



American Academy of  
Orthopaedic Surgeons®

**AAOS**

American Association of  
Orthopaedic Surgeons

6900 North River Road, Rosemont, IL 60018-4262  
Phone 847/823-7186, 800/346-7267 Fax 847/823-8125 Fax-on-Demand 800/999-2939 Internet www.aaos.org

January 29, 2001

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

RECEIVED  
FEC MAIL ROOM  
2001 JAN 30 A 11:59

RE: Report filing for FEC ID# C00343137

Dear Staff,

Pursuant to the reporting requirements of the Federal Election Commission, enclosed is the January 31 year-end report covering activity through December 31, 2000.

Sincerely,

Ron Kaye  
Director, Finance and Planning

Enclosure

cc: D. Lovett

R. Peterson (Summary pages only)

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) Political Action Committee of the American Association of Orthopaedic Surgeons	RECEIVED FEC MAIL ROOM  2001 JAN 30 A 11:59
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 317 Massachusetts Avenue NE 1st Floor	2. FEC IDENTIFICATION NUMBER C00343137
CITY, STATE and ZIP CODE Washington, DC 20002	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

### Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 177,919.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 100,595.43	
(c) Total Receipts (from Line 19)	\$ 11,200.00	\$ 261,510.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 111,795.43	\$ 439,429.67
7. Total Disbursements (from Line 30)	\$ 1,424.96	\$ 328,059.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 110,370.48	\$ 110,370.48
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3423
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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	Date
Signature of Treasurer 	1-26-01

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

**DETAILED SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**  
**PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
Political Action Committee of the American Association of Orthopaedic Surgeons		FROM	TO:	
		11/28/00	12/31/00	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Memorized (use Schedule A)	6,800.00	128,000.00	11(a)(i)
ii.	Unitemized	6,400.00	133,510.00	11(a)(ii)
II.	Total (add i and ii) >	11,200.00	261,510.00	11(a)(II)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a ii, b and c) >	11,200.00	261,510.00	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	11,200.00	261,510.00	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	11,200.00	261,510.00	20
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
i.	Federal Share	0.00	0.00	21(a)(i)
ii.	Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	224.95	2,258.84	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	224.95	2,258.84	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	292,589.35	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	200.00	84,200.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,424.95	329,058.19	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,424.95	329,058.19	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	11,200.00	261,510.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	11,200.00	261,510.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	224.95	2,258.84	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	224.95	2,258.84	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 11 a 1

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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A Brown, MD 9850 Genesee Ave, #210 La Jolla, CA 92037-1208	San Diego Orthopaedics	12/15/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
Wade Rademacher, MD 12732n Clay Center Rd Carmel, IN 46032	Ortho Indy	12/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Declan R Nolan, MD 3260 Providence Dr, #200 Anchorage, AK 99508-4803	Anchorage Fracture & Orthopaedic Clinic	12/15/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 450.00	
Craig P Smith, MD 1450 East "A" St Casper, WY 82501-2215	Self Employed	12/15/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Robert A Steele, MD Medical Arts Pavilion 4746 Ogletown-Stanton Rd, #225 Newark, DE 19713-2074	Medical Arts Pavilion	12/15/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
John H Healey, MD Bloan-Katbering Cancer Ctr 1275 York Ave, #A875 New York, NY 10021-8007	Memorial Hospital	12/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Gerard G Adler, MD 305 Woodland Ln Oconomowoc, WI 53096-2734	Wildinson Medical Clinic	12/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 2,150.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code Steven Douglas Ross, MD Dept of Orthopaedics-UCI 101 City Drive South Orange, CA 92668	Name of Employer Garden Grove Orthopaedics	Date (month, day, year) 12/15/00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,200.00
B. Full Name, Mailing Address and ZIP Code John J O'Brian, MD 1000 Asylum Ave Hartford, CT 06105-1703		Name of Employer Hartford Orthopaedic Surgeons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 12/15/00	Amount of Each Receipt this Period 200.00
		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00
C. Full Name, Mailing Address and ZIP Code Brian P Wicks, MD 12784 Silverdale Way Silverdale, WA 98383		Name of Employer The Doctors Clinic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 12/16/00	Amount of Each Receipt this Period 200.00
		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 900.00
D. Full Name, Mailing Address and ZIP Code Michael J Berck, MD 711 Westminster Ave Elizabeth, NJ 07208-2210		Name of Employer Self Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 12/18/00	Amount of Each Receipt this Period 200.00
		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 950.00
E. Full Name, Mailing Address and ZIP Code Donald A Dainlein, MD 720 Montclair Rd, #200 Birmingham, AL 35213-1964		Name of Employer Self-employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 12/16/00	Amount of Each Receipt this Period 250.00
		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00
F. Full Name, Mailing Address and ZIP Code Richard H Jacobsen, MD 2600 Hospital Dr, Bldg 7 Mountain View, CA 94040-4115		Name of Employer Orthopaedic Surgeons	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 12/16/00	Amount of Each Receipt this Period 100.00
		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00
G. Full Name, Mailing Address and ZIP Code Andrew H Schmidt, MD 2805 Campus Dr, #425 Plymouth, MN 55441		Name of Employer Wayzata Orthopedics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Date (month, day, year) 12/15/00	Amount of Each Receipt this Period 500.00
		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1,850.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code William E Schreiber, MD 700 Olympic Plaza Cir #700 Tyler, TX 75701-1934	Name of Employer Azylea Orthopaedics  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Thomas P Sculco, MD Hosp for Special Surgery 535 E 70th St New York, NY 10021-4882	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Wayne Anthony Colizza, MD 63 Newton Sparta Road Newton, NJ 07860	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code Charlotte J Harris, MD 389 Maple Leaf Rd Maysville, KY 41058-9176	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Melburn K Huebner, MD 1801 Medi Park, #10 Amarillo, TX 79108-2105	Name of Employer Self-employed  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Robert R Madigan, MD PO Box 51090 Knoxville, TN 37850-1090	Name of Employer Knoxville Orthopaedics  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Neil J Maki, MD 525 St Mary St Thibodaux, LA 70301-2827	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year)  12/18/00	Amount of Each Receipt this Period  200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 600.00	

SUBTOTAL of Receipts This Page (optional) .....	2,000.00
TOTAL This Period (last page this line number only) .....	6,800.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 21B

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**NAME OF COMMITTEE (In Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Northern Trust Company 60 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/28/00	Amount of Each Disbursement This Period 141.31
B. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/28/00	Amount of Each Disbursement This Period 32.78
C. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/27/00	Amount of Each Disbursement This Period 30.00
D. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/27/00	Amount of Each Disbursement This Period 20.88
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

**SUBTOTAL** of Disbursements This Page (optional) .....

224.95

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

224.95

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Stevens for Senate Committee PO Box 100879 Anchorage, AK 99510	Purpose of Disbursement Ted Stevens, U.S. SENATE AK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 12/12/00	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	1,000.00
TOTAL This Period (last page this line number only) .....	1,000.00



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Unidentified Credit Card Chargeback Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/00	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<b>SUBTOTAL of Disbursements This Page (optional)</b>			200.00
<b>TOTAL This Period (last page this line number only)</b>			200.00

