

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue NE 1st  
 Check if different than previously reported. (ACC) Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00343137 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 X January 31 Quarterly Report(YE) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Termination Report (TER) Election on in the State of (d) 30-Day Post-Election Report for the: Convention (12C) Special (12S) General (30G) Runoff (30R) Special (30S)

5. Covering Period 07 01 2001 through 12 31 2001

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

Type or Print Name of Treasurer James G Davis MD  
 Signature of Treasurer Electronically Filed by James G Davis MD Date 01 23 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2001 To: <sup>h</sup>12 <sup>D</sup>31 <sup>v</sup>2001

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <sup>v</sup> 2001  |                         | 110370.48                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 68213.76                |                                   |
| (c) Total Receipts (from Line 19) .....   | 42703.78                | 140084.91                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 110917.54               | 250455.39                         |
| 7. Total Disbursements (from Line 30) .....   | 58022.66                | 197560.51                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 52894.88                | 52894.88                          |
| 9. Debts and Obligations owed TO<br>the committee (itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2001

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 23050.00                      |                                   |
| (ii) Unitemized .....  | 17875.00                      |                                   |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 40925.00                      | 137525.00                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....     | 40925.00                      | 137525.00                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) ..... | 778.78                        | 1559.91                           |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 1000.00                       | 1000.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Nonfederal Account for Joint Activity .....   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....                             | 42703.78                      | 140084.91                         |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) .....                                       | 42703.78                      | 140084.91                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                               |                                   |
| (i) Federal Share.....   | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures.....  | 597.00                        | 1550.97                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 597.00                        | 1550.97                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 50425.66                      | 157009.54                         |
| 24. Independent Expenditure (use Schedule E).....  | 0.00                          | 0.00                              |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees.....                                   | 0.00                          | 0.00                              |
| (b) Political Party Committees.....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶                          | 0.00                          | 0.00                              |
| 29. Other Disbursements.....   | 7000.00                       | 39000.00                          |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶        | 58022.66                      | 197560.51                         |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶                  | 58022.66                      | 197560.51                         |
| <hr/>  |                               |                                   |
| III. Net Contributions/Operating Expenditures  |                               |                                   |
| 32. Total Contributions (other than loans) from Line 11(d), page 3).....                       | 40925.00                      | 137525.00                         |
| 33. Total Contribution Refunds (from Line 28(d)).....  | 0.00                          | 0.00                              |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....                  | 40925.00                      | 137525.00                         |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶             | 597.00                        | 1550.97                           |
| 36. Offsets to Operating Expenditures (from Line 15, page 3).....                              | 778.78                        | 1559.91                           |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶                          | -181.78                       | -8.94                             |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 / 46

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Lesley J Anderson, MD

Mailing Address

2100 Webster St, #309

City

San Francisco

State

CA

Zip Code

94115

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000309100002

Full Name (Last, First, Middle Initial)

B. Dr. Robert K Hansen, MD

Mailing Address

3240 Professional Dr

City

Auburn

State

CA

Zip Code

95602-2409

Date of Receipt

MM / DD / YYYY  
08 / 09 / 2001

Amount of Each Receipt this Period

400.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1000000310700003

Full Name (Last, First, Middle Initial)

C. Dr. Thomas R Highland, MD

Mailing Address

400 Keene St

City

Columbia

P O Box 0

State

MO

Zip Code

65201-6828

Date of Receipt

MM / DD / YYYY  
08 / 09 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1000000310800004

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**1900.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 46

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Vernon T Tolb., MD

Mailing Address

Children's Hosp 465D Sunset Blvd MS#69

City State Zip Code

Los Angeles CA 90027-6062

Date of Receipt

MM / DD / YYYY  
08 / 09 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Children's Hospital Los Angeles

Occupation  
Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 100000031700005

Full Name (Last, First, Middle Initial)

**B.** Dr. John J Callaghan., MD

Mailing Address

University of Iowa Health Care 200 Hawkins Drive

City State Zip Code

Iowa City IA 52242-1009

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2001

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
University of Iowa

Occupation  
Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 100000031350008

Full Name (Last, First, Middle Initial)

**C.** Dr. Jeffrey J Lazarus., MD

Mailing Address

31 S River Rd

City State Zip Code

Stuart FL 34996-6723

Date of Receipt

MM / DD / YYYY  
09 / 17 / 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 100000031400007

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**2000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |                              |   |
|--|---|------------------------------|------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                              | PAGE 7 / 46                  |   |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dalf R Ichtertz, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2001

Mailing Address  
1803 W Charles St

City State Zip Code  
Grand Island NE 68803

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NHSI, PC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000314500008

**B.** Full Name (Last, First, Middle Initial)  
Dr. John H Mahan, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2001

Mailing Address  
3225 N Civic Center Plaza

City State Zip Code  
Scottsdale AZ 85251-6956

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Scottsdale Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000314800009

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ronald W Smith, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2001

Mailing Address  
2851 Elm Ave Suite 205

City State Zip Code  
Long Beach CA 90806-1805

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Balance Orthopaedic Foot & Ankle Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000314700010

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 8 / 46                        |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Thomas J Dennis, Jr, MD**

Mailing Address  
7088 Scenic Hwy  
City: Pensacola State: FL Zip Code: 32504-6842

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed Occupation: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000000314800011

Full Name (Last, First, Middle Initial)  
**B. Dr. Marc I Melberg, MD**

Mailing Address  
1527 State Hwy 27, #1300  
City: Somerset State: NJ Zip Code: 08873-2879

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Orthopaedic Center of N.J. Occupation: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000315200012

Full Name (Last, First, Middle Initial)  
**C. Dr. Richard A Brown, MD**

Mailing Address  
9850 Genesee Ave, #210  
City: La Jolla State: CA Zip Code: 92037-1208

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
San Dieguito Orthopaedics Occupation: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000315300013

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                              | PAGE 9 / 46                  |                             |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|  |   |                              |                              | <input type="checkbox"/> 17 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael R Green, MD

Mailing Address  
676 S Bluff Ste 205

City State Zip Code  
Saint George UT 84790-6168

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000315600014

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey A Baum, MD

Mailing Address  
200 Delafield Rd Ste 1040

City State Zip Code  
Pittsburgh PA 15215-3234

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Three Rivers Orthopaedics Associates U Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 400.00

Transaction ID: 10000000315900015

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dennis Martin Walker, MD

Mailing Address  
1717 Oak Park Blvd, 3rd Fl

City State Zip Code  
Lake Charles LA 70601-8990

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Center for Orthopaedics Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000316700016

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1200.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 10 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John Thomas Bolger, MD

