



POLITICAL ACTION COMMITTEE of THE AMERICAN ASSOCIATION OF PAEDIIC SURGEONS
317 Massachusetts Avenue NE Suite 100 Washington, D.C. 20002-5701 Phone 202/462-4430 Fax 202/637-5021 Internet www.aaos.org

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 20 A 9:17

December 17, 1999

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

RE: FEC Notice dated 12/8/99 to PAC of AAOS ID #C00343137

Dear FEC Staff:

In response to the subject correspondence, enclosed is an amended report covering the period January 1, 1999 through June 30, 1999. This report includes the occupation and employer name for each contributor inadvertently omitted in the original filing.

If I can be of any further assistance, please call 202-546-4430.

Sincerely,

David Lovett
Director, Washington Office

Enc:

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1999 DEC 20 A 9 17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Political Action Committee of the American Association of Orthopaedic Surgeons		2. FEC IDENTIFICATION NUMBER C00343137
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 317 Massachusetts Avenue NE 1st Floor		
CITY, STATE and ZIP CODE Washington, DC 20002		
3. <input 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>01/01/99</u> through <u>06/30/99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c) Total Receipts (from Line 19)	\$ 178,680.00	\$ 178,680.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 178,680.00	\$ 178,680.00
7. Total Disbursements (from Line 30)	\$ 8,500.00	\$ 8,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 170,180.00	\$ 170,180.00
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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	Date 12-14-99
Signature of Treasurer 	

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

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FEC FORM 3X
(revised 9/93)

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

(revised 11/91)

NAME OF COMMITTEE Political Action Committee of the American Association of Orthopaedic Surgeons	REPORT COVERING PERIOD		
	FROM 01/01/99	TO 06/30/99	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	71,300.00	71,300.00	11(a)(i)
ii. Unitemized	107,380.00	107,380.00	11(a)(ii)
iii. Total (add i and ii) >	178,680.00	178,680.00	11(a)(iii)
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 iii, b and c) >	178,680.00	178,680.00	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) >	178,680.00	178,680.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	178,680.00	178,680.00	20
II Disbursements			
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	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,500.00	8,500.00	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. Individual/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	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,500.00	8,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,500.00	8,500.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	178,680.00	178,680.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	178,680.00	178,680.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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
S Gopal Krishnan, MD 1331 E 6th St Weslaco, TX 78688-6601	Krishnan and Associates	05/26/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benedict F Magsamen, MD 2500 E Prospect RD Fort Collins, CO 80525-9773	Orthopaedic Center of the Rockies	06/28/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J Schulak, MD 4307 W Tacon St Tampa, FL 33628-7733	Tampa Orthopaedic Clinic	05/26/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen A Cord, MD 3601 22nd St Lubbock, TX 79410-1309	Lubbock Bone and Joint	05/26/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh A Frederick, MD 2731 Lemmon Ave E, #300 Dallas, TX 75204-2638	Self Employed	05/26/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan G Lewis, MD 6565 S Yale, #500 Tulsa, OK 74138-8318	Eastern Oklahoma Orthopaedic Center	08/01/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benzel C MacMaster, MD 8600 N Central Expy, #101 Dallas, TX 75231-4347	Glanhakes Orthopaedics	06/01/99	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	

SUBTOTAL of Receipts This Page (optional) 2,500.00

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

PAGE 2 OF 21
FOR LINE NUMBER 11 a1

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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 Joseph P Iannotti, MD, PhD Presbyterian Med Ctr 1 Cupp Pavilion Philadelphia, PA 19104	Name of Employer Presbyterian Medical Center Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	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 > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code K Thomas Reichard, MD 4001 Kresge Way, #100 Louisville, KY 40207-4640	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code James Spiegel, MD 1662 Dominican Way Santa Cruz, CA 95065-1522	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code J Dean Cole, MD 1118 S Orange Ave Ste 206 Orlando, FL 32806-1200	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Larry D Cordell, MD 5701 W 119th St Ste 102 Overland Park, KS 66209	Name of Employer Kansas City Bone and Joint Clinic Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Joseph C DiRaimondo, MD 501 N 10th St P O Box 907 Manitowoc, WI 54220-4039	Name of Employer Orthopaedic Associates of Manitowoc Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code David A Halsay, MD 17 Bragg Hill Rd Norwich, VT 06055-9402	Name of Employer Connecticut Valley Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	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	

