transaction ID: 23682806

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Steven E Casey, , MD

Mailing Address 711 Lawn Ave Prof Ctr
Bldg 3

City State Zip Code
Sellersville PA 18960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 6

Transaction ID: 23682802

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. C Perry Cooke, III, MD

Mailing Address 5000 W Seneca Tpke

City State Zip Code
Syracuse NY 13215-2280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Syracuse Orthopaedic Spec-
ialists, PC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 4 / 2 0 0 6

Transaction ID: 23682805

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Douglas Mark Cooper, , MD

Mailing Address Iowa Orthopaedic Society
312 E Main St Ste 2400

City State Zip Code
Marshalltown IA 50158-1885

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Orthopaedic Society

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706268

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Scott P Fischer, MD

Mailing Address Orthopaedic Specialty Institute
280 S Main Ste 200

City State Zip Code
Orange CA 92868-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 23706261

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Dr. Sigvard T Hansen, Jr, MD

Mailing Address Harborview Med Ctr
Foot & Ankle, Box 359799

City State Zip Code
Seattle WA 98104-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Washington

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 23706171

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephen T Ikard, MD

Mailing Address PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 23706178

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Haik G Kavookjian, MD

Mailing Address 555 Newfield Ave

City State Zip Code
 Stamford CT 06905-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706168

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Gregg Louis Massanelli, MD

Mailing Address 704 W Grove Ste 5

City State Zip Code
 El Dorado AR 71730-4469

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Arkansas

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706223

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. David A McGuire, MD

Mailing Address 4100 Lake Otis Pkwy Ste 320

City State Zip Code
 Anchorage AK 99508-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchorage Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706186

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. W Carlton Reckling, MD

Mailing Address 2208 Omega

City	State	Zip Code
Cheyenne	WY	82009-1916

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	6

Transaction ID: 23706167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Alan M Reznik, MD

Mailing Address 199 Whitney Ave

City	State	Zip Code
New Haven	CT	06511-3786

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	6

Transaction ID: 23706166

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jon F Robinson, MDMailing Address Bridger Orthopedic and Sports Medi
1450 Ellis St Ste 201

City	State	Zip Code
Bozeman	MT	59715-8813

FEC ID number of contributing
federal political committee.**C**Name of Employer
Bridger Orthopedic and Sp-
orts MedicineOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	6

Transaction ID: 23706265

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Fred M Ruefer, , MD

Mailing Address 209 S 36th St

City State Zip Code
Muskogee OK 74401-5096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muskogee Bone and Joint

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706185

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Richard F Santore, , MD

Mailing Address 8008 Frost St Ste 300

City State Zip Code
San Diego CA 92123-4230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706264

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Mark Scioli, , MD

Mailing Address Center for Ortho Surg
4642 N Loop 289 Ste 101

City State Zip Code
Lubbock TX 79416-2422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Susan M Swank, , MD

Mailing Address 7 Chaparral Ln

City

Rancho Palos Verde

State

CA

Zip Code

90275-5167

FEC ID number of contributing
federal political committee.**C**Name of Employer
PIH/Spine Ctr

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	6

Transaction ID: 23706187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven J Triantafyllou, , MD

Mailing Address 1855 Powder Mill Rd

City

York

State

PA

Zip Code

17402-4723

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	6

Transaction ID: 23706260

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Howard L Wilcox, Jr, MD

Mailing Address 26351 W Cedar Niles Circle

City

Olathe

State

KS

Zip Code

66061-7478

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mid America Bone and Joint

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	6

Transaction ID: 23706225

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Adolph J Yates, Jr, MD

Mailing Address Univ of Pittsburgh Med Ctr
Shadyside Medical Bldg Ste 415

City State Zip Code
Pittsburgh PA 15232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 23706226

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Dale R Anderson, , MD

Mailing Address 101 E Minnesota Ave

City State Zip Code
Rapid City SD 57701-6204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 23706176

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. LeRoy Scott Atkins, Jr, MD

Mailing Address PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2006

Transaction ID: 23706175

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Edward J. Adler, MD

Mailing Address 1518 Plaza Encantada NW

City State Zip Code
 Albuquerque NM 87107-3255

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Orthopaedic As-
sociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706269

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Jacob Battaglia, MD

Mailing Address 104 Market St

City State Zip Code
 Annapolis MD 21401-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Navy

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706263

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. David Matthew Beard, MD

Mailing Address 3280 20th St South

City State Zip Code
 Fargo ND 58104-5917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706173

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Eric B Benz, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address Champlain Valley Orthopedics 1436 Exchange St		Transaction ID: 23706267
City Middlebury State VT Zip Code 05753-1185	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Dr. Robert Brent Blake, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address Bridger Orthopedic and Sports Medi 1450 Ellis St Ste 201		Transaction ID: 23706266
City Bozeman State MT Zip Code 59715-8813	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Bridger Orthopaedic and Sports Medicin	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Stephen E Blythe, MD		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 7 / 2 0 0 6
Mailing Address 1403 N Green Way Dr		Transaction ID: 23706227
City Coral Gables State FL Zip Code 33134-4774	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Orthopaedic Surgeon	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00
TOTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. H Chester Boston, Jr, MD