Mailing Address  
1111 Delafield St, #12D

City State Zip Code  
Waukesha WI 53188-3402

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopaedic Associates of Waukesha Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000317100017

**B.** Full Name (Last, First, Middle Initial)  
Dr. Knute C Buehler, MD

Mailing Address  
2800 Neff Road

City State Zip Code  
Bend OR 97701

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic & Neurosurgical Ctr of the Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000317200018

**C.** Full Name (Last, First, Middle Initial)  
Dr. John J Galshan, Jr. MD

Mailing Address  
S-3673 Southwestern Blvd

City State Zip Code  
Orchard Park NY 14127

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000317300019

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 11 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. G Howard Bathon, II, MD

Mailing Address  
Good Samaritan Hosp Morgan Bldg Ste 405  
City State Zip Code  
Baltimore MD 21239-2991

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Clinical Associates

Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 1000000317700020

**B.** Full Name (Last, First, Middle Initial)  
Dr. Evangelos Magaritis, MD

Mailing Address  
88 Edgewood Ave  
City State Zip Code  
Clifton NJ 07012-1521

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 1000000318300021

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert W Nolan, MD

Mailing Address  
111 Wakelee Ave  
City State Zip Code  
Ansonia CT 06401-1154

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1000000318400022

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 12 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. James Alan Pollard, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2001

Mailing Address  
South AR Orthopaedic Center 1609 W 40th St, #501  
City State Zip Code  
Pine Bluff AR 71603-6364

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
South Arkansas Orthopaedic Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000318500023

Full Name (Last, First, Middle Initial)  
**B. Dr. Saul M Bernstein, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2001

Mailing Address  
6815 Noble Ave  
City State Zip Code  
Van Nuys CA 91405-3794

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
So. California Orthopedic Inst. Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000319900024

Full Name (Last, First, Middle Initial)  
**C. Dr. Richard Henry Dearhake, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 16 / 2001

Mailing Address  
301 W Wallace St  
City State Zip Code  
Findlay OH 45840-1241

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Findlay Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000320100025

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 13 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Peter J Mandell, MD

Mailing Address  
1663 Rollins Rd

City State Zip Code  
Burlingame CA 94010

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2500.00

Transaction ID: 10000000320300026

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert A Steele, MD

Mailing Address  
Medical Arts Pavilion 4745 Ogletown-Stanton Rd, #225

City State Zip Code  
Newark DE 19713-2074

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer First State Orthopaedics Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000320800027

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph G DiRaimondo, MD

Mailing Address  
P O Box 907

City State Zip Code  
Manitowoc WI 54220-4039

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Orthopaedic Associates of Manitowoc Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000321200028

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 14 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Enyi Okereke, MD

Mailing Address  
7 Cedar Hill Ct

City State Zip Code  
Yorbahees NJ 08043-4711

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hospital of the Univ. of Pennsylvania Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000321400029

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul E Perry, MD

Mailing Address  
Tri-State Ortho Surgeons 1101 Professional Blvd

City State Zip Code  
Evansville IN 47714-8001

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 16 / 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Tri-State Orthopaedic Surgeons Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000321500030

**C.** Full Name (Last, First, Middle Initial)  
Dr. A Philip Fontanetta, MD

Mailing Address  
120 Mineola Blvd, #410

City State Zip Code  
Mineola NY 11501-4077

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: 10000000323300031

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 / 46

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Jeffrey Lee Tedder, MD**

Mailing Address  
2525-D Bayshore Blvd

City State Zip Code  
Tampa FL 33629

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 31 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 10000000323900032

Full Name (Last, First, Middle Initial)  
**B. Dr. Dwight W Bumes, III, MD**

Mailing Address  
New Mexico Orthopaedics 201 Cedar SE Ste B600

City State Zip Code  
Albuquerque NM 87106

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
New Mexico Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: 10000000327000033

Full Name (Last, First, Middle Initial)  
**C. Dr. Harvey S Stchaman, MD**

Mailing Address  
1777 Hamburg Tpke, #205

City State Zip Code  
Wayne NJ 07470-5243

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 10000000327300034

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1450.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                              | PAGE 16 / 46                 |                             |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Louis E Murdock, MD

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2001

Mailing Address  
4504 W Quail Ridge Dr

City State Zip Code  
Boise ID 83703

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Intermountain Orthopedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 1000000327400035

**B.** Full Name (Last, First, Middle Initial)  
Dr. Declan R Nolan, MD

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2001

Mailing Address  
3260 Providence Dr, #200

City State Zip Code  
Anchorage AK 99508-4603

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Anchorage Fracture & Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00

Transaction ID: 1000000328000036

**C.** Full Name (Last, First, Middle Initial)  
Dr. William J Hozack, MD

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 28 / 2001

Mailing Address  
Rothman Inst at Jefferson

City State Zip Code  
Philadelphia PA 19107-4218

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Rothman Institute Orthopaedic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 1000000328300037

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 17 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Francis Burns Kelly, MD

Mailing Address  
1580 Forsyth St

City State Zip Code  
Macon GA 31201-1406

Date of Receipt  
N M / D E / Y Y Y Y  
11 28 2001

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Forsyth & Orthopaedic Surgery & Rehab Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 250.00

Transaction ID: 10000000328400038

**B.** Full Name (Last, First, Middle Initial)  
Dr. James G Davis, MD

Mailing Address  
Alabama Orthopaedic Society Box 130729

City State Zip Code  
Birmingham AL 32513-0729

Date of Receipt  
N M / D E / Y Y Y Y  
12 18 2001

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: 10000000330800039

**C.** Full Name (Last, First, Middle Initial)  
Dr. Charlotte J Harts, MD

Mailing Address  
Ste 300 991 Medical Park Dr

City State Zip Code  
Maysville KY 41056-8765

Date of Receipt  
N M / D E / Y Y Y Y  
12 19 2001

Amount of Each Receipt this Period  
700.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 700.00

Transaction ID: 10000000331100040

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 18 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. Dr. K Thomas Reichard, MD**

Mailing Address  
4001 Kresge Way, #100

City State Zip Code  
Louisville KY 40207-4640

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2001

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Louisville Bone & Joint Specialists Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 100000033160041

Full Name (Last, First, Middle Initial)  
**B. Dr. Benjamin N Rosenberg, MD,**

Mailing Address  
1436 Exchange St PD Box 915

City State Zip Code  
Middlebury VT 05753-0915

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: 100000033170042

Full Name (Last, First, Middle Initial)  
**C. Dr. Bradford A. Urquhart, MD**

Mailing Address  
1315 St Joseph Pkway Ste 800

City State Zip Code  
Houston TX 77002-8230

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 400.00

Transaction ID: 100000033180043

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |   |                                    |                                    |                                   |
|--|---|------------------------------------|------------------------------------|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)             |                                    | PAGE 19 / 46                       |                                   |
|  | <input checked="" type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David S Weisman, MD