SUBTOTAL of Receipts This Page (optional)

4,800.00

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincant J Russo, MD 10290 N 92nd St, #103 Scottsdale, AZ 85258-4508	Self Employed	06/01/99	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	
Gary David Botimer, MD 13753 Locust Ln Nampa, ID 83686-9109	Medical Center Physicians	06/01/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Richard A Saunders, MD PO Box 745 50 Elm St Glens Falls, NY 12041-3436	Self Employed	06/01/99	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 Fairbanks Jr, MD 131 B Jefferson Davis Blvd Natchez, MS 39120-8519	Self Employed	06/01/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
Robert R Madigan, MD PO Box 51090 Knoxville, TN 37950-1090	Knoxville Orthopaedics	06/01/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
Guy Leslie Rutledge III, MD 1761 Springhill Ave Mobile, AL 36607-3507	Orthopaedic Group	06/01/99	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	
Susanne White-Spunner, MD 3421 Medical Park Dr Mobile, AL 36693-3330	Alabama Orthopaedics	06/01/99	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	

SUBTOTAL of Receipts This Page (optional) 2,700.00

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

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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 Jeffrey K Evans , MD 1809 S 70th St Fort Smith, AR 72903-2760	Name of Employer Cooper Clinic Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	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 Cary Glastein , MD 35 Gilbert St S Red Bank, NJ 07701-4917	Name of Employer Shore Orthopaedic Group Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	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	
C. Full Name, Mailing Address and ZIP Code Kenneth R Zaslav , MD 7850 Parham Rd Richmond, VA 23294-4300	Name of Employer Advanced Orthopaedic Centers Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code Jeffrey A Baum , MD 200 Delafield Rd Sta 1040 Pittsburgh, PA 15215	Name of Employer Three Rivers Orthopaedics Associates UPMC Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	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	
E. Full Name, Mailing Address and ZIP Code Wayne P Campbell , MD 1717 North E St, #534 Pensacola, FL 32501-8342	Name of Employer Southern Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	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	
F. Full Name, Mailing Address and ZIP Code D Marshall Jenkinson , MD 878 E 3rd St, #900 Chattanooga, TN 37403-2117	Name of Employer Hayes Hand Center Occupation Orthopaedic Surgeon	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Charles H Alexander , MD 5548 Green Oak Dr Los Angeles, CA 90058-2501	Name of Employer White Memorial Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/02/99	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	

SUBTOTAL of Receipts This Page (optional) 3,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 21
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 J Ollie Edmunds Jr, MD Tidewater Pl 1440 Canal St, #1500 New Orleans, LA 70112-2715 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 1 500.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code William B LaSalle, MD 5050 N Clinton St Fort Wayne, IN 46826-6822 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Orthopaedics Northeast Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 6 600.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and ZIP Code Kenneth S Merriman, MD 1005 W Green St Hastings, MI 48058-1712 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hastings Orthopaedic Clinic Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 5 500.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and ZIP Code David P Mesna, MD 3704 Camino Codorniz Calabasas, CA 91302-3043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 3 300.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 300.00
E. Full Name, Mailing Address and ZIP Code Helmuth W Trueschmann, MD 751 J Clyde Morris Blvd Newport News, VA 23601-1538 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Orthopaedic Specialists Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 5 260.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Charles M Younger, MD 2000 W Cuthbert Midland, TX 79701-5728 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 5 1,000.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Craig C Callewart, MD Orthopaedic Associates 411 N Washington, #7000 Dallas, TX 75246-1777 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon Aggregate Year-to-Date > 5 1,000.00	Date (month, day, year) 06/02/98	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional) 4,060.00

