

**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  
 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)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on	11 05	2002	in the State of

5. Covering Period 10 17 2002 through 11 25 2002

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 James G Davis MD  
 Signature of Treasurer Electronically Filed by James G Davis MD Date 12 02 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>17 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>W</sup> <sup>Y</sup> 2002		52894.88
(b) Cash on Hand at Beginning of Reporting Period .....	79976.56	
(c) Total Receipts (from Line 19) .....	37063.19	431069.43
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	117039.75	483964.31
7. Total Disbursements (from Line 30) .....	54563.19	421487.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	62476.56	62476.56
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>W</sup>10 <sup>D</sup>17 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	31800.00	
(ii) Unitemized .....	2700.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	34500.00	424012.01
(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 32, page 4) .....	34500.00	424012.01
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 36, page 4) .....	337.47	4831.70
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2225.72	2225.72
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	37063.19	431069.43
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	37063.19	431069.43

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	337.47	5057.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	337.47	5057.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53225.72	323454.91
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	975.05
(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	975.05
29. Other Disbursements.....	1000.00	92000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	54563.19	421487.75
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	54563.19	421487.75
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	34500.00	424012.01
33. Total Contribution Refunds (from Line 28(d)).....	0.00	975.05
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	34500.00	423036.96
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	337.47	5057.79
36. Offsets to Operating Expenditures (from Line 15, page 3).....	337.47	4831.70
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	226.09

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 F Santore, MD

Mailing Address  
7910 Frost St, #202

City State Zip Code  
San Diego CA 92123-2712

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼  
1000.00

Transaction ID: 10000000498000002

**B.** Full Name (Last, First, Middle Initial)  
Dr. Daniel J Berry, MD

Mailing Address  
Mayo Clinic 200 First St SW

City State Zip Code  
Rochester MN 55905

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Mayo Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼  
1000.00

Transaction ID: 10000000498100003

**C.** Full Name (Last, First, Middle Initial)  
Dr. Clifford D Merkel, MD

Mailing Address  
PO Box 2820

City State Zip Code  
San Bernardino CA 92406

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼  
250.00

Transaction ID: 10000000498200004

**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: (check only one)		PAGE 6 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Carlton G Savory, MD, FACS

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Mailing Address  
6262 Veterans Pkwy

City State Zip Code  
Columbus GA 31909

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hughston Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000498300005

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph G Marin, MD

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Mailing Address  
1414 W Lombard St

City State Zip Code  
Davenport IA 52804-2148

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: 10000000498800008

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael B Grifox, MD

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Mailing Address  
1001 E Primrose

City State Zip Code  
Springfield MO 65807

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ferrell-Duncom Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000498700007

**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:  
(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. James D Matko, MD

Mailing Address

328 Edgemont Drive

City

State

Zip Code

Redlands

CA

92373

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Arrowhead Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000488900008

Full Name (Last, First, Middle Initial)

B. David Lovatt

Mailing Address

5460 Fillmore Avenue

City

State

Zip Code

Alexandria

VA

22311

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
American Academy of Orthopaedic Surgeons

Occupation

Director, Washington Office

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000489000009

Full Name (Last, First, Middle Initial)

C. Dr. Timothy Alan VanFleet, MD

Mailing Address

Ortho Center of Illinois

Ste 150

City

State

Zip Code

Springfield

IL

62704

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Orthopaedic Center of Illinois

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10000000499200010

**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  
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Harry N Herkowitz, MD

Mailing Address

3535 W 13 Mile Rd, #804

City

State

Zip Code

Royal Oak

MI

48073-6710

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1000000489300011

Full Name (Last, First, Middle Initial)

B. Dr. James B Siehl, MD

Mailing Address

3026 N. Marietta Ave.

City

State

Zip Code

Milwaukee

WI

53211

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1000000489400012

Full Name (Last, First, Middle Initial)

C. Dr. James A Shepro, MD

Mailing Address

6908 8th Ave, #505

City

State

Zip Code

Kenosha

WI

53143-5031

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Comprehensive Orthopaedics, SC