Mailing Address PO Box 2447

City

Tuscaloosa

State

AL

Zip Code

35403-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Orthopaedic Cl-
inic PC

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706177

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. William Landess Bourland, , MD

Mailing Address 6286 Briarcrest Ave

City

Memphis

State

TN

Zip Code

38120-4078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ortho Memphis

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706224

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John D Campbell, , MD

Mailing Address Bridger Ortho & Sports Med PC
1450 Ellis St Ste 201

City

Bozeman

State

MT

Zip Code

59715-8813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridger Orthopaedic and Sp-
orts Medicine

Occupation

Orthopaedic Surgeon

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706259

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Robert H Clayburgh, MD

Mailing Address Valley Bone & Joint Clinic
3035 Demers Ave

City State Zip Code
Grand Forks ND 58201-4025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 6

Transaction ID: 23706170

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Juliet M DeCampos, MD

Mailing Address 9400 University Pkwy Ste 309

City State Zip Code
Pensacola FL 32514-5485

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth J Edwards, MD

Mailing Address 183 Peace Blvd

City State Zip Code
Saint Joseph MI 49085-9146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverview Orthopaedics &
Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746744

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Jacqueline M Fogarty, , MD

Mailing Address 409 Oak Ln

City State Zip Code
 South Boston VA 24592-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746764

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Joe L Gerald, , MD

Mailing Address 919 Med Ctr Dr

City State Zip Code
 Bessemer AL 35022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746746

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Robert Mark Hazel, , MD

Mailing Address 6701 Heritage Pkwy Ste 140

City State Zip Code
 Rockwall TX 75087-8799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746747

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Max R Kasselt, MD

Mailing Address 2104 N Heritage St

City State Zip Code
 Kinston NC 28501-2222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746754

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. E Jeff Kennedy, MD

Mailing Address 1020 River Oaks Dr Ste 450

City State Zip Code
 Flowood MS 39232-9536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746763

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Delores K Kirkpatrick, MD

Mailing Address 5671 Peachtree Dunwoody Rd
 Ste 900

City State Zip Code
 Atlanta GA 30342-5022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurgens Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746752

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John S Kirkpatrick, , MD

Mailing Address Univ of Alabama at Birmingham
510 20th St South

City State Zip Code
Birmingham AL 35294-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Alabama at Birmin-
gham

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746753

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Louis J Mariorenzi, , MD

Mailing Address 725 Reservoir Ave Ste 101

City State Zip Code
Cranston RI 02910-4450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates,
Inc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746756

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven Douglas K Ross, , MD

Mailing Address Dept of Orthopaedics-UCI
Attn: Jackie Krisher

City State Zip Code
Orange CA 92868

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCI

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746757

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
Dr. Jose Miguel Santiago-Figueroa, MD

Mailing Address El Mirador 8th St G-15

City State Zip Code
San Juan PR 00926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746768

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Vincent E Vena, MD

Mailing Address 2 Celeste Dr

City State Zip Code
Johnstown PA 15905-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746748

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael B Vessely, MD

Mailing Address 16869 SW 65th Ave
PMB 323

City State Zip Code
Lake Oswego OR 97035-7865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Portland Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746765

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Stephen C Weber, MD

Mailing Address 2801 K St Ste 310

City State Zip Code
 Sacramento CA 95816-5119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746759

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. George William Wood, II, MD

Mailing Address Campbell Clinic
 1211 Union Ave Ste 500

City State Zip Code
 Memphis TN 38104-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Campbell Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746758

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Mark W Woolf

Mailing Address 800 ORTHOPEDIC WAY

City State Zip Code
 Arlington TX 76015-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arlington Orthopaedic Ass-
ociates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746750

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey D Yoder, , MD

Mailing Address 1907 W Sycamore St
Medical Office Bldg 200

City State Zip Code
Kokomo IN 46901-4197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746762

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. James B Benjamin, , MD

Mailing Address 1555 E River Rd

City State Zip Code
Tucson AZ 85718-7626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746760

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Terry A Clyburn, , MD

Mailing Address UT Orthopaedic
6410 Fannin Ste 1100

City State Zip Code
Houston TX 77030-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Houston Medical School

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 8 / 2 0 0 6

Transaction ID: 23746745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. John J DiBiase, MD Mailing Address 26 Independence Way City State Zip Code Titusville NJ 08560-1523 FEC ID number of contributing federal political committee. C Name of Employer Trenton Orthopaedic Group Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 23746901 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Kiran J Dave, MD Mailing Address 214 SW 26th Ave Ste A City State Zip Code Mineral Wells TX 76067-8249 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 23746890 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Douglas A Dennis, MD Mailing Address Colorado Joint Replacement 2535 S Downing St Ste 100 City State Zip Code Denver CO 80210-5848 FEC ID number of contributing federal political committee. C Name of Employer Colorado Joint Replacement Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 9 / 2 0 0 6 Transaction ID: 23746908 Amount of Each Receipt this Period 1000.00
SUBTOTAL of Receipts This Page (optional) ▶		1500.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David W Edelstein, , MD