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 6 OF 21
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James G Davis, MD Alabama Orthopaedic Society Box 130729 Birmingham, AL 32513-0729	Alabama Orthopaedic Society	06/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Albert F Haas, MD 6701 Airport Blvd, #D-146 Mobile, AL 36608-6701	Orthopaedics and Sports Medicine	06/02/99	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	
Robert J Hagen, MD 2525 South St Lafayette, IN 47904-3028	Orthopaedic Clinic	06/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Bahrooz Hashmatpour, MD 701 W Temple Ave Erlingham, IL 82401-2188	Self Employed	06/02/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Thomas P McKenzie, MD 851 Tilden Dr Lodi, CA 95242-3717	Self Employed	06/02/99	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	
E Michael Okin, MD 9140 A Academy Rd Philadelphia, PA 19114-2853	Delaware Valley Orthopaedics	06/09/99	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 350.00	
David R Mauerhan, MD Miller Orthopaedic Clinic 1001 Blythe Blvd, #200 Charlotte, NC 28203-6888	Miller Orthopaedic Clinic	06/08/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

4,400.00

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

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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 James Frank Bethea, MD 1 Richland Med Park, #110 Columbia, SC 29203-9830	Name of Employer Moore Orthopaedic Clinic	Date (month, day, year) 06/09/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation: Orthopaedic Surgeon Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Edward W Younger III, MD 6403 Coyle Ave, #170 Garmichael, CA 95908-0311	Name of Employer Northern California Orthopaedic Centers	Date (month, day, year) 08/10/98	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and ZIP Code Ronald Lakatos, MD 1835 Cambridge Blvd Columbus, OH 43212-3844	Name of Employer Ohio Spine Center	Date (month, day, year) 08/10/99	Amount of Each Receipt this Period 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	
D. Full Name, Mailing Address and ZIP Code Steven Douglas Ross, MD 12885 Garden Grove Blvd, #300 Garden Grove, CA 92643-1917	Name of Employer Garden Grove Orthopaedics	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 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	
E. Full Name, Mailing Address and ZIP Code William Robert Niedermeyer, MD 35 Prairie Ave, #200 Prairie Du Sac, WI 53678-1500	Name of Employer Orthopaedic Associates	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 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	
F. Full Name, Mailing Address and ZIP Code Kenneth L Moore, MD 1223 1/2 Trailwood Ave Columbia, TN 38401-8430	Name of Employer Mid-Tennessee Bone & Joint Clinic	Date (month, day, year) 08/10/99	Amount of Each Receipt this Period 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	
G. Full Name, Mailing Address and ZIP Code Morris M Mitsunaga, MD 1329 Luahana #501 Honolulu, HI 96813-2430	Name of Employer The Bone and Joint Clinic of Hawaii	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 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	

SUBTOTAL of Receipts This Page (optional) 3,250.00

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H Clayburgh, MD Altru Clinic 1000 S Columbia Road Grand Forks, ND 58201-4032	Altru Clinic	06/10/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W John Bruder, MD 4045 W Royal Dr Traverse City, MI 49684-8966	Great Lakes Orthopaedic Center	06/10/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R Blejeski, MD 1901 N California St Stockton, CA 95204-6005	Stockton Orthopaedics	08/10/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Archie Kent Whitmore, MD 630 W 34th St, #302 Austin, TX 78705-1228	North Orthopaedic Group	06/10/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William W Tipton Jr, MD Executive Vice President, AAOS 6300 N River Rd Rosemont, IL 60018-4262	American Academy of Orthopaedic Surgeons	06/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randolph Hill Taylor, MD P O Box 4047 Suite 3 Monroe, LA 71203-2383	Self Employed	06/10/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell B Sheinkop, MD 1726 W Harrison St, #1063 Chicago, IL 60612-3828	Midwest Orthopaedics	06/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	1,000.00	

SUBTOTAL of Receipts This Page (optional) 4,500.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell Seavey, MD 2151 E Commercial Blvd, #303 Fort Lauderdale, FL 33308-3807	Broward Orthopaedic Specialists	06/10/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
William E Schreiber, MD 700 Olympic Plaza Cir #700 Tyler, TX 75701-1954	Azytea Orthopaedics	06/10/99	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	
Andrew H Schmidt, MD 2805 Campus Dr, #423 Plymouth, MN 55443	Hennepin County Medical Center	06/10/99	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 J O'Brien, MD 1000 Asylum Ave Hartford, CT 06105-1703	Hartford Orthopaedic Surgeons	06/10/99	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 W Nolan, MD 111 Wakelee Ave Ansonia, CT 06401-1154	Housatonic Orthopaedic & Sports Med Ctr	06/10/99	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	
Daniel John Nagle, MD 448 E Ontario, #500 Chicago, IL 60611-7108	Self Employed	06/10/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Alan H Morris, MD 522 N New Ballas Rd, #189 Saint Louis, MO 63141-6820	Metropolitan Orthopaedics	06/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