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: 1000000489500013

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**1750.00**

**TOTAL** This Period (last page this line number only) ..... ▶



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

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

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas P Sculca, MD

Mailing Address  
Hosp for Special Surgery 535 E 70th St  
City State Zip Code  
New York NY 10021-4892

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000489600014

**B.** Full Name (Last, First, Middle Initial)  
Dr. David S Link, MD

Mailing Address  
4045 W Royal Dr  
City State Zip Code  
Traverse City MI 49684-8965

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000489700015

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas L Erikson, MD

Mailing Address  
1840 E Florence Blvd, #A  
City State Zip Code  
Casa Grande AZ 85222-5337

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Sierra Orthopaedics PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000489800016

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

**TOTAL** This Period (last page this line number only) ..... ▶

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

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Peter F. Sharkey, MD

Mailing Address  
925 Chestnut St 5th Floor  
City State Zip Code  
Philadelphia PA 19107

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000469900017

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joshua A. Siegel, MD

Mailing Address  
One Hampton Road  
City State Zip Code  
Exeter NH 03833

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Access Sports Medicine & Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000500000018

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rowland Brook Meyer, MD

Mailing Address  
1 Church St 4th Fl  
City State Zip Code  
New Haven CT 06510-3330

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000500100019

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1250.00</b>
<b>TOTAL</b> 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: (check only one)		PAGE 11 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A. Dr. Russell E Windsor, MD**

Mailing Address  
Hosp for Special Surgery 535 E 70th St  
City State Zip Code  
New York NY 10021-4892

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000500200020

Full Name (Last, First, Middle Initial)  
**B. Dr. Daniel I Singer, MD**

Mailing Address  
1380 Lusitana St #808  
City State Zip Code  
Honolulu HI 96813-2442

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000500500021

Full Name (Last, First, Middle Initial)  
**C. Dr. Victor W Meeko, MD**

Mailing Address  
1901 N California Street  
City State Zip Code  
Stockton CA 95204

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
800.00

FEC ID number of contributing federal political committee.

Name of Employer Stockton Orthopaedic Medical Group Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1600.00

Transaction ID: 1000000500800022

**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:  
(check only one)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Peter J Stem, MD

Mailing Address

University of Cincinnati

College of Medicine

City

State

Zip Code

Cincinnati

OH

45267-0212

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Univ of Cincinnati College of Med-  
icine

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Transaction ID: 1000000500800023

Full Name (Last, First, Middle Initial)

B. Dr. Clark Alan Gunderson, MD

Mailing Address

2815 Enterprise Blvd

City

State

Zip Code

Lake Charles

LA

70601-7675

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000500900024

Full Name (Last, First, Middle Initial)

C. Dr. M Kenneth Mudge, MD

Mailing Address

Arrowhead Regional Med

6th floor - Dept of Ortho

City

State

Zip Code

Colton

CA

92324

Date of Receipt

N M / D E / Y Y Y Y  
1 0 / 2 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000501000025

**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: (check only one)		PAGE 13 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A. Dr. Robert L Forste, Jr, MD**

Mailing Address  
PO Box 1602  
City State Zip Code  
Columbus IN 47202-1602

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000501100026

Full Name (Last, First, Middle Initial)  
**B. Dr. John R Payne, MD**

Mailing Address  
801 Leighton Ave. Suite 402  
City State Zip Code  
Anniston AL 36207

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Anniston Orthopaedics Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 750.00

Transaction ID: 1000000501200027

Full Name (Last, First, Middle Initial)  
**C. Dr. John S Kirkpatrick, MD**

Mailing Address  
1813 6th Ave S #801  
City State Zip Code  
Birmingham AL 35294

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Univ of Alabama at Birmingham Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 1000000501300028

**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: (check only one)		PAGE 14 / 45	
	<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

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas P Schmalzried, MD

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 28 / 2002

Mailing Address  
Joint Replacement Inst 240D S Flower St  
City State Zip Code  
Los Angeles CA 90007-2629

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: 10000000501400029

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas W Curray, MD

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 28 / 2002

Mailing Address  
875 E 3rd St, C-220 Dept of Orthopaedic  
City State Zip Code  
Chattanooga TN 37403

