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)
FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

ADDRESS (number and street) ☐ Check if different than previously reported
2525 KANEVILLE ROAD

CITY, STATE and ZIP CODE
GENEVA, IL 60134

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM
AUG 2 10 16 AM '99

2. FEC IDENTIFICATION NUMBER
C00341313

3. ☐ 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:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election 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 1/1/99 through 6/30/99		
6. (a)	Cash on Hand January 1, 19 99		$ 185.00
(b)	Cash on Hand at Beginning of Reporting Period	$ 185.00	
(c)	Total Receipts (from Line 19)	$ 3,800.00	$ 3,800.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,985.00	$ 3,985.00
7.	Total Disbursements (from Line 30)	$ 1,500.00	$ 1,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 2,485.00	$ 2,485.00
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)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 7/28/99

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

FEC FORM 3X
(revised 5/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. PAC

REPORT COVERING PERIOD FROM 1/1/99 TO 6/30/99

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,800.00	3,800.00
ii. Unitemized		
iii. Total (add i and ii) ➤	3,800.00	3,800.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	3,800.00	3,800.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,800.00	3,800.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,800.00	3,800.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	1,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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 a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,500.00	1,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,500.00	1,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3,800.00	3,800.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,800.00	3,800.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 11

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. EUGENE C. WITTENSTROM 4N034 THORNAPPLE ROAD ST. CHARLES, IL 60174 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	3/8/99	500.00
B. MEELE J. DENKER 6N542 FAIR OAKS ST. CHARLES, IL 60175 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	3/17/99	500.00
C. RODNEY W. RIEGER 4N567 HIDDEN OAKS ROAD ST. CHARLES, IL 60175 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	5/6/99	500.00
D. JEFFREY W. GROSSKOPF 3N248 CAMPTON WOODS DRIVE ELBURN, IL 60119 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	3/3/99	500.00
E. KEVAN E. KETTERLING 1926 BRIDLE COURT ST CHARLES, IL 60174 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	5/12/99	500.00
F. DAVID R. MORAWSKI 910 TALL GRASS COURT ST. CHARLES, IL 60174 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	3/2/99	500.00
G. CRAIG M. TOROSIAN 1427 BILARDA GENEVA, IL 60134 Receipt For: [X] Primary [ ] General [ ] Other (specify):	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C. SURGEON Aggregate Year-to-Date > $ 500.00	3/15/99	500.00

SUBTOTAL of Receipts This Page (optional) > 3,500.00

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

FOR LINE NUMBER 11

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERIC K. BARTEL 2233 WILDFLOWER COURT GENEVA, IL 60134	FOX VALLEY ORTHOPAEDIC ASSOCIATES, S.C.	4/17/99	300.00
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation: SURGEON Aggregate Year-to-Date > $ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 300.00

TOTAL This Period (last page this line number only) > 3,800.00

FEB9N04

HEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

ny 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 urposes, 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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
HASTERT FOR CONGRESS P.O. BOX 625 BATAVIA, IL 60510	CONGRESS - ILLINOIS 14TH DISTRICT Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/6/99	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE ORTHOPAEDICS PAC 6300 N. RIVER RD DES PLAINES, IL 60018	ORTHOPAEDIC PAC Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/5/99	1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	1,500.00

JAN084

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 7/29/99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	DATE PREPARED 8/2/99

(4/98)