24038482008

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER

2004 JUL 21 A 9:13

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

FOX VALLEY ORTHOPAEDIC ASSOCIATES, SC PAC

ADDRESS (number and street) ▼

2525 KANEVILLE RD

☐ Check if different than previously reported. (ACO)

GENEVA — IL — 60134-

CITY ▲ — STATE ▲ — ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00341313

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

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

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

Election on ☐ / ☐ / ☐ in the State of ☐

(d) 30-Day POST-Election Report for the:

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

Election on ☐ / ☐ / ☐ in the State of ☐

5. Covering Period 04 01 2004 through 06 30 2004

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 RODNEY W. RIEGER

Signature of Treasurer Rodney W. Rieger — Date 07 20 2004

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

FE4M045

24038482009

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2004		435.00
(b) Cash on Hand at Beginning of Reporting Period	935.00	
(c) Total Receipts (from Line 19)	1750.00	2250.00
(d) Subtotal (add Lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	2685.00	2685.00
7. Total Disbursements (from Line 31)		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	2685.00	2685.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

☐ 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

24038482010

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

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)	1750.00	2250.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1750.00	2250.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 6) ▶	1750.00	2250.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 6)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	1750.00	2250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	1750.00	2250.00

FE1AN046

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1750.00	2250.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1750.00	2250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶		

24038482013

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) ☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

PAGE OF

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)
FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

A. Full Name (Last, First, Middle Initial): MCRAWSKI, DAVID R.
Mailing Address: 910 TALLGRASS CT
City: ST CHARLES State: IL Zip Code: 60174
FEC ID number of contributing federal political committee: C
Name of Employer: FVO ADMIN SERVICES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 05 / 2004
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): TOROSIAN, CRAIG M.
Mailing Address: 445 SUNSET ROAD
City: GENEVA State: IL Zip Code: 60134
FEC ID number of contributing federal political committee: C
Name of Employer: FVO ADMIN SERVICES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 05 / 2004
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): LEMKE, LAURA M
Mailing Address: DN003 FORBES DR
City: GENEVA State: IL Zip Code: 60134
FEC ID number of contributing federal political committee: C
Name of Employer: FVO ADMIN SERVICES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 / 05 / 2004
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

24038482014

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF
☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

A.
Full Name (Last, First, Middle Initial): KETTERLING, KEVAN E.
Mailing Address: 1926 BRIDLE CT
City: ST CHARLES State: IL Zip Code: 60174
FEC ID number of contributing federal political committee: C
Name of Employer: FVO ADMIN SERVICES Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 05 2004
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): POPP, CRAIG A.
Mailing Address: 6N603 BROOKHAVEN LN
City: ST CHARLES State: IL Zip Code: 60175
FEC ID number of contributing federal political committee: C
Name of Employer: FVO ADMIN SERVICES Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 05 2004
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): ATKINS, THOMAS A.
Mailing Address: 200 N. RIVER LN
City: GENEVA State: IL Zip Code: 60134
FEC ID number of contributing federal political committee: C
Name of Employer: FVO ADMIN SERVICES Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 05 2004
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

24038482015

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

A.
Full Name (Last, First, Middle Initial): BARTEL, ERIC K.
Mailing Address: 2235 WILDFLOWER CT
City: GENEVA State: IL Zip Code: 60134
FEC ID number of contributing federal political committee: C
Name of Employer: EVO ADMIN SERVICES
Occupation: PHYSICIAN
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 25000
Date of Receipt: 06 / 12 / 2004
Amount of Each Receipt this Period: 25000

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date:
Date of Receipt: / /
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date:
Date of Receipt: / /
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 25000

TOTAL This Period (last page this line number only) ▶ 175000

24038482016

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☑ USPS Registered/Certified	Postmarked (R/C) 7-22-04
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

PREPARER

7-27-04
DATE PREPARED

(5/2004)