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Orthopaedic Associates, PC Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: 10000000501800030

**C.** Full Name (Last, First, Middle Initial)  
Dr. Matthew S Shapiro, MD

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 28 / 2002

Mailing Address  
Ortho Healthcare NW 1200 Hilyard, Ste 600  
City State Zip Code  
Eugene OR 97401

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
OHM Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 10000000501700031

**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: (check only one)		PAGE 15 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward M Grosland, MD

Mailing Address  
1521 Anthony Rd (10)

City State Zip Code  
Augusta GA 30904-4821

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Augusta Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1000000501800032

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas McEligott, MD

Mailing Address  
2415 Wald St Suite B

City State Zip Code  
Conyers GA 30013

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1000000502000033

**C.** Full Name (Last, First, Middle Initial)  
Dr. James H Hemdon, MD

Mailing Address  
Dept of Ortho Surg 55 Fruit St Gray 624

City State Zip Code  
Boston MA 02114-2817

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Partners Healthcare Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1000000502100034

**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: (check only one)		PAGE 16 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ron Clark, MD

Mailing Address  
Valparaiso Ortho Clinic 2501 Cumberland Dr  
City State Zip Code  
Valparaiso IN 46383

Date of Receipt  
M M / D D / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Valparaiso Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 2000.00

Transaction ID: 10000000502200035

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kimberly Lee Furr, MD

Mailing Address  
375 E Park Ave, #200  
City State Zip Code  
Durango CO 81301

Date of Receipt  
M M / D D / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000502300036

**C.** Full Name (Last, First, Middle Initial)  
Dr. V G Raghavan, MD

Mailing Address  
Advanced Orthopaedic & Sports 8462 Northcliffe Blvd  
City State Zip Code  
Spring Hill FL 34806

Date of Receipt  
M M / D D / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000502400037

**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: (check only one)		PAGE 17 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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 Cole, MD

Mailing Address  
4D1 S Van Brunt St

City State Zip Code  
Englewood NJ 07631

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Englewood Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000502500038

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert H Harrison, III, MD, MBA

Mailing Address  
Southeastern Orthopaedics, PC 280 Ft. Sanders West Blvd., Su

City State Zip Code  
Knoxville TN 37922

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000502800039

**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

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Des Moines Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 750.00

Transaction ID: 10000000502800040

**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: (check only one)		PAGE 18 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Matthew John Weresh, MD

Mailing Address  
Des Moines Ortho Surg, PC 6001 Westown Parkway  
City State Zip Code  
West Des Moines IA 50266-7702

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Des Moines Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000502900041

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert Ray Cunningham, MD

Mailing Address  
P O Box D  
City State Zip Code  
Columbia MO 65205

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Columbia Orthopaedic Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 600.00

Transaction ID: 10000000503000042

**C.** Full Name (Last, First, Middle Initial)  
Dr. Louis E Murdock, MD

Mailing Address  
4504 W Quail Ridge Dr  
City State Zip Code  
Boise ID 83705

Date of Receipt  
N M / D E / Y Y Y Y  
10 28 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Intermountain Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000503100043

**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: (check only one)		PAGE 19 / 45	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** 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 83642-6363

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000509200044

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kevin Sloan Scully, MD

Mailing Address  
1816 Medical Ctr Dr

City State Zip Code  
Wilmington NC 28401-7509

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000508800045

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas K Fahring, MD

Mailing Address  
1915 Randolph Rd

City State Zip Code  
Charlotte NC 28207

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 1000000508800046

**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: (check only one)		PAGE 20 / 45	
	<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

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A. Dr. James B Benjamin, MD**

Mailing Address  
3395 North Campbell Avenue

City State Zip Code  
Tucson AZ 85719

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼  
1250.00

Transaction ID: 1000000506900047

Full Name (Last, First, Middle Initial)  
**B. Dr. Ralph T Salvagno, MD**

Mailing Address  
11110 Medical Campus Rd #103

City State Zip Code  
Hagerstown MD 21742-6711

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Allizer Salvagno Ctr for Joint Surgery Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼  
1000.00