Mailing Address 2727 W Holcombe

City State Zip Code
Houston TX 77025-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelsey Seyhold Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746891

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. Frederick John Ferlic, , MD

Mailing Address 53880 Carmichael Dr

City State Zip Code
South Bend IN 46635-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746883

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Evan Scott Fischer, , MD

Mailing Address Ortho Surg Specialist Montclair
103 Park St Ste 1G

City State Zip Code
Montclair NJ 07042-2935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746878

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. David S Girdany, , MD

Mailing Address 206 Oakridge Ave

City State Zip Code
 Bedford PA 15522-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bedford Ortho

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746913

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael H Gordon, , MD

Mailing Address 3350 Highway 138
 Bldg 2 Ste 125

City State Zip Code
 Wall Township NJ 07719-9693

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746899

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory V Hahn, , MD

Mailing Address 880 6th St S Ste 310

City State Zip Code
 Saint Petersburg FL 33701-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Ortho and Scoliosis Assoc

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746882

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. Michael Francis Harrer, MD Mailing Address 600 Summerdale Rd Ste 113 City State Zip Code Voorhees NJ 08043-1868 FEC ID number of contributing federal political committee. C Name of Employer Self-employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>			Date of Receipt <div>03 / 29 / 2006</div> Transaction ID: 23746894 Amount of Each Receipt this Period <div>250.00</div>
B. Full Name (Last, First, Middle Initial) Dr. Robert William Hunt, MD Mailing Address 3661 Torrance Blvd City State Zip Code Torrance CA 90503-4812 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>			Date of Receipt <div>03 / 29 / 2006</div> Transaction ID: 23746874 Amount of Each Receipt this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Andrea S Kramer, MD Mailing Address 3035 Greenwood Ave City State Zip Code Highland Park IL 60035-1239 FEC ID number of contributing federal political committee. C Name of Employer Illinois Bone & Joint Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>			Date of Receipt <div>03 / 29 / 2006</div> Transaction ID: 23746888 Amount of Each Receipt this Period <div>1000.00</div>

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Mark J Lemos, , MD

Mailing Address 1164 Ocean Blvd

City State Zip Code
 Rye NH 03870-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746909

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey L Lovallo, , MD

Mailing Address 7025 Benjamin St

City State Zip Code
 Mc Lean VA 22101-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746906

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John A MacPhail, , MD

Mailing Address 950 Greengate North Plaza

City State Zip Code
 Greensburg PA 15601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746914

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James R McClurg, MD

Mailing Address 1855 First Ave Ste 100

City State Zip Code
 San Diego CA 92101-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746875

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. David A McGuire, MD

Mailing Address 4100 Lake Otis Pkwy Ste 320

City State Zip Code
 Anchorage AK 99508-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anchorage Orthopaedic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746876

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Paul C Milling, MD

Mailing Address 163 N Date St

City State Zip Code
 Escondido CA 92025-3405

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746892

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John Timothy Moor, MD

Mailing Address 2222 S Tamiami Ste D

City State Zip Code
 Sarasota FL 34239-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746887

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Mark J.R. Moulton, MD

Mailing Address 1440 E Sherman Blvd
 Orthopaedic Associates

City State Zip Code
 Muskegon MI 49444-1816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedic Associates of
Muskegon

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746877

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Steven W Pearson, MD

Mailing Address 5333 Hollister Ave Ste 120

City State Zip Code
 Santa Barbara CA 93111-3314

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746911

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Jorge E Tijmes, MD

Mailing Address PO Box 6209

City State Zip Code
 Mc Allen TX 78502-6209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Bone & Joint Cen-
ter

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746881

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Dr. Jeff Alan Traub, MD

Mailing Address 2975 Coles Way

City State Zip Code
 Dunwoody GA 30350-1077

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746889

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. John T Andronaco, MD

Mailing Address 385 Prospect Ave

City State Zip Code
 Hackensack NJ 07601-2570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746880

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. R Dale Blasier, MD

Mailing Address Univ of Arkansas for Med Sciences
800 Marshall St Sturgis 363

City State Zip Code
Little Rock AR 72202-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746896

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Oheneba Boachie-Adjei, MD

Mailing Address Hosp for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4872

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746898

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Jonathan S Braslow, MD

Mailing Address 81719 Dr Carreon Blvd Ste B

City State Zip Code
Indio CA 92201-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 2 9 / 2 0 0 6

Transaction ID: 23746885

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Donald W Breech, , MD

Mailing Address 605 E San Antonio St Ste 410 E

City State Zip Code
Victoria TX 77901-6061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Victoria Orthopaedic Surge-
ry Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 23746873

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Paul Victor Conescu, , MD

Mailing Address 3118 8th St

City State Zip Code
Las Vegas NM 87701-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alta Vista Orthopaedic Sp-
ecialists

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 23746879

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Radhakrishnan V Nair, , MD

Mailing Address 3291 Lost Valley Dr

City State Zip Code
Jonesboro GA 30236-5479

FEC ID number of contributing
federal political committee.