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2001

Mailing Address  
Univer of Rochester Med Center Strong Memorial Hosp, Orthopae  
City State Zip Code  
Rochester NY 14642-0001

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Rochester Medical Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 10000000331900044

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Buchalter, MD

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 21 / 2001

Mailing Address  
4800 Linton Blvd Bldg A-2D1  
City State Zip Code  
Delray Beach FL 33445-6506

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
South Palm Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: 10000000332000045

**C.** Full Name (Last, First, Middle Initial)  
Dr. Noah S Finkel, MD

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 21 / 2001

Mailing Address  
205 E Main St, #1-8  
City State Zip Code  
Huntington NY 11743-2923

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 10000000332000046

|  |   |                 |
|--|---|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>800.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>23050.00</b> |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |                                    |                                    |   |                                   |
|--|------------------------------------|------------------------------------|---|-----------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  |                                    | PAGE 20 / 46                                  |                                   |
|  | <input type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input checked="" type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
**A. American Assoc of Ortho Surgeons**

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

Date of Receipt  
N M / D E / Y Y Y Y  
07 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
410.31

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1191.44

Transaction ID: 10000000312200047

Full Name (Last, First, Middle Initial)  
**B. American Assoc of Ortho Surgeons**

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

Date of Receipt  
N M / D E / Y Y Y Y  
08 / 20 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
35.96

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1227.40

Transaction ID: 10000000312100048

Full Name (Last, First, Middle Initial)  
**C. American Assoc of Ortho Surgeons**

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 08 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
30.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1257.40

Transaction ID: 10000000324100049

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **476.27**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 46

|                              |                              |  |                             |                             |
|------------------------------|------------------------------|--|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

State

Zip Code

Rosemont

IL

60018

Date of Receipt

N M / D E / Y Y Y Y  
11 / 01 / 2001

Amount of Each Receipt this Period

88.01

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1345.41

Transaction ID: 10000000324200050

Full Name (Last, First, Middle Initial)

B. American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

State

Zip Code

Rosemont

IL

60018

Date of Receipt

N M / D E / Y Y Y Y  
11 / 20 / 2001

Amount of Each Receipt this Period

167.22

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1512.63

Transaction ID: 10000000326200051

Full Name (Last, First, Middle Initial)

C. American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

State

Zip Code

Rosemont

IL

60018

Date of Receipt

N M / D E / Y Y Y Y  
12 / 21 / 2001

Amount of Each Receipt this Period

47.28

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

1559.91

Transaction ID: 10000000332400052

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **302.51**

**TOTAL** This Period (last page this line number only) ..... ▶ **778.78**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|  |                                    |                                    |                                    |  |                             |
|--|------------------------------------|------------------------------------|------------------------------------|--|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  |                                    |                                    |  | PAGE 22 / 46                |
|  | <input type="checkbox"/> 11a<br>13 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input checked="" type="checkbox"/> 12<br>16 | <input type="checkbox"/> 17 |

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

Full Name (Last, First, Middle Initial)  
A. Stevens for Senate Committee

Mailing Address  
PO Box 100B79  
City Anchorage State AK Zip Code 99510

Date of Receipt  
M / D / Y Y Y Y  
07 / 10 / 2001

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2000 Aggregate Year-to-Date ▼  
Primary X General 1000.00  
Other (specify) ▼  
2000 GENERAL CONGRES

Refund From: Stevens for Senate Committee

Transaction ID: 10000000308200053

B.

C.

|  |   |                |
|--|---|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>1000.00</b> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                                     |     |                          |    |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25  |
|                                     | 26  |                          | 27 |                          | 28a |                          | 28b |                          | 28c |
|                                     |     |                          |    |                          |     |                          |     |                          | 29  |

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

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Northern Trust Company</b>       |  | Date of Disbursement<br>07 / 05 / 2001            |  |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675        |  | Amount of Each Disbursement this Period<br>216.81 |  |
| Purpose of Disbursement<br>Bank fees deducted from bank account<br>Candidate Name |  | Category/<br>Type                                 |  |
| Office Sought: House<br>Senate<br>President                                       | Disbursement For:<br>Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000308500002                 |  |
| State:            District:   |  |   |  |

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Northern Trust Company</b>  |  | Date of Disbursement<br>07 / 24 / 2001          |  |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675   |  | Amount of Each Disbursement this Period<br>5.96 |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name |  | Category/<br>Type                               |  |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For:<br>Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000310200003               |  |
| State:            District:  |  |   |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northern Trust Company</b>  |  | Date of Disbursement<br>08 / 05 / 2001           |  |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675   |  | Amount of Each Disbursement this Period<br>30.00 |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name |  | Category/<br>Type                                |  |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For:<br>Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000311800004                |  |
| State:            District:  |  |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>252.57</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                                     |     |                          |    |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25  |
|                                     | 26  |                          | 27 |                          | 28a |                          | 28b |                          | 28c |
|                                     |     |                          |    |                          |     |                          |     |                          | 29  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Northern Trust Company</b> |   | Date of Disbursement<br>09 / 24 / 2001           |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675  |   | Amount of Each Disbursement this Period<br>30.00 |
| Purpose of Disbursement<br>Bank fees deducted from account                  |   | Transaction ID: 10000000313400005                |
| Candidate Name  |   |  |
| Office Sought:<br>House<br>Senate<br>President                              | Disbursement For:<br>Primary General<br>Other (specify) ▼ |  |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Northern Trust Company</b> |   | Date of Disbursement<br>10 / 05 / 2001           |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675  |   | Amount of Each Disbursement this Period<br>88.01 |
| Purpose of Disbursement<br>Bank fees deducted from account                  |   | Transaction ID: 10000000322100006                |
| Candidate Name  |   |  |
| Office Sought:<br>House<br>Senate<br>President                              | Disbursement For:<br>Primary General<br>Other (specify) ▼ |  |
| State: District:  |   |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northern Trust Company</b> |   | Date of Disbursement<br>10 / 24 / 2001           |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675  |   | Amount of Each Disbursement this Period<br>48.20 |
| Purpose of Disbursement<br>Bank fees deducted from account                  |   | Transaction ID: 10000000324300007                |
| Candidate Name  |   |  |
| Office Sought:<br>House<br>Senate<br>President                              | Disbursement For:<br>Primary General<br>Other (specify) ▼ |  |
| State: District:  |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>164.21</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                                     |     |                          |    |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25  |
|                                     | 26  |                          | 27 |                          | 28a |                          | 28b |                          | 28c |
|                                     |     |                          |    |                          |     |                          |     |                          | 29  |