Transaction ID: 1000000507000048

Full Name (Last, First, Middle Initial)  
**C. Dr. William S Ward, MD**

Mailing Address  
44555 Woodward, #407

City State Zip Code  
Pontiac MI 48341-2965

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼  
250.00

Transaction ID: 1000000507200049

**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:  
(check only one)

PAGE 21 / 45

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Richard F Felketh, MD

Mailing Address

3301 NW 50th St

City

State

Zip Code

Oklahoma City

OK

73112-5627

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000507300050

Full Name (Last, First, Middle Initial)

B. Dr. Gary David Bolmer, MD

Mailing Address

13753 Locust Ln

City

State

Zip Code

Nampa

ID

83686-9109

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Medical Center Physicians

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000507500051

Full Name (Last, First, Middle Initial)

C. Dr. Stephen B Lowe, MD

Mailing Address

170 Kimel Park Dr

City

State

Zip Code

Winston-Salem

NC

27103-6946

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000507800052

**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: (check only one)		PAGE 22 / 45	
	<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

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A. Dr. Paul N Krap, MD**

Mailing Address  
230 Clearfield Ave Ste 124  
City State Zip Code  
Virginia Beach VA 23462

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 1000000507700053

Full Name (Last, First, Middle Initial)  
**B. Dr. Stephen P England, MD, MPH**

Mailing Address  
200 E University Ave  
City State Zip Code  
Saint Paul MN 55101-2507

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Pediatric Orthopaedic Associates Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 400.00

Transaction ID: 1000000507800054

Full Name (Last, First, Middle Initial)  
**C. Dr. Tom Patrick Coker, MD**

Mailing Address  
3317 N Wimberly  
City State Zip Code  
Fayetteville AR 72703

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Ozark Orthopedic Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000507800055

**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: (check only one)		PAGE 23 / 45	
	<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

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas P Sculca, MD

Mailing Address  
Hosp for Special Surgery 535 E 70th St  
City State Zip Code  
New York NY 10021-4892

Date of Receipt  
N M / D E / Y Y Y Y  
11 13 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 1000000508000056

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nathaniel C Narten, MD

Mailing Address  
4466 W Bristol Rd  
City State Zip Code  
Flint MI 48507-3170

Date of Receipt  
N M / D E / Y Y Y Y  
11 13 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 1000000508500057

**C.** Full Name (Last, First, Middle Initial)  
Dr. Edward S Jeffries, MD

Mailing Address  
24715 Little Mack Ste 100  
City State Zip Code  
Saint Clair Shores MI 48080

Date of Receipt  
N M / D E / Y Y Y Y  
11 13 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000508600058

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. W John Bruder, MD

Mailing Address

4045 W Royal Dr

City

State

Zip Code

Traverse City

MI

49684-8965

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Great Lakes Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000508800059

Full Name (Last, First, Middle Initial)

B. Dr. Douglas Gerald Penkub, MD

Mailing Address

1080 S Van Dyke

City

State

Zip Code

Bad Axe

MI

49813-9614

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000508900060

Full Name (Last, First, Middle Initial)

C. Dr. Marshall Katzen, MD

Mailing Address

28 Aylesbury Rd

City

State

Zip Code

Worcester

MA

01809-1218

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

100.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1000000509000061

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**850.00**

**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

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(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. John Bernard Ryan, MD

Mailing Address

735 Yarmouth Rd.

City

State

Zip Code

Bloomfield

MI

48301

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 1 3 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

St John Macomb Hospital

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000509100062

Full Name (Last, First, Middle Initial)

B. Dr. Norman Eugene Walter, MD

Mailing Address

401 S Ballenger Hwy

McLaren Regional Medical Centre

City

State

Zip Code

Flint

MI

48532

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 1 3 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Family Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000509400063

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth S Mentzer, MD

Mailing Address

840 Cook Rd

City

State

Zip Code

Hastings

MI

49058-9818

Date of Receipt

N M / D E / Y Y Y Y  
1 1 / 1 3 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Hastings Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000509500064

**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

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(check only one)

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 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Thomas F Bliss, MD

Mailing Address

124 Waterman St

City

State

Zip Code

Providence

RI

02906-2052

Date of Receipt

N M / D E / Y Y Y Y  
11 / 13 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000509600065

Full Name (Last, First, Middle Initial)

B. Dr. Ira Joel Singer, MD

Mailing Address

725 Reservoir Ave

Sta 101

City

State

Zip Code

Cranston

RI

02910

Date of Receipt

N M / D E / Y Y Y Y  
11 / 14 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000505800068

Full Name (Last, First, Middle Initial)

C. Dr. Steven E Rorer, MD

Mailing Address

Inter Mountain Ortho.