C

Name of Employer
Resurgeons Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 29 / 2006

Transaction ID: 23746900

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) David Lovett, , JD Mailing Address Director, AAOS Washington Office 317 Massachusetts Ave NE City Washington State DC Zip Code 20002-5769 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746869 Amount of Each Receipt this Period 250.00
Name of Employer American Academy of Orthopaedic Surgeon Occupation Director, Washington Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. S Michael Dean, , MD Mailing Address 17270 Red Oak Dr Ste 200 City Houston State TX Zip Code 77090-2632 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746865 Amount of Each Receipt this Period 1000.00
Name of Employer FSF Orthopaedic Center Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Dr. Stephen F Emery, , MD Mailing Address Big Horn Basin Ortho Clinic 720 Lindsay Lane Ste C City Cody State WY Zip Code 82414-4103 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746803 Amount of Each Receipt this Period 1000.00
Name of Employer Big Horn Basin Orthopaedic Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
SUBTOTAL of Receipts This Page (optional) ▶		2250.00
TOTAL This Period (last page this line number only) ▶		

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jack Farr, II, MD

Mailing Address 5255 E Stop 11 Rd Ste 300

City	State	Zip Code
Indianapolis	IN	46237-6340

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self EmployedOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	6

Transaction ID: 23746922

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Waddell H Gilmore, III, MD

Mailing Address 913 Bowman Rd Ste 2B

City	State	Zip Code
Mount Pleasant	SC	29464-3235

FEC ID number of contributing
federal political committee.**C**Name of Employer
Palmetto OrthopaedicsOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	6

Transaction ID: 23746916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Grady-Benson, MD

Mailing Address 85 Seymour St Ste 607

City	State	Zip Code
Hartford	CT	06106-5525

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orthopaedic Associates of
HartfordOccupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	0	6

Transaction ID: 23746866

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Daniel William Green, , MD

Mailing Address Hosp for Special Surgery
535 E 70th St

City State Zip Code
New York NY 10021-4898

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital for Special Surg-
ery

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746921

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Thomas P Gross, , MD

Mailing Address Midlands Orthopaedics
1910 Blanding St

City State Zip Code
Columbia SC 29201-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746859

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Thomas P Gross, , MD

Mailing Address Midlands Orthopaedics
1910 Blanding St

City State Zip Code
Columbia SC 29201-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Orthopedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746930

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Clark Alan Gunderson, , MD

Mailing Address 2615 Enterprise Blvd

City State Zip Code
 Lake Charles LA 70601-7675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746802

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John G Heller, , MD

Mailing Address 59 Executive Park South NE Ste 300

City State Zip Code
 Atlanta GA 30329-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Spine Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746918

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Arthur M Jansa, , MD

Mailing Address 1400 Herman Dr 5E

City State Zip Code
 Houston TX 77004-7136

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Medic-
al School

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746795

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jerry L Jochims, MD

Mailing Address 1225 S Gear Ave Ste 159

City State Zip Code
West Burlington IA 52655-1686

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jansen Ortho Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 30 2006

Transaction ID: 23746868

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Andrew Peter Kant, MD

Mailing Address 17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 30 2006

Transaction ID: 23746917

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. John D Kelly, IV, MD

Mailing Address Temple University Hospital
Dept of Orthopaedics 5th Fl

City State Zip Code
Philadelphia PA 19140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 30 2006

Transaction ID: 23746862

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. John Lex Kenerly, III, MD Mailing Address PO Box 1334 City State Zip Code Jesup GA 31598-1334 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746801 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Robert S Kramer, , MD Mailing Address 8 Vouga Ln City State Zip Code Saint Louis MO 63131-2628 FEC ID number of contributing federal political committee. C Name of Employer Metropolitan Orthopedics LTD Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746924 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Warren G Kramer, III, MD Mailing Address 1401 Avocado Ave Ste 307 City State Zip Code Newport Beach CA 92660-8732 FEC ID number of contributing federal political committee. C Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746926 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶		1500.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)

Dr. Paul A Manner, , MD

Mailing Address Dept of Orthopaedics Ste 5-422
2150 Pennsylvannia Ave NW

City State Zip Code
Washington DC 20037-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746929

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Dennis R McGee, , MD

Mailing Address 600 E Robbins Rd Ste 401

City State Zip Code
Boise ID 83702-4566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inter Mountain Orthopaedi-
cs