4,250.00

TOTAL This Period (last page this line number only)

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard F McKay, MD 8 Medical Dr Amarillo, TX 79106-4136	Self Employed	06/10/99	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	
Mark Herman Meyer, MD PO Box 2410 Kearney, NE 68848-2410	Kearney Bone and Joint Clinic	06/10/99	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	
Peter J Mandell, MD 2299 Post St Ste 108 San Francisco, CA 94115-3443	Self Employed	06/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Jeffrey L Lovello, MD 2310 Colonel Lindsay Ct Falls Church, VA 22043-2948	Self Employed	08/10/99	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	
David M Linbner, MD 6560 Fannin St, #400 Houston, TX 77030-2730	Self Employed	06/10/99	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	
William A Leone, MD 4210 NE 28th Terrace Pompano Beach, FL 33064	Holy Cross Orthopaedics	08/10/99	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	
Bruce T Henderson, MD 588 Woodward Ave, #107 Pontiac, MI 48341-2988	Self Employed	06/10/99	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	

SUBTOTAL of Receipts This Page (optional) 3,800.00

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

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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 David A Fisher, MD 1801 N Senate Blvd, #200 Indianapolis, IN 46202	Name of Employer Orthopaedics of Indianapolis	Date (month, day, year) 06/10/99	Amount of Each Receipt This Period 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
<hr/>			
B. Full Name, Mailing Address and ZIP Code William B Ericson Jr, MD 611 Main St Winchester, MA 01890-1900	Name of Employer Self Employed	Date (month, day, year) 06/10/99	Amount of Each Receipt This Period 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
<hr/>			
C. Full Name, Mailing Address and ZIP Code Bryan D Bredthauer, MD 11818 Miracle Hills Dr, #203 Omaha, NE 68154-4428	Name of Employer Self Employed	Date (month, day, year) 06/10/98	Amount of Each Receipt This Period 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
<hr/>			
D. Full Name, Mailing Address and ZIP Code Benjamin E Blenbaum, MD 125 Parker Hill Ave Boston, MA 02120-2847	Name of Employer Longwood Orthopaedics	Date (month, day, year) 06/10/98	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00
<hr/>			
E. Full Name, Mailing Address and ZIP Code Steven Berkowitz, MD 2040 Sixth Ave Neptune City, NJ 07753-6101	Name of Employer Seaview Orthopaedics	Date (month, day, year) 06/10/96	Amount of Each Receipt This Period 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
<hr/>			
F. Full Name, Mailing Address and ZIP Code John Eric Winter II, MD 6020 Yellowstone Rd Cheyenne, WY 82009-4128	Name of Employer Self Employed	Date (month, day, year) 06/11/99	Amount of Each Receipt This Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00
<hr/>			
G. Full Name, Mailing Address and ZIP Code Kenneth J Kress, MD 5671 Peachtree Dunwoody Rd NE #900 Atlanta, GA 30342-5000	Name of Employer Research Orthopaedics	Date (month, day, year) 06/11/98	Amount of Each Receipt This Period 400.00
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) **3,800.00**

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Bernard Tacke, MD 123 W North Bear Creek Dr Merced, CA 95348-3420	Merced Orthopaedic Medical Group	06/11/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melvin R Stoltz, MD 2300 S Flower St, #201 Los Angeles, CA 90007-2860	Self Employed	06/11/99	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A Steele, MD Medical Arts Pavilion 4745 Oglethorpe-Stanton Rd, #225 Newark, DE 19713-2074	Medical Arts Pavilion	06/11/99	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred M Ruefer, MD 209 S 36th St Muskogee, OK 74401-6043	Muskogee Bone and Joint	06/11/99	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Declan R Nolan, MD 3260 Providence Dr, #200 Anchorage, AK 99508-4803	Anchorage Fracture & Orthopaedic Clinic	06/11/99	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lowry Jones Jr, MD 4320 Wornall, #810 Kansas City, MO 64111-3210	Dickson and Dineley Orthopaedic Clinic	06/11/99	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramon L Jimenez, MD 455 O'Connor Dr, #300 San Jose, CA 95128-1632	Orthopaedic and Fracture Clinic	06/11/99	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	