600 N Robbins Rd.

City

State

Zip Code

Boise

ID

83702

Date of Receipt

N M / D E / Y Y Y Y  
11 / 14 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Intermountain Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000505800067

**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

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(check only one)

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard A Brown, MD

Mailing Address  
9850 Genesee Ave, #210

City State Zip Code  
La Jolla CA 92037-1206

Date of Receipt  
N M / D E / Y Y Y Y  
11 14 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Torrey Pines Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 1000000506100068

**B.** Full Name (Last, First, Middle Initial)  
Dr. Roland H Winker, MD

Mailing Address  
5409 Coway Creek Cir

City State Zip Code  
Stockton CA 95207-5341

Date of Receipt  
N M / D E / Y Y Y Y  
11 14 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Alpine Orthopaedic Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1000000506200069

**C.** Full Name (Last, First, Middle Initial)  
Dr. William J Robb, III, MD

Mailing Address  
2401 Ravine Way

City State Zip Code  
Glenview IL 60025

Date of Receipt  
N M / D E / Y Y Y Y  
11 14 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Illinois Bone & Joint Institute Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 1000000506300070

**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: (check only one)		PAGE 28 / 45	
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
**A. Dr. Gregory S Slappey, MD**

Mailing Address  
1745 Stripling Chapel Road

City State Zip Code  
Carrollton GA 30116

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Carrollton Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 1000000506400071

Full Name (Last, First, Middle Initial)  
**B. Dr. David A Fisher, MD**

Mailing Address  
1801 N Senate Blvd, #200

City State Zip Code  
Indianapolis IN 46202

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 14 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopaedics of Indianapolis Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1500.00

Transaction ID: 1000000506500072

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>31800.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 45
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. American Assoc of Ortho Surgeons

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period  
337.47

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 5060.71

Transaction ID: 1000000509800073

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>337.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>337.47</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 45
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)  
A. Mike Bilirakis For Congress

Mailing Address  
PO Box 1077

City State Zip Code  
Tarpon Springs FL 34688-1077

Date of Receipt  
N M / D E / Y Y Y Y  
10 31 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
2225.72

Name of Employer	Occupation
------------------	------------

Receipt For: 2002 Aggregate Year-to-Date ▼  
 Primary X General  
 Other (specify) ▼ 2225.72  
 2002 General Congres

Refund From: Mike Bilirakis For Congress

Transaction ID: 1000000509300074

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>2225.72</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>2225.72</b>

**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)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Date of Disbursement 10 / 24 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 87.10	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State:           District:	Transaction ID: 10000000505400002		

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		Date of Disbursement 11 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 270.37	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary           General Other (specify) ▼		
State:           District:	Transaction ID: 10000000505500003		

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>337.47</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>337.47</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Anna Eshoo For Congress		Date of Disbursement 10 / 21 / 2002
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Anna G. Eshoo, U.S. HOUSE 1	24K Category/ Type	
Candidate Name Anna G. Eshoo		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000495800004
State: CA District: 14		

Full Name (Last, First, Middle Initial) B. Chris Bell for Congress Committee		Date of Disbursement 10 / 24 / 2002
Mailing Address 8524 San Felipe PMB 441 City State Zip Code Houston TX 77057		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Chris Bell, U.S. HOUSE 25th	24K Category/ Type	
Candidate Name Chris Bell		
Office Sought: <input type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000495800005
State: TX District: 25		