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746931

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. David P Mesna, , MD

Mailing Address 3704 Camino Codorniz

City State Zip Code
Calabasas CA 91302-3043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746793

Amount of Each Receipt this Period

320.00

SUBTOTAL of Receipts This Page (optional)

1820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. S Glen Neale, MD

Mailing Address 530 Washington Hwy Ste 8

City State Zip Code
 Morrisville VT 05661-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746860

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John W Noble, Jr, MD

Mailing Address Lake Charles Medical Plaza
 1717 Oak Park Blvd 3rd Fl

City State Zip Code
 Lake Charles LA 70601-8990

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center for Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746792

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. R Scott Oliver, MD

Mailing Address 95 Tremont St Ste 1

City State Zip Code
 Duxbury MA 02332-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plymouth Bay Orthopedic
Associates

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746919

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. William L Oppenheim, , MD

Mailing Address UCLA Med Ctr
Rm 76-134 CHS

City State Zip Code
Los Angeles CA 90095-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCLA Medical Center

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746799

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Ralph F Rashbaum, , MD

Mailing Address Texas Back Institute
6300 W Parker Rd

City State Zip Code
Plano TX 75093-8100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Back Institute

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746797

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Dr. Benjamin N Rosenberg, , MD

Mailing Address 1436 Exchange St

City State Zip Code
Middlebury VT 05753-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Champlain Valley Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746928

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Peter B Salamon, MD

Mailing Address 333 E Alpine

City State Zip Code
 Stockton CA 95204-3407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746932

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Dr. Leslie Jon Schwendeman, MD

Mailing Address 6470 Tippecanoe Rd

City State Zip Code
 Canfield OH 44406-9568

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Mitchell B Sheinkop, MD

Mailing Address 1725 W Harrison St Ste 1063

City State Zip Code
 Chicago IL 60612-3884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midwest Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746796

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Jeffery J Soldatis, MD

Mailing Address Orthopaedics Indianapolis
10601 N Meridian Ste 200

City State Zip Code
Indianapolis IN 46290-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orthopaedics Indianapolis

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23746864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth C Spengler, Jr, MD

Mailing Address 1 Hampton Rd

City State Zip Code
Exeter NH 03833-4848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Access Sports Medicine

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23746871

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. John Robert Starynski, MD

Mailing Address RR 5 Box 136

City State Zip Code
Bluefield WV 24701-9006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshfield Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23746854

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Elizabeth Ann Szalay, MD

Mailing Address Carrie Tingley Hospital
MSC 10-5600 Dept of Ortho & Rehab

City Albuquerque State NM Zip Code 87102-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of New Mexico Hospital

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746855

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Kelly Vince, MD

Mailing Address USC Ortho Surg Assoc
1520 San Pablo St 2nd Fl

City Los Angeles State CA Zip Code 90033-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer
USC

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746798

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard Wathne, MD

Mailing Address 18th Ave Medical Plaza Ste D1
333 N 18th Ave

City Pocatello State ID Zip Code 83201-3358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746804

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Christopher M Aland, MD

Mailing Address 582 Middletown Blvd Ste B-100

City State Zip Code
 Langhorne PA 19047-1862

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746805

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey Anglen, MD

Mailing Address Indiana University Med Ctr
 Dept of Ortho Surg

City State Zip Code
 Indianapolis IN 46202-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana University

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746861

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Eric B Arvidson, MD

Mailing Address 140 Haverhill St Ste 1

City State Zip Code
 Andover MA 01810-1504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Essex Orthopaedics

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 3 0 / 2 0 0 6

Transaction ID: 23746925

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 200

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial) Dr. John C Bax, MD Mailing Address 2323 N Casaloma Dr PO Box 7700 City Appleton State WI Zip Code 54913-8284 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746872 Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Dr. B Hudson Berrey, Jr, MD Mailing Address Univ of Florida Hlth Science Ctr/Jacksonville City Jacksonville State FL Zip Code 32209 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746856 Amount of Each Receipt this Period 250.00
Name of Employer Univ. of Florida-Jacksonville Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Dr. Bruce R Buhr, MD Mailing Address Wichita Clinic 3311 E Murdock City Wichita State KS Zip Code 67208-3054 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 3 0 / 2 0 0 6 Transaction ID: 23746794 Amount of Each Receipt this Period 250.00
Name of Employer Wichita Clinic Occupation Orthopaedic Surgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 200

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Wayne Z Burkhead, Jr, MD

Mailing Address 9301 N. Central Expressway
Suite 400

City State Zip Code
Dallas TX 75231-5009

FEC ID number of contributing
federal political committee.