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

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Northern Trust Company</b>  |  | Date of Disbursement<br>11 / 05 / 2001            |  |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675   |  | Amount of Each Disbursement this Period<br>121.00 |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name |  | Category/<br>Type                                 |  |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For:<br>Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000324500008                 |  |
| State:            District:  |  |   |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Northern Trust Company</b>  |  | Date of Disbursement<br>11 / 26 / 2001           |  |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675   |  | Amount of Each Disbursement this Period<br>11.92 |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name |  | Category/<br>Type                                |  |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For:<br>Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000330200009                |  |
| State:            District:  |  |  |  |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Northern Trust Company</b>  |  | Date of Disbursement<br>12 / 05 / 2001           |  |
| Mailing Address<br>50 S LaSalle St<br>City Chicago State IL Zip Code 60675   |  | Amount of Each Disbursement this Period<br>35.38 |  |
| Purpose of Disbursement<br>Bank fees deducted from account<br>Candidate Name |  | Category/<br>Type                                |  |
| Office Sought: House<br>Senate<br>President                                  | Disbursement For:<br>Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000330300010                |  |
| State:            District:  |  |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>168.30</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 48

|                                     |     |                          |    |                          |     |                          |     |                          |     |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23  | <input type="checkbox"/> | 24  | <input type="checkbox"/> | 25  |
|                                     | 26  |                          | 27 |                          | 28a |                          | 28b |                          | 28c |
|                                     |     |                          |    |                          |     |                          |     |                          | 29  |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Northern Trust Company

Mailing Address

50 S LaSalle St

City

Chicago

State

IL

Zip Code

60675

Purpose of Disbursement

Bank fees deducted from account

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

12 / 24 / 2001

Amount of Each Disbursement this Period

11.92

Transaction ID: 1000000348800011

B.

C.

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

11.92

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

597.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. American Express</b>      |  | Date of Disbursement<br>07 / 06 / 2001            |
| Mailing Address<br>Suite 0001<br>City Chicago State IL Zip Code 60679-0001 |  | Amount of Each Disbursement this Period<br>425.66 |
| Purpose of Disbursement<br>In-kind contribution to Shelley Berkley         |  | (In-Kind)   |
| Candidate Name   |  |   |
| Office Sought: House<br>Senate<br>President                                | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000307900012                 |
| State: District:   | Category/Type<br>24Z   |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Berkley 2000</b>                 |  | Date of Disbursement<br>07 / 06 / 2001            |
| Mailing Address<br>3069 Conquista Court<br>City Las Vegas State NV Zip Code 89121 |  | Amount of Each Disbursement this Period<br>425.66 |
| Purpose of Disbursement<br>YTD:52425.66 In-kind contribution to She               |  | [MEMO ITEM]<br>(Memo In-Kind)                     |
| Candidate Name<br>Shelley Berkley   |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President   | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000307900013                 |
| State: NV District: 1   | Category/Type<br>24Z   |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Stevens for Senate Committee</b> |  | Date of Disbursement<br>07 / 09 / 2001             |
| Mailing Address<br>PO Box 100879<br>City Anchorage State AK Zip Code 99510        |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:51000.00 Ted Stevens, U.S. SENATE AK               |  |  |
| Candidate Name<br>Ted Stevens   |  |  |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President   | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000308100014                  |
| State: AK District:   | Category/Type<br>24K   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1425.66</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 28 / 48

|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Mike Bilirakis For Congress</b>  |  | Date of Disbursement<br>07 / 16 / 2001             |
| Mailing Address<br>P O Box 1077<br>City: Tarpon Springs, State: FL, Zip Code: 34688   |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Michael Bilirakis, U.S. HOU  |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Michael Bilirakis   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ | Transaction ID: 10000000308300015                  |
| State: FL District: 8   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rangel For Congress 2000</b>   |  | Date of Disbursement<br>07 / 16 / 2001             |
| Mailing Address<br>PO Box 5577<br>City: Manhattanville Station, State: NY, Zip Code: 10027  |  | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement<br>YTD:\$3000.00 Charles B. Rangel, U.S. HOU  |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Charles B. Rangel   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ | Transaction ID: 10000000308400016                  |
| State: NY District: 15  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. J D Hayworth for Congress</b>  |  | Date of Disbursement<br>07 / 24 / 2001             |
| Mailing Address<br>10789 N 80th Street<br>City: Scottsdale, State: AZ, Zip Code: 85260  |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 J.D. Hayworth, U.S. HOUSE 6  |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>J.D. Hayworth   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br>Other (specify) ▼ | Transaction ID: 10000000308800017                  |
| State: AZ District: 8   |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 48