Full Name (Last, First, Middle Initial) C. Julia Carson For Congress Committee		Date of Disbursement 10 / 24 / 2002
Mailing Address 1 North Capitol Street #211 740 Market Square Center City State Zip Code Indianapolis IN 46204		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Julia Carson, U.S. HOUSE 10	24K Category/ Type	
Candidate Name Julia Carson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000495800006
State: IN District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<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				

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) <b>A. Dedicated Americans for the Senate and the House</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address 424 C Street NE City: Washington State: DC Zip Code: 20002			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD: \$5000.00			24K Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000486100007	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. John D Dingell For Congress Comm.</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address 607 Fourteenth Street NW City: Washington State: DC Zip Code: 20006			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$8000.00 John D. Dingell, U.S. HOUSE			24K Category/ Type	
Candidate Name John D. Dingell				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000486200008	
State: MI District: 16				

Full Name (Last, First, Middle Initial) <b>C. Friends Of Jane Harman</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address 601 S Figueroa Street 41st Floor City: Los Angeles State: CA Zip Code: 90017			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD: \$2000.00 Jane Harman, U.S. HOUSE 271			24K Category/ Type	
Candidate Name Jane Harman				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000486300009	
State: CA District: 27				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Keep Our Majority PAC (KOMPAC)</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address PO Box 20209 City: Alexandria State: VA Zip Code: 22320			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD: \$5000.00			24K Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary      General X Other (specify) ▼		Transaction ID: 10000000496400010	
State:                      District:				

Full Name (Last, First, Middle Initial) <b>B. Campaign for America's Future</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address 175 S West Temple Suite 850 City: Salt Lake City State: UT Zip Code: 84101			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1000.00			24K Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary      General X Other (specify) ▼		Transaction ID: 10000000496500011	
State:                      District:				

Full Name (Last, First, Middle Initial) <b>C. Re-Elect Nancy Johnson To Congress Comm</b>			Date of Disbursement 10 / 24 / 2002	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City: Chantilly State: VA Zip Code: 20151-1852			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD: \$6000.00 Nancy L. Johnson, U.S. HOUS			24K Category/ Type	
Candidate Name Nancy L. Johnson				
Office Sought: X House Senate President	Disbursement For: 2002 Primary      X General Other (specify) ▼		Transaction ID: 10000000496600012	
State: CT                      District: 8				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5500.00</b>
<b>TOTAL</b> 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)

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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Luther For Congress Volunteer Committee</b>		Date of Disbursement 10 / 24 / 2002	
Mailing Address 1399 Geneva Ave North Suite 202 City State Zip Code Oakdale MN 55128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 William Luther, U.S. HOUSE		24K Category/ Type	
Candidate Name William Luther			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MN      District: 8	Transaction ID: 10000000496700013		

Full Name (Last, First, Middle Initial) <b>B. Matheson For Congress</b>		Date of Disbursement 10 / 24 / 2002	
Mailing Address 877 South 200 West Suite A City State Zip Code Salt Lake City UT 84101		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Jim Matheson, U.S. HOUSE 2n		24K Category/ Type	
Candidate Name Jim Matheson			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: UT      District: 2	Transaction ID: 10000000496800014		

Full Name (Last, First, Middle Initial) <b>C. Billy Tauzin Congressional Committee</b>		Date of Disbursement 10 / 24 / 2002	
Mailing Address 550 South Van City State Zip Code Houna LA 70361		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$7500.00 W.J. 'Billy' Tauzin, U.S. H		24K Category/ Type	
Candidate Name W.J. 'Billy' Tauzin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: LA      District: 3	Transaction ID: 10000000496900015		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Congressional Majority Committee</b>		Date of Disbursement 10 / 24 / 2002
Mailing Address PO Box 746 City: Bakersfield State: CA Zip Code: 93302		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD: \$5000.00		24K Category/ Type
Candidate Name		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input checked="" type="checkbox"/>	Transaction ID: 10000000487000018
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John D Dingell For Congress Comm.</b>		Date of Disbursement 10 / 28 / 2002
Mailing Address 807 Fourteenth Street NW City: Washington State: DC Zip Code: 20006		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD: \$8000.00 Voids Check		24K Category/ Type
Candidate Name John D. Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Transaction ID: 10000000497100017
State: MI District: 16		