SUBTOTAL of Receipts This Page (optional) 3,600.00

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

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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 Courtney W Brown, MD 1806 Kipling St Lakewood, CO 80215-2820	Name of Employer Lakewood Orthopaedic Clinic	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code David Scott Bathune, MD Stockton Ortho Med Group 1801 N California St Stockton, CA 95204-6005		Name of Employer Stockton Orthopaedic Medical Group	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and ZIP Code George H Thompson, MD 11100 Euclid Ave Cleveland, OH 44108-1738		Name of Employer Self Employed	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 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	
D. Full Name, Mailing Address and ZIP Code Edward C Tanner, MD 1426 Portland Ave Box 158 Rochester, NY 14621		Name of Employer Self Employed	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 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	
E. Full Name, Mailing Address and ZIP Code Owen Britt Tabor, MD 8006 Park Ave, #808 Memphis, TN 38118-5218		Name of Employer Self Employed	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 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	
F. Full Name, Mailing Address and ZIP Code Robert B Stephenson, MD 5826 Rusbush Rd PO Box 1617 Dublin, VA 24084-1617		Name of Employer Self Employed	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 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	
G. Full Name, Mailing Address and ZIP Code Scott Beecher Scutchfield, MD 333 S 3rd St Danville, KY 40422-2016		Name of Employer Danville Orthopaedics	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 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	

SUBTOTAL of Receipts This Page (optional) 4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael H Gordon, MD 1606 Rte 58 W Ste 103 Brick, NJ 08724	Self Employed	06/11/99	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	
Chris P Ethridge, MD 31 Layfair Dr Ste 210 Jackson, MS 39208	Self Employed	06/11/99	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	
Leroy H Cooley, MD 1903 Sunset Ave Utica, NY 13502-5617	Mohawk Valley Orthopaedics	06/11/99	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	
Paul Calvin Collins, MD 333 N 1st St, #240-C Boise, ID 83702-8132	Inter Mountain Orthopaedics	06/11/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Joseph G Casare, MD 327 Washington Ave, #808 Scranton, PA 18503-1542	Self Employed	06/11/99	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 Cunningham Brothers, MD 2400 Patterson, #300 Nashville, TN 37203-1558	Premier Orthopaedics	06/11/99	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	
David C Baker, MD 650 Walnut Bottom Rd Carlisle, PA 17013-3832	Self Employed	06/14/99	400.00
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) \$,900.00

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

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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 Thomas H Mallory, MD 720 E Broad St Columbus, OH 43215-3947	Name of Employer Joint Implant Surgeons Occupation Orthopaedic Surgeon	Date (month, day, year) 08/14/99	Amount of Each Receipt this Period 600.00
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 William David Weiss, MD 875 White Sulphur Rd, #120 Gainesville, GA 30501-2568	Name of Employer Specialty Clinics of Georgia Occupation Orthopaedic Surgeon	Date (month, day, year) 08/16/99	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 > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code Charles L Cole Jr, MD 900 Buffalo Rd Lewisburg, PA 17837-1205	Name of Employer Sun Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/18/99	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	
D. Full Name, Mailing Address and ZIP Code Paul S Lin, MD 900 Buffalo Rd Lewisburg, PA 17837-1205	Name of Employer Sun Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 08/18/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code John William Miles III, MD 4510 Viewridge San Diego, CA 92123-1837	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 08/16/99	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Stephen G Taylor, MD 6001 Westown Pkwy West Des Moines, IA 50266-7702	Name of Employer Des Moines Orthopaedic Surgeons Occupation Orthopaedic Surgeon	Date (month, day, year) 08/23/99	Amount of Each Receipt this Period 400.00
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 John F Crowe, MD 6 Greenwich Office Park Greenwich, CT 06831	Name of Employer Orthopaedic & Neurological Surgical Specialists Occupation Orthopaedic Surgeon	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