|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Nancy Pelosi For Congress</b>  |  | Date of Disbursement<br>07 / 24 / 2001             |
| Mailing Address<br>1 Bush Street 11th Floor<br>City: San Francisco State: CA Zip Code: 94104                                      |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Nancy Pelosi, U.S. HOUSE R   |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Nancy Pelosi  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000308900018                  |
| State: CA District: 8   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Reed Committee</b>   |  | Date of Disbursement<br>08 / 16 / 2001             |
| Mailing Address<br>PO Box 8628<br>City: Cranston State: RI Zip Code: 02920  |  | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement<br>YTD:\$2000.00 Jack Reed, U.S. SENATE RI  |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Jack Reed   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000312000018                  |
| State: RI District:   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Lindsey Graham for Senate</b>  |  | Date of Disbursement<br>08 / 29 / 2001             |
| Mailing Address<br>Po Box 1155<br>City: Seneca State: SC Zip Code: 29679  |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$2000.00 Lindsey O. Graham, U.S. SEN  |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Lindsey O. Graham   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000312400020                  |
| State: SC District:   |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of Patrick J Kennedy Inc</b> |  | Date of Disbursement<br>09 / 10 / 2001            |
| Mailing Address<br>PO Box 321<br>City Pawtucket State RI Zip Code 02862               |  | Amount of Each Disbursement this Period<br>500.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Patrick J. Kennedy, U.S. HO                  |  | 24K<br>Category/<br>Type                          |
| Candidate Name<br>Patrick J. Kennedy  |  |   |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President       | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000312800021                 |
| State: RI District: 1   |  |   |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Murtha For Congress Committee</b>  |  | Date of Disbursement<br>09 / 10 / 2001             |
| Mailing Address<br>551 Main Street Suite 220 City Johnstown State PA Zip Code 15901 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 John P. Murtha, U.S. HOUSE                 |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>John P. Murtha  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President     | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000312700022                  |
| State: PA District: 12  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. McCrery for Congress</b>              |  | Date of Disbursement<br>09 / 10 / 2001             |
| Mailing Address<br>1900 Deposit Guaranty Tower City Shreveport State LA Zip Code 71101 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$2000.00 Jim McCrery, U.S. HOUSE 4th                   |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Jim McCrery  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President        | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000312800023                  |
| State: LA District: 4  |  |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Stupak For Congress</b>  |   | Date of Disbursement<br>09 / 10 / 2001             |  |
| Mailing Address<br>817 8th Avenue<br>City State Zip Code<br>Menominee MI 49858  |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 Bart Stupak, U.S. HOUSE 1st  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Bart Stupak   |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000312900024                  |  |
| State: MI      District: 1  |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Dick Durbin Committee</b>                         |   | Date of Disbursement<br>09 / 10 / 2001             |  |
| Mailing Address<br>PO Box 194B<br>City State Zip Code<br>Springfield IL 62706                                 |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Richard J. Durbin, U.S. SEN  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Richard J. Durbin   |   |  |  |
| Office Sought:      House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000313000025                  |  |
| State: IL      District:  |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Pallone For Congress</b>   |   | Date of Disbursement<br>09 / 10 / 2001             |  |
| Mailing Address<br>P.O. Box 3176<br>City State Zip Code<br>Long Branch NJ 07740   |   | Amount of Each Disbursement this Period<br>1500.00 |  |
| Purpose of Disbursement<br>YTD:\$3500.00 Frank Pallone, U.S. HOUSE 6  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Frank Pallone Jr.   |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ | Transaction ID: 10000000313100026                  |  |
| State: NJ      District: 6  |   |  |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br>A. Friends Of Blanche Lincoln   |  | Date of Disbursement<br>10 / 11 / 2001             |
| Mailing Address<br>PO Box 3197<br>City: Little Rock, State: AR, Zip Code: 72203  |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Blanche L. Lincoln, U.S. SE   |  |  |
| Candidate Name<br>Blanche L. Lincoln   |  | 24K<br>Category/<br>Type                           |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ |  |
| State: AR  | District:  | Transaction ID: 1000000319000027                   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br>B. Friends Of Jane Harman   |  | Date of Disbursement<br>10 / 11 / 2001            |
| Mailing Address<br>801 S Figueroa Street<br>City: Los Angeles, State: CA, Zip Code: 90017  |  | Amount of Each Disbursement this Period<br>500.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Jane Harman, U.S. HOUSE 271   |  |   |
| Candidate Name<br>Jane Harman  |  | 24K<br>Category/<br>Type                          |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ |   |
| State: CA  | District: 27   | Transaction ID: 1000000319100028                  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br>C. Friends Of Joe Pitts   |  | Date of Disbursement<br>10 / 11 / 2001             |
| Mailing Address<br>PO Box 775<br>City: Unionville, State: PA, Zip Code: 19375  |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Joseph R. Pitts, U.S. HOUSE   |  |  |
| Candidate Name<br>Joseph R. Pitts  |  | 24K<br>Category/<br>Type                           |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary<br>General<br>Other (specify) ▼ |  |
| State: PA  | District: 18   | Transaction ID: 1000000319200029                   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Re-Elect Nancy Johnson To Congress Com</b>                    |  | Date of Disbursement<br>10 / 11 / 2001             |
| Mailing Address<br>4451 Brookfield Corporate Drive Suite 200<br>City State Zip Code<br>Chantilly VA 20151-1852 |  | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement<br>YTD:\$4000.00 Nancy L. Johnson, U.S. HOUS   | 24K<br>Category/<br>Type   |  |
| Candidate Name<br>Nancy L. Johnson   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                                | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000319300030                  |
| State: CT District: 8  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. People For English</b>         |  | Date of Disbursement<br>10 / 11 / 2001             |
| Mailing Address<br>PO Box 1940<br>City State Zip Code<br>Erie PA 16507          |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$2000.00 Phil English, U.S. HOUSE 21            | 24K<br>Category/<br>Type   |  |
| Candidate Name<br>Phil English  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000319400031                  |
| State: PA District: 21  |  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Wayne Allard For United States Senate Committee</b> |  | Date of Disbursement<br>10 / 11 / 2001             |
| Mailing Address<br>PO Box 32<br>City State Zip Code<br>Loveland CO 80539                             |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Wayne Allard, U.S. SENATE C                                 | 24K<br>Category/<br>Type   |  |
| Candidate Name<br>Wayne Allard   |  |  |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President                      | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000319500032                  |
| State: CO District:  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

|   |  |   |   |  |
|---|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Friends Of Patrick J Kennedy Inc</b>   |  |   | Date of Disbursement<br>10 / 11 / 2001            |  |
| Mailing Address<br>PO Box 321<br>City State Zip Code<br>Pawtucket RI 02862  |  |   | Amount of Each Disbursement this Period<br>500.00 |  |
| Purpose of Disbursement<br>YTD:\$1000.00 Patrick J. Kennedy, U.S. HO  |  |   | 24K<br>Category/<br>Type                          |  |
| Candidate Name<br>Patrick J. Kennedy  |  |   |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |   |  |
| State: RI      District: 1  |  | Transaction ID: 1000000319800033  |   |  |

|   |  |   |  |  |
|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Rangel For Congress 2000</b>   |  |   | Date of Disbursement<br>10 / 24 / 2001             |  |
| Mailing Address<br>PO Box 5577<br>City State Zip Code<br>Manhattanville Station<br>New York NY 10027                              |  |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$3000.00 Charles B. Rangel, U.S. HOU  |  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Charles B. Rangel   |  |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: NY      District: 15   |  | Transaction ID: 1000000322200034  |  |  |

|   |  |   |  |  |
|---|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Fletcher for Congress</b>  |  |   | Date of Disbursement<br>10 / 24 / 2001             |  |
| Mailing Address<br>P.O. Box 4703<br>City State Zip Code<br>Lexington KY 40544   |  |   | Amount of Each Disbursement this Period<br>1500.00 |  |
| Purpose of Disbursement<br>YTD:\$2500.00 Ernest L. Fletcher, U.S. HO  |  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Ernest L. Fletcher  |  |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: KY      District: 8  |  | Transaction ID: 1000000322300035  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ehrlich For Congress Committee</b>   |   | Date of Disbursement<br>10 / 24 / 2001             |  |
| Mailing Address<br>1301 York Road Suite 705<br>City State Zip Code<br>Lutherville MD 21093  |   | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Robert L. Ehrlich, U.S. HOU  |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Robert L. Ehrlich Jr.   |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: MD      District: 2  | Transaction ID: 10000000322400038   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Upton For All Of Us</b>  |   | Date of Disbursement<br>10 / 24 / 2001             |  |
| Mailing Address<br>PO Box 490<br>City State Zip Code<br>St Joseph MI 49085  |   | Amount of Each Disbursement this Period<br>2000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Fred Upton, U.S. HOUSE 6th   |   | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Fred Upton  |   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |
| State: MI      District: 6  | Transaction ID: 10000000322500037   |  |  |