Full Name (Last, First, Middle Initial) <b>C. Shelley Moore Capito for Congress</b>		Date of Disbursement 10 / 28 / 2002
Mailing Address PO Box 11519 City: Charleston State: WV Zip Code: 25339		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD: \$2000.00 Shelley Capito. U.S. HOUSE		24K Category/ Type
Candidate Name Shelley Capito		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Transaction ID: 10000000497200018
State: WV District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Knollenberg For Congress Committee</b>		Date of Disbursement 10 / 28 / 2002
Mailing Address 27867 Orchard Lake Road City Farmington Hills State MI Zip Code 48334		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Joe Knollenberg, U.S. HOUSE		24K Category/ Type
Candidate Name Joe Knollenberg		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000487400019
State: MI District: 11		

Full Name (Last, First, Middle Initial) <b>B. Pickering For Congress</b>		Date of Disbursement 10 / 28 / 2002
Mailing Address PO Box 8440 City Laurel State MS Zip Code 39441		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Charles W. 'Chi Pickering,		24K Category/ Type
Candidate Name Charles W. 'Chi Pickering Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000497500020
State: MS District: 3		

Full Name (Last, First, Middle Initial) <b>C. Friends of Clay Shaw</b>		Date of Disbursement 10 / 28 / 2002
Mailing Address 2800 N E 14th Street Causeway City Pompano Beach State FL Zip Code 33062		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3000.00 E. Clay Shaw, U.S. HOUSE 22		24K Category/ Type
Candidate Name E. Clay Shaw Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000497600021
State: FL District: 22		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. John Sullivan for Congress</b>		Date of Disbursement 10 / 26 / 2002	
Mailing Address 6130 South Maplewood Suite B City State Zip Code Tulsa OK 74136		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 John Sullivan, U.S. HOUSE 1		24K Category/ Type	
Candidate Name John Sullivan			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 10000000487700022	
State: OK      District: 1			

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement 10 / 31 / 2002	
Mailing Address Suite 0001 City State Zip Code Chicago IL 60679-0001		Amount of Each Disbursement this Period 2225.72	
Purpose of Disbursement In kind contribution to Mike Bilirakis		24Z Category/ Type	
Candidate Name (In-Kind)			
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 10000000503500023	
State:            District:			

Full Name (Last, First, Middle Initial) <b>C. Mike Bilirakis For Congress</b>		Date of Disbursement 10 / 31 / 2002	
Mailing Address P O Box 1077 City State Zip Code Tarpon Springs FL 34688		Amount of Each Disbursement this Period 2225.72	
Purpose of Disbursement YTD:\$11225.72 In kind contribution to Mi		24Z Category/ Type	
Candidate Name Michael Bilirakis		[MEMO ITEM] (Memo In-Kind)	
Office Sought: X House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼	Transaction ID: 10000000503500024	
State: FL      District: 8			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3225.72</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Capuano For Congress Committee</b>		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 440305 City: Somerville State: MA Zip Code: 02144		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Michael E. Capuano, U.S. HO		24K Category/ Type
Candidate Name Michael E. Capuano		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1000000503800025
State: MA District: B		

Full Name (Last, First, Middle Initial) <b>B. Citizens For Cochran</b>		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 7183 City: Tupelo State: MS Zip Code: 38802		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Thad Cochran, U.S. SENATE M		24K Category/ Type
Candidate Name Thad Cochran		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1000000503700026
State: MS District:		

Full Name (Last, First, Middle Initial) <b>C. Craig for U S Senate</b>		Date of Disbursement 10 / 31 / 2002
Mailing Address 802 W Bannock Suite LP101 City: Boise State: ID Zip Code: 83701		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Larry E. Craig, U.S. SENATE		24K Category/ Type
Candidate Name Larry E. Craig		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1000000503800027
State: ID District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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<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				

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Gephardt In Congress Committee</b>		Date of Disbursement 10 / 31 / 2002	
Mailing Address 7435 Watson Road Suite 107 City State Zip Code St Louis MO 63119		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement YTD:\$8500.00 Richard A. Gephardt, U.S. H		24K Category/ Type	
Candidate Name Richard A. Gephardt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MO      District: 3	Transaction ID: 10000000503900028		