C

Name of Employer
W.B. Carrell Clinic

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23746867

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Neil B Callister, MD

Mailing Address 1802 Quail Run Dr

City State Zip Code
Ogden UT 84403-3266

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23746915

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Murali Moorthy, MD

Mailing Address Muir Orthopaedic Specialists
2405 Shadelands Dr

City State Zip Code
Walnut Creek CA 94598-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muir Orthopaedic Speciali-
sts

Occupation
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 30 / 2006

Transaction ID: 23746927

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

286460.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 200

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.81

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 3 / 2 0 0 6

Transaction ID: 23415131

Amount of Each Receipt this Period

235.81

Refund from Affil Organiz-
ation for Bank Fees

B. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.03

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 0 6

Transaction ID: 23613242

Amount of Each Receipt this Period

192.22

Refund from Affil Organ
for Bank Fees

C. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.60

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 3 / 2 0 0 6

Transaction ID: 23629375

Amount of Each Receipt this Period

61.57

Refund bank fees from aff-
iliated organization

SUBTOTAL of Receipts This Page (optional)

489.60

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 200

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name (Last, First, Middle Initial)
American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.38

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 0 6

Transaction ID: 23664839

Amount of Each Receipt this Period

32.78

Refund bank fees from Aff-
il Organization

B. Full Name (Last, First, Middle Initial)

American Assoc of Orthopaedic Surgeons

Mailing Address 6300 N River Road

City State Zip Code
Rosemont IL 60018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1511.71

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 5 / 2 0 0 6

Transaction ID: 23701526

Amount of Each Receipt this Period

989.33

Refund of bank fees from
Affil Organization

SUBTOTAL of Receipts This Page (optional)

1022.11

TOTAL This Period (last page this line number only)

1511.71

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 175 / 200

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23378295

Date of Disbursement

01 / 05 / 2006

Amount of Each Disbursement this Period

235.81

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23536551

Date of Disbursement

01 / 24 / 2006

Amount of Each Disbursement this Period

192.22

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23613240

Date of Disbursement

02 / 06 / 2006

Amount of Each Disbursement this Period

61.57

Bank fees deducted from
account

SUBTOTAL of Disbursements This Page (optional)

489.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 176 / 200

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23613241

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

32.78

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

B. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23664831

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

989.33

Bank fees deducted from
account

Full Name (Last, First, Middle Initial)

C. Northern Trust Company

Mailing Address 50 S. LaSalle St.

City
Chicago

State
IL

Zip Code
60675

Purpose of Disbursement
Bank fees deducted from account

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23788157

Date of Disbursement

03 / 24 / 2006

Amount of Each Disbursement this Period

1020.71

Bank fees deducted from
account

SUBTOTAL of Disbursements This Page (optional)

2042.82

TOTAL This Period (last page this line number only)

2532.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 177 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. David Scott For Congress

Mailing Address 162 Hurt Street Ne

City Atlanta State GA Zip Code 30307

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David Scott

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: 23338560

Date of Disbursement

01 / 05 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Clay Shaw

Mailing Address 2600 NE 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. E. Clay Shaw, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: 23346607

Date of Disbursement

01 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Kent Conrad

Mailing Address PO Box 812

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sen. Kent Conrad

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: ND District: 1

Transaction ID: 23349768

Date of Disbursement

01 / 09 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 178 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23484900

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

B. Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23484908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

C. Democratic Senatorial Campaign Committee

Mailing Address 430 South Capitol St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23484907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 179 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee Contr

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23484904

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

B. Republican National Committee

Mailing Address 310 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23485011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

C. Democratic National Committee

Mailing Address 430 S Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23484906

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

45000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 180 / 200

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hall For Congress Committee (Ralph Hall - Rockwall

Mailing Address Post Office Box 711

City State Zip Code
Rockwall TX 75087

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Ralph M. Hall

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 4

Transaction ID: 23485010

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City State Zip Code
St. Petersburg FL 33743

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. C.W. Bill Young

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 23484986

Date of Disbursement

02 / 07 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Sorensen For Congress

Mailing Address PO Box 1661

City State Zip Code
Boise ID 83701

Purpose of Disbursement

011
Category/
Type

Candidate Name
Sheila Sorensen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 1

Transaction ID: 23490455

Date of Disbursement

02 / 08 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address 610 S Boulevard

City
Tampa

State
FL

Zip Code
33606

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Gus Bilirakis

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 9

Transaction ID: 23490444

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hastert For Congress Committee

Mailing Address P. O. Box 625
PO Box 625

City
Batavia

State
IL

Zip Code
60510

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. J. Dennis Hastert

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 14

2006 Congressional G

Transaction ID: 23591093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hastert For Congress Committee

Mailing Address P. O. Box 625
PO Box 625

City
Batavia

State
IL

Zip Code
60510

Purpose of Disbursement

011

Category/
Type

Funds Reported On This Report

Candidate Name
Rep. J. Dennis Hastert

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: 14

2006 Congressional G

Transaction ID: 23826460

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

Funds Reported On This Re-
port

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 182 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hastert For Congress Committee

Mailing Address P. O. Box 625
PO Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Re-designated funds for trans. dated 2/2