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|--|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Langevin For Congress</b>                         |   | Date of Disbursement<br>10 / 24 / 2001            |  |
| Mailing Address<br>PO Box 789B<br>City State Zip Code<br>Warwick RI 02887                          |   | Amount of Each Disbursement this Period<br>500.00 |  |
| Purpose of Disbursement<br>YTD:\$500.00 Jim Langevin, U.S. HOUSE 2nd                               |   | 24K<br>Category/<br>Type                          |  |
| Candidate Name<br>Jim Langevin   |   |   |  |
| Office Sought:      House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |   |  |
| State: RI      District: 2   | Transaction ID: 10000000322600038   |   |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jim Ramstad Volunteer Committee</b>               |  | Date of Disbursement<br>10 / 29 / 2001             |
| Mailing Address<br>8100 Penn Avenue South Suite 104<br>City State Zip Code<br>Bloomington MN 55431 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Jim Ramstad, U.S. HOUSE 3rd                               |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Jim Ramstad  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                    | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000322800039                  |
| State: MN District: 3  |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Ted Strickland For Congress</b>                    |  | Date of Disbursement<br>10 / 29 / 2001             |
| Mailing Address<br>PO Box 580 1337 Thomas Hollow Road<br>City State Zip Code<br>Lucasville OH 45648 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$3000.00 Ted Strickland, U.S. HOUSE                                 |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Ted Strickland  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                     | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000322800040                  |
| State: OH District: 6   |  |  |

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|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Engel For Congress</b>            |  | Date of Disbursement<br>10 / 29 / 2001             |
| Mailing Address<br>462 California Rd<br>City State Zip Code<br>Bronxville NY 10708 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Eliot L. Engel, U.S. HOUSE                |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Eliot L. Engel   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President    | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000323000041                  |
| State: NY District: 17   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Boazman for Congress</b> |   |                          | Date of Disbursement<br>11 / 21 / 2001            |  |
| Mailing Address<br>PO Box 671<br>City State Zip Code<br>Rogers AR 72757   |   |                          | Amount of Each Disbursement this Period<br>500.00 |  |
| Purpose of Disbursement<br>YTD:\$500.00 John Boazman, U.S. HOUSE 3rd      |   | 24K<br>Category/<br>Type |   |  |
| Candidate Name<br>John Boazman  |   |                          |   |  |
| Office Sought: House<br>Senate<br>President                               | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |                          |   |  |
| State: AR      District: 3  | Transaction ID: 10000000324700042   |                          |   |  |

|   |   |                          |  |  |
|---|---|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Kay Granger Campaign Fund</b>                  |   |                          | Date of Disbursement<br>11 / 21 / 2001             |  |
| Mailing Address<br>910 Houston Street Suite 105-C<br>City State Zip Code<br>Fort Worth TX 76102 |   |                          | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Kay Granger, U.S. HOUSE 12r                            |   | 24K<br>Category/<br>Type |  |  |
| Candidate Name<br>Kay Granger   |   |                          |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                 | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |                          |  |  |
| State: TX      District: 12   | Transaction ID: 10000000324800043   |                          |  |  |

|   |   |                          |  |  |
|---|---|--------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Hastert for Congress Committee</b> |   |                          | Date of Disbursement<br>11 / 21 / 2001             |  |
| Mailing Address<br>PO Box 825<br>City State Zip Code<br>Batavia IL 60510            |   |                          | Amount of Each Disbursement this Period<br>2500.00 |  |
| Purpose of Disbursement<br>YTD:\$5000.00 Dennis J. Hastert, U.S. HOU                |   | 24K<br>Category/<br>Type |  |  |
| Candidate Name<br>Dennis J. Hastert   |   |                          |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President     | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |                          |  |  |
| State: IL      District: 14   | Transaction ID: 10000000325000044   |                          |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Luther For Congress Volunteer Committee</b> |  | Date of Disbursement<br>11 / 21 / 2001             |
| Mailing Address<br>1399 Geneva Ave N. Suite 202<br>City: Oakdale State: MN Zip Code: 55128   |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 William Luther, U.S. HOUSE                          |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>William Luther   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President              | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000325100045                  |
| State: MN District: 8  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Ronnie Shows</b>    |  | Date of Disbursement<br>11 / 21 / 2001             |
| Mailing Address<br>P.O. Box 2262<br>City: Jackson State: MS Zip Code: 39225     |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1500.00 Ronnie Shows, U.S. HOUSE 4t            |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Ronnie Shows  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000325200046                  |
| State: MS District: 4   |  |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. John Shadegg For Congress</b>  |  | Date of Disbursement<br>11 / 21 / 2001             |
| Mailing Address<br>PO Box 45444<br>City: Phoenix State: AZ Zip Code: 85064      |  | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement<br>YTD:\$3000.00 John B. Shadegg, U.S. HOUSE            |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>John B. Shadegg   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000325300047                  |
| State: AZ District: 4   |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|   |   |  |                                   |
|---|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Gene Green Congressional Campaign</b>  |   | Date of Disbursement<br>11 / 21 / 2001             |                                   |
| Mailing Address<br>PO Box 16128<br>City Houston State TX Zip Code 77222   |   | Amount of Each Disbursement this Period<br>1000.00 |                                   |
| Purpose of Disbursement<br>YTD:\$1000.00 Gene Green, U.S. HOUSE 29th  |   | 24K<br>Category/<br>Type                           |                                   |
| Candidate Name<br>Gene Green  |   |  |                                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 10000000325400048 |
| State: TX      District: 29   |   |  |                                   |

|  |   |  |                                   |
|--|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Ferguson for Congress</b>   |   | Date of Disbursement<br>11 / 21 / 2001             |                                   |
| Mailing Address<br>PO Box 4205<br>City Warren State NJ Zip Code 07059  |   | Amount of Each Disbursement this Period<br>2000.00 |                                   |
| Purpose of Disbursement<br>YTD:\$4000.00 Mike Ferguson, U.S. HOUSE 7   |   | 24K<br>Category/<br>Type                           |                                   |
| Candidate Name<br>Mike Ferguson  |   |  |                                   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 10000000325500049 |
| State: NJ      District: 7   |   |  |                                   |

