Clerk of the House of Representatives	Secretary of the Senate
Legislative Resource Center	Office of Public Records
B-106 Cannon Building	232 Hart Building
Washington, DC 20515	Washington, DC 20510

Secretary of the Senate
Received: Feb 14, 2008

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☒

1. Effective Date of Registration Feb 13, 2008

2. House Identification Number 303150000

Senate Identification Number 1375-12

REGISTRANT

3. Registrant Name: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
Address: 6300 N. RIVER ROAD
City: ROSEMONT State: IL Zip: 60018-4262

4. Principal place of business (if different from line 3):

5. Telephone number and contact name:
2025464430 Contact: DAVID A. LOVETT
E-mail(optional): lovett@aaos.org

6. General description of registrant's business or activities:
Provider of musculoskeletal education to orthopaedic surgeon and other in the world

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.

☒ Self

7. Client name:
Address:
City: State: Zip:

8. Principal place of business (if different from line 7):

9. General description of client's business or activities:
Provider of musculoskeletal education to orthopaedic surgeon and other in the wo

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name: DINKINS, JERONE
Covered Official Position (if applicable): N/A
Name: GILMOUR, CHRISTY
Covered Official Position (if applicable): SCHEDULER, SENATOR CAROL MOSELEY BROWN (D-IL)
Name: JASAK, ROBERT
Covered Official Position (if applicable): SCHEDULE C EMPLOYEE, HEALTH AND HUMAN SERVICES
Name: KENNEDY, JEANIE
Covered Official Position (if applicable): N/A
Name: KENNEDY, JEANIE
Covered Official Position (if applicable): COM DIR, REP. MIKE ROSS; LEG CORRESP, REP. MARION BERRY
Name: LOVETT, DAVID A.
Covered Official Position (if applicable): LEGISLATIVE DIRECTOR, REP. FRANK ANNUNZIO (D-IL)
Name: MACDONALD, CHARLENE
Covered Official Position (if applicable): N/A
Name: RANSFORD, ERIN
Covered Official Position (if applicable): N/A
Name: ROCHE, JACQUELINE
Covered Official Position (if applicable): N/A
Name: SYKES, CYNTHIA
Covered Official Position (if applicable): N/A

Registrant Name: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS Client Name: Self

Name: WALLACE, KATRINA
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1:

BUD MED

12. Specific lobbying issues (current and anticipated):

Improving health care quality measures and enhancing the activities of the AHRQ DOD appropriations

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semi-annual period **and**13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semi-annual periodin whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No, then go to line 14.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

FOREIGN ENTITIES

14. Is there any foreign entity that:
a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No, then sign and date the registration.
☐ Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Feb 14, 2008

Printed Name and Title: DAVID A. LOVETT, DIRECTOR, AAOS OFFICE OF GOVERNME -