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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name American Academy of Orthopaedic Surgeons			
2. Address <input type="checkbox"/> Check if different than previously reported 6300 North River Road			
3. Principal Place of Business (if different from line 2) Rosemont IL 60018 City: State/zip (or Country)			
4. Contact Name David A. Lovett	Telephone (202) 546-4430	E-mail (optional) lovett@aaos.org	5. Senate ID # 1375-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 30315000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>120,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Signature



Date

8-16-04

Registrant Name American Academy of Orthopaedic Surgeon Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code MED (one per page)

16. Specific lobbying issues

Improving health quality measures and enhancing the activities of the Agency for Health Research and Quality


17. House(s) of Congress and Federal agencies contacted Check if None

United States House of Representatives
United States Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
David Lovett	
Kristin Elder	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8-16-04

Printed Name and Title _____

Form LD-2 (Rec. 4/03)

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Registrant Name American Academy of Orthopaedic Surgeons Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

H.R. 4613/S. 2559, Department of Defense FY2005 Appropriations bill
Departments of Labor, Health and Human Services, and Education FY2005 Appropriations bill
Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies FY2005 Appropriations bill

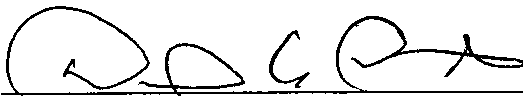
17. House(s) of Congress and Federal agencies contacted Check if None

United States House of Representatives
United States Senate
Department of Defense
Department of Health and Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
David Lovett	
Kristin Elder	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 8-16-04

Printed Name and Title _____

Form LD-2 (Rev. 4/03)

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Registrant Name American Academy of Orthopaedic Surgeons Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)


26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	C P C

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature  Date 8-16-04

