



American Association of Orthopaedic Surgeons

6300 North River Road Rosemont, Illinois 60018-4262 Phone 847/823-7186, 800/346-2267
Fax 847/823-8125 Fax-on-Demand 800/999-2939 Internet www.aaos.org

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April 14, 1999

Antoinette Kitchen
Reports Analyst
Report Analyst Division
Federal Election Commission
999 E Street, NW
Washington DC 20463

RE: Political Action Committee of the American Association of
Orthopaedic Surgeons
FEC ID # C00343137

Dear Ms. Kitchen:

As we discussed this morning, here is an amended Statement of
Organization from the Political Action Committee of the American
Association of Orthopaedic Surgeons.

I have made two amendments:

- Changed the address of the Political Action Committee from the Association's Rosemont office to the Association's Washington DC office; and
- Checked that the American Association of Orthopaedic Surgeons is a "membership organization." Please note that while the Association is the primary membership organization of orthopaedic surgeons in the United States, it is also an Illinois not-for-profit corporation.

Please let me know if I can further assist you.

Sincerely,

Richard N. Peterson
General Counsel and Corporate Secretary

Cc: Paul C. Collins, MD, Chair, PAC Board of Managers
James G. Davis, MD, Treasurer, PAC Board of Managers

William W. Tipton, Jr., MD
Lawrence E. Rosenthal, PhD
David Lovett

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Political Action Committee of the American Association of Orthopaedic Surgeons	2. DATE April 14, 1999
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 317 Massachusetts Avenue, NE	3. REG IDENTIFICATION NUMBER C00343137
(c) City, State and ZIP Code Washington, D.C. 20002	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

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- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
American Association of Orthopaedic Surgeons	6300 North River Road Rosemont, Illinois 60018	Connected

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Richard N. Peterson	6300 North River Road Rosemont, IL 60018 847/384-4048	General Counsel & Corporate Secretary of the American Association of Orthopaedic Surgeons

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
James G. Davis, MD	2700 10th Avenue, South Birmingham, AL 32505 205/930-9331	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Northern Trust Bank	50 South LaSalle Street Chicago, Illinois 60675

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER James G. Davis, MD	SIGNATURE OF TREASURER 	DATE 4-15-99
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 18 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