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|--|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Ferguson for Congress</b>   |   | Date of Disbursement<br>11 / 21 / 2001             |                                   |
| Mailing Address<br>PO Box 4205<br>City Warren State NJ Zip Code 07059  |   | Amount of Each Disbursement this Period<br>1000.00 |                                   |
| Purpose of Disbursement<br>YTD:\$4000.00 Mike Ferguson, U.S. HOUSE 7   |   | 24K<br>Category/<br>Type                           |                                   |
| Candidate Name<br>Mike Ferguson  |   |  |                                   |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 10000000325600050 |
| State: NJ      District: 7   |   |  |                                   |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|  |   |  |   |  |
|--|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ferguson for Congress</b> |   |  | Date of Disbursement<br>11 / 21 / 2001              |  |
| Mailing Address<br>PO Box 4205<br>City Warren State NJ Zip Code 07058      |   |  | Amount of Each Disbursement this Period<br>-2000.00 |  |
| Purpose of Disbursement<br>YTD:\$4000.00 Voided Check                      |   |  | 24K<br>Category/<br>Type                            |  |
| Candidate Name<br>Mike Ferguson  |   |  |   |  |
| Office Sought: House<br>Senate<br>President                                | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 1000000325700051                    |  |
| State: NJ      District: 7   |   |  |   |  |

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| Full Name (Last, First, Middle Initial)<br><b>B. Ferguson for Congress</b> |   |  | Date of Disbursement<br>11 / 21 / 2001              |  |
| Mailing Address<br>PO Box 4205<br>City Warren State NJ Zip Code 07058      |   |  | Amount of Each Disbursement this Period<br>-1000.00 |  |
| Purpose of Disbursement<br>YTD:\$4000.00 Voided Check                      |   |  | 24K<br>Category/<br>Type                            |  |
| Candidate Name<br>Mike Ferguson  |   |  |   |  |
| Office Sought: House<br>Senate<br>President                                | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 1000000325800052                    |  |
| State: NJ      District: 7   |   |  |   |  |

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| Full Name (Last, First, Middle Initial)<br><b>C. Ferguson for Congress</b> |   |  | Date of Disbursement<br>11 / 21 / 2001             |  |
| Mailing Address<br>PO Box 4205<br>City Warren State NJ Zip Code 07058      |   |  | Amount of Each Disbursement this Period<br>2000.00 |  |
| Purpose of Disbursement<br>YTD:\$4000.00 Mike Ferguson, U.S. HOUSE 7       |   |  | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Mike Ferguson  |   |  |  |  |
| Office Sought: House<br>Senate<br>President                                | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 1000000325900053                   |  |
| State: NJ      District: 7   |   |  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>-1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                 |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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Political Action Committee of the American Association of Orthopaedic Surgeons

|  |   |  |  |  |
|--|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Ferguson for Congress</b> |   |  | Date of Disbursement<br>11 / 21 / 2001             |  |
| Mailing Address<br>PO Box 4205<br>City Warren State NJ Zip Code 07058      |   |  | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$4000.00 Mike Ferguson, U.S. HOUSE 7       |   |  | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Mike Ferguson  |   |  |  |  |
| Office Sought: House<br>Senate<br>President                                | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | Transaction ID: 10000000328000054                  |  |
| State: NJ      District: 7   |   |  |  |  |

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|--|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends Of Sherrod Brown</b>              |   |  | Date of Disbursement<br>12 / 05 / 2001             |  |
| Mailing Address<br>807 14th Street NW Suite 800<br>City Washington State DC Zip Code 20005 |   |  | Amount of Each Disbursement this Period<br>2500.00 |  |
| Purpose of Disbursement<br>Re-Designated for bxn dated 04/02/2001                          |   |  | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Sherrod Brown  |   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President            | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | [MEMO ITEM]<br>(Memo Entry)                        |  |
| State: OH      District: 13  | Transaction ID: 10000000328100055   |  |  |  |

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| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of Sherrod Brown</b>              |   |  | Date of Disbursement<br>12 / 05 / 2001             |  |
| Mailing Address<br>807 14th Street NW Suite 800<br>City Washington State DC Zip Code 20005 |   |  | Amount of Each Disbursement this Period<br>1500.00 |  |
| Purpose of Disbursement<br>Re-Designated for bxn dated 05/15/2001                          |   |  | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Sherrod Brown  |   |  |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President            | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  | [MEMO ITEM]<br>(Memo Entry)                        |  |
| State: OH      District: 13  | Transaction ID: 10000000328300056   |  |  |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

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(check only one)

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|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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Political Action Committee of the American Association of Orthopaedic Surgeons

|  |   |  |  |  |
|--|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Jean Camahan for Missouri Committee</b> |   |  | Date of Disbursement<br>12 / 05 / 2001             |  |
| Mailing Address<br>PO Box 920<br>City: Rolla State: MO Zip Code: 65402                   |   |  | Amount of Each Disbursement this Period<br>2000.00 |  |
| Purpose of Disbursement<br>YTD:\$3000.00 Jean Camahan, U.S. SENATE                       |   |  | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Jean Camahan   |   |  |  |  |
| Office Sought: House<br>Senate<br>President  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |  |
| State: MO      District: 1   |   |  | Transaction ID: 10000000329500057                  |  |

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| Full Name (Last, First, Middle Initial)<br><b>B. Friends of Max Baucus 2002</b> |   |  | Date of Disbursement<br>12 / 05 / 2001             |  |
| Mailing Address<br>203 C Street<br>City: Washington State: DC Zip Code: 20002   |   |  | Amount of Each Disbursement this Period<br>1000.00 |  |
| Purpose of Disbursement<br>YTD:\$2000.00 Max Baucus, U.S. SENATE MT             |   |  | 24K<br>Category/<br>Type                           |  |
| Candidate Name<br>Max Baucus  |   |  |  |  |
| Office Sought: House<br><input checked="" type="checkbox"/> Senate<br>President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |  |  |
| State: MT      District:  |   |  | Transaction ID: 10000000329600058                  |  |

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| Full Name (Last, First, Middle Initial)<br><b>C. Friends Of John Boehner</b>                     |   |  | Date of Disbursement<br>12 / 05 / 2001            |  |
| Mailing Address<br>7908-I Cincinnati Dayton Road<br>City: West Chester State: OH Zip Code: 45069 |   |  | Amount of Each Disbursement this Period<br>500.00 |  |
| Purpose of Disbursement<br>YTD:\$500.00 John A. Boehner, U.S. HOUSE                              |   |  | 24K<br>Category/<br>Type                          |  |
| Candidate Name<br>John A. Boehner  |   |  |   |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President                  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary      General<br>Other (specify) ▼ |  |   |  |
| State: OH      District: 8   |   |  | Transaction ID: 10000000329700059                 |  |