3,150.00

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles M Davis III, MD 26 Waverly Dr Hummelstown, PA 17036-8268	Self Employed	06/23/99	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	
Joshua J Jacobs, MD 1725 W Harrison St, #1063 Chicago, IL 60612-3828	Midwest Orthopaedics	08/23/99	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	
Richard H Jacobsen, MD 2600 Hospital Dr, Bldg 7 Mountain View, CA 94040-4115	Orthopaedic Surgeons	06/23/99	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	
Daniel C Johnson, MD Yankton Bone & Joint Center 1000 W 4th St Ste 1 Yankton, SD 57078-3700	Yankton Bone and Joint Center	06/23/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 260.00	
Jeffrey Elmer Johnson, MD 2207 Westerly Ct Chesterfield, MO 63017	Washington University School of Medicine	06/23/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
Richard A Morvant Jr, MD 806 Bayou Lane Thibodaux, LA 70301-4806	Self Employed	06/23/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
Robert H Anschuetz, MD Meridia Hillcrest Med Off Bldg 8770 Mayfield Rd, #441 Mayfield Heights, OH 44124-2299	Meridia Hillcrest Medical Office	08/23/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) 2,050.00

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 17 OF 21
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lee Cherney, MD 5580 S Hospital Dr Ste 111 Globe, AZ 85501	Self Employed	06/23/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Gerald F Dreher, MD Orthopedic Clinic (112-H) VAMC - Temple Temple, TX 76704-7493	Name of Employer Orthopaedic Clinic VAMC Temple	Date (month, day, year) 06/23/99	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 > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code Philip R Hardy, MD 1325 San Marco Blvd #200 Jacksonville, FL 32207-8568	Name of Employer Jacksonville Orthopaedic Institute	Date (month, day, year) 06/23/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code Peter R Halzelmann, MD PO Box 1808 Fayetteville, AR 72702-1808	Name of Employer Ozark Orthopaedic Clinic	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code Larry D Herron, MD 862 Melnecke Ave, #100 San Luis Obispo, CA 93405-1721	Name of Employer Central Coast Orthopaedic Medical Group	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Richard D Coutts, MD 7910 Frost St, #202 San Diego, CA 92123-2712	Name of Employer Orthopaedic Medical Group	Date (month, day, year) 06/24/99	Amount of Each Receipt this Period 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	
G. Full Name, Mailing Address and ZIP Code Richard W Garner, MD 3260 Providence Dr, #200 Anchorage, AK 99508-4805	Name of Employer Anchorage Fracture & Orthopaedic Clinic	Date (month, day, year) 06/24/98	Amount of Each Receipt this Period 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	

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

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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 John T Makley, MD 11100 Euclid Ave Cleveland, OH 44106-1738	Name of Employer University Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	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 Stephen E Blythe, MD 4850 Le Jeune Rd, #8 Coral Gables, FL 33148-2231	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	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	
C. Full Name, Mailing Address and ZIP Code Michael L Gordon, MD 201 Kings Place Newport Beach, CA 92663-3307	Name of Employer Newport Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	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	
D. Full Name, Mailing Address and ZIP Code Donald R Huene, MD 201 N Valeria Fresno, CA 93701-2123	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	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 Kevin Jon Lawson, MD 2662 Edith Ave Redding, CA 96001-3043	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	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	
F. Full Name, Mailing Address and ZIP Code James W Moore, MD 1101 E Bryan Ave Ste A Tustin, CA 92780-4401	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	Amount of Each Receipt This Period 260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 460.00	
G. Full Name, Mailing Address and ZIP Code Richard Henry Deerpake, MD 301 W Wallace St Findlay, OH 45840-1241	Name of Employer Findlay Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/24/99	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	