Candidate Name
Rep. J. Dennis Hastert

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: IL District: 14 2006 Congress Genera

Transaction ID: 23826461

Date of Disbursement

02 / 20 / 2006

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

Re-designated funds for
trans. dated 2/20/2006

Full Name (Last, First, Middle Initial)

B. Feinstein For Senate

Mailing Address 601 S Glenoaks Blvd #211

City Burbank State CA Zip Code 91502

Purpose of Disbursement

Candidate Name
Sen. Dianne Feinstein

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
 Disbursement For: 2006 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: CA District: 1

Transaction ID: 23591095

Date of Disbursement

02 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rely on Your Beliefs Fund

Mailing Address 1736 E Sunshine
Suite 913

City Springfield State MO Zip Code 65804

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 23622329

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 183 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Republican Main Street Partnership

Mailing Address 2201 Wisconsin Avenue NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23622334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011

Category/
Type

Full Name (Last, First, Middle Initial)

B. The Blue Dog PAC

Mailing Address 227 Massachusetts Avenue, NE
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23622321

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

011

Category/
Type

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 422 C Street, NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23622331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

011

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. The Hawkeye PAC

Mailing Address PO Box 7255

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23622322

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Texans For Henry Bonilla

Mailing Address P.O. Box 17292

City
San Antonio

State
TX

Zip Code
78217

Purpose of Disbursement

Candidate Name
Rep. Henry Bonilla

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 23622282

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement

Candidate Name
Mr. Michael C. Burgess

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☒ Other (specify) ▼

State: TX District: 26 2006 Congressional G

Transaction ID: 23622301

Date of Disbursement

M M / D D / Y Y Y Y
03 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 185 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Funds Reported On This Report

Candidate Name
Mr. Michael C. Burgess

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

2006 Congressional G

Transaction ID: 23826465

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Funds Reported On This Report

Full Name (Last, First, Middle Initial)

B. Michael Burgess For Congress

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
Re-designated funds for trans. dated 3/3

Candidate Name
Mr. Michael C. Burgess

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 26

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

2006 Congress Genera

Transaction ID: 23826466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 3/3/2006

Full Name (Last, First, Middle Initial)

C. Doggett For Congress

Mailing Address P.O. Box 5843

City Austin State TX Zip Code 78703

Purpose of Disbursement

Candidate Name
Rep. Lloyd Doggett

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 10

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23622278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 186 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Phil Gingrey

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: 23622327

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kay Granger Campaign Fund

Mailing Address 715 Jones Street Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Kay Granger

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Transaction ID: 23622280

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 23622281

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 187 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City State Zip Code
Rockwall TX 75087

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Ralph M. Hall

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 4

Transaction ID: 23622270

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nancy L. Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 5 2006 Congressional G

Transaction ID: 23622342

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City State Zip Code
New Britain CT 06050

Purpose of Disbursement
Funds Reported On This Report

011
Category/
Type

Candidate Name
Rep. Nancy L. Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 5 2006 Congressional G

Transaction ID: 23826463

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On This Report

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 188 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement
Re-designated funds for trans. dated 3/3

011

Category/
Type

Candidate Name
Rep. Nancy L. Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: CT District: 5

2006 Congress Genera

Transaction ID: 23826464

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for
trans. dated 3/3/2006

Full Name (Last, First, Middle Initial)

B. Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City
Plano

State
TX

Zip Code
75074

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Sam Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 3

Transaction ID: 23622276

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 15283

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Jerry Weller

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 23622320

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 189 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Eric I. Cantor

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2005

☐ Primary ☐ General
☒ Other (specify) ▼

State: VA

District: 7

2006 Congressional G

Transaction ID: 23622324

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

Funds Reported On This Report

011

Category/
Type

Candidate Name

Rep. Eric I. Cantor

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2005

☐ Primary ☐ General
☒ Other (specify) ▼

State: VA

District: 7

2006 Congressional G

Transaction ID: 23826447

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Funds Reported On This Report

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

Re-designated funds for trans. dated 3/3

011

Category/
Type

Candidate Name

Rep. Eric I. Cantor

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☐ Primary ☐ General
☒ Other (specify) ▼

State: VA

District: 7

2006 Congress Genera

Transaction ID: 23826448

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for trans. dated 3/3/2006

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 190 / 200

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Pete Sessions For Congress

Mailing Address P.O. Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 23622275

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kay Bailey Hutchison For Senate Committee

Mailing Address PO Box 9190
800 Brazos Suite 1200

City Dallas State TX Zip Code 75209

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Kay Hutchison

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 1

Transaction ID: 23622274

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Mike Thompson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 1

Transaction ID: 23622340

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 191 / 200

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr For Congress

Mailing Address 331 Beverly Drive

City
Lafayette

State
LA

Zip Code
70503

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Charles Boustany

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2006

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District: 7

Transaction ID: 23622336

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Northern Lights PAC

Mailing Address 1155 21st Street, NW
Suite 300

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 23622333

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City
Raleigh

State
NC

Zip Code
67601

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Elizabeth Dole

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC

District: 1

Transaction ID: 23622325

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 192 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address 2141 B West Broad St

