

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration Feb 14, 2008

2. House Identification Number 347650000

Senate Identification Number 52105-12

### REGISTRANT

3. Registrant Name: AMERICAN ASSN OF ORTHOPAEDIC SURGEONS  
Address: 6300 NORTH 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:  
Health policy and advocacy activities of musculoskeletal patients and orthopaedic surgery

### 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:  
Health policy and advocacy activities of musculoskeletal patients and orthopaedi

### 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: LAW, LINDSAY

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 ASSN 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      CSP      DEF      HCR      HOM      LBR      MED      MMM      TOR

12. Specific lobbying issues (current and anticipated):

Patient access to quality health care; FDA issues; Medicare; Medicaid; medical devices; device biologics; tort reform

## 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 period in 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, JD -