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| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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Political Action Committee of the American Association of Orthopaedic Surgeons

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Pete Stark Re-Election Committee</b> |  | Date of Disbursement<br>12 / 10 / 2001             |
| Mailing Address<br>PO Box 8331<br>City: Fremont State: CA Zip Code: 94537             |  | Amount of Each Disbursement this Period<br>2000.00 |
| Purpose of Disbursement<br>YTD:\$3000.00 Forney Pete Stark, U.S. HO                   |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Forney Pete Stark   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President       | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000329800060                  |
| State: CA District: 13  |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Tierney For Congress</b>         |  | Date of Disbursement<br>12 / 13 / 2001             |
| Mailing Address<br>133 Washington Street<br>City: Salem State: MA Zip Code: 01970 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 John F. Tierney, U.S. HOUSE              |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>John F. Tierney   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President   | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000329800061                  |
| State: MA District: 6   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Pascrell for Congress Inc</b>  |  | Date of Disbursement<br>12 / 13 / 2001             |
| Mailing Address<br>63 Quartz Lane<br>City: Paterson State: NJ Zip Code: 07501   |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD:\$1000.00 Bill Pascrell, U.S. HOUSE 8            |  | 24K<br>Category/<br>Type                           |
| Candidate Name<br>Bill Pascrell Jr.   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br>Senate<br>President | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000330000062                  |
| State: NJ District: 8   |  |  |

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|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
| <input type="checkbox"/> 29  |                             |  |                              |                              |

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

|  |  |   |  |                                   |
|--|--|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Ferguson for Congress</b> |  |   | Date of Disbursement<br>12 / 13 / 2001             |                                   |
| Mailing Address<br>PO Box 4205<br>City: Warren State: NJ Zip Code: 07058   |  |   | Amount of Each Disbursement this Period<br>1000.00 |                                   |
| Purpose of Disbursement<br>YTD:\$4000.00 In-kind contribution for MI       |  |   | [MEMO ITEM]<br>(Memo In-Kind)                      |                                   |
| Candidate Name<br>Mike Ferguson  |  |   |  |                                   |
| Office Sought: House Senate President                                      |  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General Other (specify) ▼ |  | Transaction ID: 10000000330100063 |

|   |  |   |   |                                   |
|---|--|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Fletcher for Congress</b>      |  |   | Date of Disbursement<br>12 / 18 / 2001            |                                   |
| Mailing Address<br>3220 Stowers Drive<br>City: Monroe State: LA Zip Code: 71201 |  |   | Amount of Each Disbursement this Period<br>500.00 |                                   |
| Purpose of Disbursement<br>YTD:\$500.00 Lee Fletcher. U.S. HOUSE 5th            |  |   | 24K<br>Category/<br>Type                          |                                   |
| Candidate Name<br>Lee Fletcher  |  |   |   |                                   |
| Office Sought: House Senate President   |  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General Other (specify) ▼ |   | Transaction ID: 10000000330500064 |

|  |  |   |  |                                   |
|--|--|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Committee for Leadership and Progress</b> |  |   | Date of Disbursement<br>12 / 20 / 2001             |                                   |
| Mailing Address<br>PO Box 31107<br>City: Bethesda State: MD Zip Code: 20824                |  |   | Amount of Each Disbursement this Period<br>2000.00 |                                   |
| Purpose of Disbursement<br>YTD:\$2000.00   |  |   | 24K<br>Category/<br>Type                           |                                   |
| Candidate Name   |  |   |  |                                   |
| Office Sought: House Senate President  |  | Disbursement For: 2001<br><input checked="" type="checkbox"/> Other (specify) ▼ |  | Transaction ID: 10000000330600065 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |  |                              |                              |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25  |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c |
|                              |                             |  |                              | <input type="checkbox"/> 29  |

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

|   |   |   |                                   |
|---|---|---|-----------------------------------|
| Full Name (Last, First, Middle Initial)<br>Regula For Congress Committee  |   | Date of Disbursement<br>12 / 31 / 2001              |                                   |
| Mailing Address<br>733 42nd N W<br>City State Zip Code<br>Canton OH 44709   |   | Amount of Each Disbursement this Period<br>-3000.00 |                                   |
| Purpose of Disbursement<br>YTD:\$0.00 Volded Check  |   | 24K<br>Category/<br>Type                            |                                   |
| Candidate Name<br>Ralph Regula  |   |   |                                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2001<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>Other (specify) ▼ |   |                                   |
| State: OH      District: 16   |   |   | Transaction ID: 10000000350800068 |

B.

C.

|  |   |                 |
|--|---|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | <b>-3000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <b>50425.66</b> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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|                              |                             |                              |                              |  |
|------------------------------|-----------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            |
| <input type="checkbox"/> 26  | <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           |
|                              |                             |                              |                              | <input checked="" type="checkbox"/> 29 |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Democratic Senatorial Campaign Committee</b> |  | Date of Disbursement<br>11 / 21 / 2001             |
| Mailing Address<br>430 South Capitol St SE<br>City Washington State DC Zip Code 20003         |  | Amount of Each Disbursement this Period<br>5000.00 |
| Purpose of Disbursement<br>YTD: \$5000.00 Membership Dues                                     |  | Transaction ID: 10000000324900067                  |
| Candidate Name  |  |  |
| Office Sought: House<br>Senate<br>President   | Disbursement For: 2001<br>Primary General<br><input checked="" type="checkbox"/> Other (specify) ▼ |  |
| State: District:  | Category/Type  |  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. New Democrat Network</b>                    |  | Date of Disbursement<br>12 / 05 / 2001             |
| Mailing Address<br>501 Capitol Court NE Suite 200<br>City Washington State DC Zip Code 20002 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>YTD: \$1000.00 Event with Sens. Breaux and                        |  | Transaction ID: 10000000328400068                  |
| Candidate Name   |  |  |
| Office Sought: House<br>Senate<br>President  | Disbursement For: 2001<br>Primary General<br><input checked="" type="checkbox"/> Other (specify) ▼ |  |
| State: District:   | Category/Type  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Jasna Polana</b>                 |  | Date of Disbursement<br>12 / 13 / 2001             |
| Mailing Address<br>8 Lawrenceville Road<br>City Princeton State NJ Zip Code 08540 |  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement<br>In-kind contribution for Mika Ferguson                 |  | (In-Kind)  |
| Candidate Name  |  |  |
| Office Sought: House<br>Senate<br>President                                       | Disbursement For: 2001<br><input checked="" type="checkbox"/> Primary General<br>Other (specify) ▼ | Transaction ID: 10000000330100069                  |
| State: District:  | Category/Type  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>7000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>7000.00</b> |