City Athens State GA Zip Code 30606

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. John Barrow

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: 23622335

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Henry Cuellar

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: 23622273

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Victory 2006

Mailing Address 301 Market Street
Suite 900

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23622347

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 193 / 200

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Snowe For Senate

Mailing Address PO Box 2006

City
Portland

State
ME

Zip Code
04104

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Olympia Snowe

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 1

Transaction ID: 23622337

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address P.O. Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement
Funds Reported On <Enter Report Name Her

011

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 23630032

Date of Disbursement

03 / 03 / 2006

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Funds Reported On <Enter
Report Name Here>

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address P.O. Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement
Re-designated funds for trans. dated 3/3

011

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 23630033

Date of Disbursement

03 / 06 / 2006

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Re-designated funds for
trans. dated 3/3/2006

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 194 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Mccrery For Congress Committee

Mailing Address Post Office Box 52956
333 Texas Street Suite 1900

City Shreveport State LA Zip Code 71135

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Jim McCrery

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 4

Transaction ID: 23645388

Date of Disbursement

03 / 08 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Schwarz For Congress

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. John Schwarz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: MI District: 7

2006 Congressional G

Transaction ID: 23645379

Date of Disbursement

03 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Schwarz For Congress

Mailing Address Post Office Box 2063

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Funds Reported On This Report

011
Category/
Type

Candidate Name
Rep. John Schwarz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: MI District: 7

2006 Congressional G

Transaction ID: 23826470

Date of Disbursement

03 / 08 / 2006

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Funds Reported On This Report

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 195 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Schwarz For Congress

Mailing Address Post Office Box 2063

City State Zip Code
 Battle Creek MI 49016

Purpose of Disbursement
 Re-designated funds for trans. dated 3/8

Candidate Name
 Rep. John Schwarz

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
 State: MI District: 7 2006 Congress Genera

Transaction ID: 23826471

Date of Disbursement

M M / D D / Y Y Y Y
 03 08 2006

Amount of Each Disbursement this Period

2500.00

[MEMO ITEM]

Re-designated funds for
trans. dated 3/8/2006

Full Name (Last, First, Middle Initial)

B. Truth Accountability and Courage PAC (TACPAC)

Mailing Address 228 S. Washington Street
 Suite 115

City State Zip Code
 Alexandria VA 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 23645373

Date of Disbursement

M M / D D / Y Y Y Y
 03 08 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2451 Cumberland Parkway
 Suite 3264

City State Zip Code
 Atlanta GA 30339

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: 23645386

Date of Disbursement

M M / D D / Y Y Y Y
 03 08 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 196 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street, Suite 610
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 8

Transaction ID: 23646198

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charlie Norwood

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 9

2006 Congressional G

Transaction ID: 23664427

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charlie Norwood

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 9

Transaction ID: 23664456

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 197 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement
Funds Reported On This Report

Candidate Name
Rep. Charlie Norwood

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2005
☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 9

2006 Congressional G

Transaction ID: 23826468

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Funds Reported On This Report

Full Name (Last, First, Middle Initial)

B. Norwood For Congress

Mailing Address PO Box 499
PO Box 499

City Evans State GA Zip Code 30809

Purpose of Disbursement
Re-designated funds for trans. dated 3/1

Candidate Name
Rep. Charlie Norwood

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: GA District: 9

2006 Congress Genera

Transaction ID: 23826469

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Re-designated funds for trans. dated 3/13/2006

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address 677 South 200 West
Suite A

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
Mr. James Matheson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 23684822

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 198 / 200

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Boyd For Congress

Mailing Address P.O. Box 15703

City Tallahassee State FL Zip Code 32317

Purpose of Disbursement

Candidate Name
Rep. Allen Boyd

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23696807

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement

Candidate Name
Mr. Thomas Carper

Office Sought: ☐ House
☒ Senate
☐ President

State: DE District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23744728

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Kyl for Senate

Mailing Address 507 Capitol Court, N.E. #100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Jon Kyl

Office Sought: ☐ House
☒ Senate
☐ President

State: AZ District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 23744732

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 199 / 200

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address P. O. Box 1919
P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Paul Ryan

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 1

Transaction ID: 23744729

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CARE PAC

Mailing Address 929 Second Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23744731

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KITPAC

Mailing Address 147 N. Meramec
Suite 100

City St. Louis State MO Zip Code 63105

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 23744730

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 200 / 200

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Ed Bryant For US Senate Inc

Mailing Address 115 Penn Warren Drive Ste 300-309

City
Brentwood

State
TN

Zip Code
37027

Purpose of Disbursement

Candidate Name
Mr. Edward Bryant

Office Sought: ☐ House
☒ Senate
☐ President

State: TN

District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 23746952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

210500.00