Full Name (Last, First, Middle Initial) <b>B. Hall For Congress</b>		Date of Disbursement 10 / 31 / 2002	
Mailing Address P O Box 711 City State Zip Code Rockwall TX 75087		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Raph M. Hall, U.S. HOUSE 4		24K Category/ Type	
Candidate Name Ralph M. Hall			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 4	Transaction ID: 10000000504000029		

Full Name (Last, First, Middle Initial) <b>C. Keep Our Majority PAC (KOMPAC)</b>		Date of Disbursement 10 / 31 / 2002	
Mailing Address PO Box 20209 City State Zip Code Alexandria VA 22320		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$5000.00		24K Category/ Type	
Candidate Name			
Office Sought:   House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State:           District:	Transaction ID: 10000000504100030		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Friends Of Ernest Istook		Date of Disbursement 10 / 31 / 2002
Mailing Address 3501 NW 63rd Street Suite 404 City State Zip Code Oklahoma City OK 73123		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Ernest J. Istook, U.S. HOUSE	Candidate Name Ernest J. Istook Jr.	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: OK District: 5	Transaction ID: 10000000504200031

Full Name (Last, First, Middle Initial) B. Norwood For Congress		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 499 City State Zip Code Evans CA 95809		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$4500.00 Charlie Norwood, U.S. HOUSE	Candidate Name Charlie Norwood	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: CA District: 10	Transaction ID: 10000000504300032

Full Name (Last, First, Middle Initial) C. A Lot Of People For Dave Obey		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 1322 City State Zip Code Wausau WI 54402-1322		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 David R. Obey, U.S. HOUSE 7	Candidate Name David R. Obey	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: WI District: 7	Transaction ID: 10000000504400033

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
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<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Reed Committee</b>		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 8628 City Cranston State RI Zip Code 02920		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jack Reed, U.S. SENATE RI		24K Category/ Type
Candidate Name Jack Reed		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1000000504500034
State: RI District:		

Full Name (Last, First, Middle Initial) <b>B. Searchlight Leadership Fund</b>		Date of Disbursement 10 / 31 / 2002
Mailing Address 818 Connecticut Avenue NW Suite 1100 City Washington State DC Zip Code 20008		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1000000504600035
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Congressional Majority Committee</b>		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 746 City Bakersfield State CA Zip Code 93302		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$5000.00		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input type="checkbox"/> <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 1000000504700036
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<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				

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Upton For All Of Us		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 490 City St Joseph State MI Zip Code 49085		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Fred Upton, U.S. HOUSE 6th	Candidate Name Fred Upton	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000504800037
State: MI District: 8		

Full Name (Last, First, Middle Initial) B. Friends Of Roger Wicker 2000		Date of Disbursement 10 / 31 / 2002
Mailing Address PO Box 874 City Tupelo State MS Zip Code 38802		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Roger Wicker, U.S. HOUSE 1s	Candidate Name Roger Wicker	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000504800038
State: MS District: 1		

Full Name (Last, First, Middle Initial) C. Congressman Bill Young Campaign Committee		Date of Disbursement 10 / 31 / 2002
Mailing Address P.O. Box 47025 City St. Petersburg State FL Zip Code 33743		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$4000.00 C.W. Bill Young, U.S. HOUSE	Candidate Name C.W. Bill Young	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000505000039
State: FL District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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

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		Date of Disbursement 11 / 04 / 2002
Mailing Address PO Box 7255 City Des Moines State IA Zip Code 50309		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000505200040
State:	District:	

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>53225.72</b>

**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)

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<input 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 checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. John D Dingell For Congress Comm.</b>		Date of Disbursement 10 <sup>th</sup> : 28 <sup>th</sup> : 2002	
Mailing Address 607 Fourteenth Street NW City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$9000.00 John D. Dingell, U.S. HOUSE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 X Primary           General Other (specify) ▼ Debt Retirement	Transaction ID: 10000000487300041	
State:           District:			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1000.00</b>