SUBTOTAL of Receipts This Page (optional) 2,650.00

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

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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 Thomas Wendell Marshall, MD 840 N Marr Rd Columbus, IN 47201-8884	Name of Employer Southern Indiana Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/28/98	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code Ronald A Ripps, MD 33 Hospital Ave Danbury, CT 06810-6007	Name of Employer Connecticut Family Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 06/28/98	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 > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code Pierre L Clothiaux, MD 1615 E Catalpa St Springfield, MO 65804	Name of Employer Ferrell-Duncan Clinic Occupation Orthopaedic Surgeon	Date (month, day, year) 06/28/98	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Carlos J Lavernia, MD 1321 NW 14th St Ste 203 Miami, FL 33125	Name of Employer University of Miami Occupation Orthopaedic Surgeon	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Kent S Lerner, MD 17 Jauncy Ave North Arlington, NJ 07031-4700	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 350.00	
F. Full Name, Mailing Address and ZIP Code Kenneth S Merriman, MD 1005 W Green St Hastings, MI 49058-1712	Name of Employer Hastings Orthopaedic Clinic Occupation Orthopaedic Surgeon	Date (month, day, year) 08/28/99	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	
G. Full Name, Mailing Address and ZIP Code Brian P Wicks, MD 2600 Cherry Ave #203 Bremerton, WA 98510	Name of Employer Doctor's Clinic Occupation Orthopaedic Surgeon	Date (month, day, year) 06/28/98	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	

SUBTOTAL of Receipts This Page (optional) 4,100.00

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

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H Mahon, MD 3225 N Civic Center Plaza Scottsdale, AZ 85251-8966	Scottsdale Orthopaedic Surgeons	06/28/99	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William H Irving, MD 123 Di Salvo Ave #C San Jose, CA 95128-1717	Self Employed	06/28/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher J Rich, MD 3351 Masonic Dr Alexandria, LA 71301-3842	Mid State Orthopaedic Clinic	06/28/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael L Gordon, MD 201 Kings Place Newport Beach, CA 92663-3307	Newport Orthopaedics	06/30/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chadwick C Prodromos, MD 143 Sheridan Rd Winnetka, IL 60093-4223	Orthopaedics and Sports Medicine	06/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Walter Rieger, MD 2625 Kaneville Rd Geneva, IL 60134-2579	Fox Valley Orthopaedics	06/30/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman L Donati, MD 812 W Gordon St Thomaston, GA 30286-3416	Lipson Orthopaedics	06/30/99	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	

SUBTOTAL of Receipts This Page (optional) 3,900.00

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

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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 Randall J Lewis, MD 2021 K St NW Ste 400 Washington, DC 20006-1003	Name of Employer Doctors Lewis, Unger and Berth Occupation Orthopaedic Surgeon	Date (month, day, year) 06/30/99	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	
B. Full Name, Mailing Address and ZIP Code Paul E Parry, MD Tri-State Ortho Surgeons 1101 Professional Blvd Evansville, IN 47714-8001	Name of Employer Tri-State Orthopaedic Surgeons Occupation Orthopaedic Surgeon	Date (month, day, year) 06/30/99	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	
C. Full Name, Mailing Address and ZIP Code Milo G Sloo III, MD Santa Fe Medical Plaza 501 S Santa Fe, #300 Salina, KS 67401-4189	Name of Employer Santa Fe Medical Plaza Occupation Orthopaedic Surgeon	Date (month, day, year) 06/30/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 950.00
TOTAL This Period (last page this line number only) 71,300.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernest L. Fletcher, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/30/99	1,000.00
Keep Our Majority PAC 188 W Randolph Suite 2127 Chicago, IL 60601	Dennis J. Hastert, U.S. HOUSE 14th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/30/99	5,000.00
Darlene Hooley For Congress 6545 Falling Street West Linn, OR 97088	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/30/99	500.00
Pasarell for Congress 83 Quartz Lane Paterson, NJ 07501	BW Pasarell, U.S. HOUSE 8th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/30/99	1,000.00
Karen L. Thurman For Congress 450 Pleasant Grove Road Inverness, FL 34452	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/30/99	1,000.00
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)

6,500.00

TOTAL This Period (last page this line number only)

6,500.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-20-99</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Jm 18</i> PREPARER	<i>12-20-99</i> DATE PREPARED