

**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** C00343137
CITY **STATE** **ZIP CODE**
 3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

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

5. Covering Period 04 01 2002 through 06 30 2002

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 07 12 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: ^h0^h4^v ^D0^o1^v ^v200^o2^v To: ^h0^h6^v ^D0^o3^o ^v200^o2^v

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 200 ^o 2 ^v		52894.88
(b) Cash on Hand at Beginning of Reporting Period	99405.11	
(c) Total Receipts (from Line 19)	190371.92	310570.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	289777.03	363464.92
7. Total Disbursements (from Line 30)	107371.66	181059.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	182405.37	182405.37
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on 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: ^{MM}04 ^{DD}01 ^{YYYY}2002 To: ^{MM}06 ^{DD}30 ^{YYYY}2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	164450.00	
(ii) Unitemized	23790.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	188240.00	307595.00
(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)	188240.00	307595.00
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)	2131.92	2975.04
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
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)	190371.92	310570.04
20. Total Federal Receipts (subtract Line 18 from Line 19)	190371.92	310570.04

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B 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.....	2101.41	3214.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2101.41	3214.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64270.25	126770.25
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	75.05
(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	75.05
29. Other Disbursements.....	41000.00	51000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	107371.66	181059.55
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	107371.66	181059.55
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	188240.00	307595.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	75.05
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	188240.00	307519.95
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2101.41	3214.25
36. Offsets to Operating Expenditures (from Line 15, page 3).....	2131.92	2975.04
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	-30.51	239.21

**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 / 192	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Philip Alan Sabal, MD

Mailing Address
8618 S Sepulveda Blvd

City State Zip Code
Los Angeles CA 90045-4005

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000380500002

B. Full Name (Last, First, Middle Initial)
Dr. Michael P Rubinstein, MD

Mailing Address
1801 W Romneya Dr, #208

City State Zip Code
Anaheim CA 92801-1825

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
750.00

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) ▼ 750.00

Transaction ID: 10000000380800003

C. Full Name (Last, First, Middle Initial)
Dr. Daniel G Johnson, MD

Mailing Address
Yankton Bone & Joint Center 1000 W 4th St Ste 1

City State Zip Code
Yankton SD 57078-3700

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Yankton Bone and Joint Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 10000000380700004

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

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 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Edward R McDevitt, MD

Mailing Address
3118 Droque Ct

City State Zip Code
Annapolis MD 21403

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 1000000038100005

B. Full Name (Last, First, Middle Initial)
Dr. William B Stelson, MD

Mailing Address
1505 Willson Terrace Sta 200

City State Zip Code
Glendale CA 91206

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000381100008

C. Full Name (Last, First, Middle Initial)
Dr. Thomas W Gurray, MD

Mailing Address
975 E 3rd St, C-220 Dept of Orthopedic

City State Zip Code
Chattanooga TN 37405

Date of Receipt
M M / D D / Y Y Y Y
04 / 16 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000381500007

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 7 / 192	
	<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. Thomas Greg Sommerkamp, MD

Mailing Address
2D Medical Village Dr, #177

City State Zip Code
Edgewood KY 41017-5414

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HSS, Inc. Orthopaedic Surgeon

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

Transaction ID: 10000000381800008

B. Full Name (Last, First, Middle Initial)
Dr. Roger N Lewy, MD

Mailing Address
180 E 79th St Apt. 6B

City State Zip Code
New York NY 10021

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mt Sinai Medical Center Orthopaedic Surgeon

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

Transaction ID: 10000000381900009

C. Full Name (Last, First, Middle Initial)
Dr. Henry Reiton McCarroll, Jr, MD

Mailing Address
2351 Clay St, #510

City State Zip Code
San Francisco CA 94115-1931

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

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) ▼ 350.00

Transaction ID: 10000000382100010

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 8 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 P Buckley, MD

Mailing Address
PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000382200011

B. Full Name (Last, First, Middle Initial)
Dr. H Chester Boston, Jr, MD

Mailing Address
PO Box 2447

City State Zip Code
Tuscaloosa AL 35403-2447

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000382300012

C. Full Name (Last, First, Middle Initial)
Dr. Saint Elmo Newton, III, MD

Mailing Address
801 Broadway 10th Fl

City State Zip Code
Seattle WA 98122-4328

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000382500013

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 192
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Dr. James S Gardiner, MD

Mailing Address
5530 Wisconsin Ave, #1135
City State Zip Code
Chevy Chase MD 20815-4330

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

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: 10000000382600014

Full Name (Last, First, Middle Initial)
B. Dr. Victor W Maska, MD

Mailing Address
1901 N California Street
City State Zip Code
Stockton CA 95204

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Stockton Orthopaedic Medical Group Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 800.00

Transaction ID: 10000000382800015

Full Name (Last, First, Middle Initial)
C. Dr. Susan M Swank, MD

Mailing Address
Spine Center 12401 Washington Blvd
City State Zip Code
Whittier CA 90802-1008

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIH/Spine Ctr Orthopaedic Surgeon

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

Transaction ID: 10000000382800016

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 / 192	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Benjamin N Rosenberg

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
1438 Exchange St PO Box 015
City State Zip Code
Middlebury VT 05753-0915

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: 10000000383300017

Full Name (Last, First, Middle Initial)
B. Dr. Alexander Blevens, MD

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
3835 Bienville Blvd
City State Zip Code
Ocean Springs MS 38564-5711

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Bienville Orthopaedic Specialists
Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000383500018

Full Name (Last, First, Middle Initial)
C. Dr. Audrey K Tsao, MD

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
2500 N State St, Dept Orthopaedics
City State Zip Code
Jackson MS 39216-4500

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Univ. of Mississippi Medical Ctr.
Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000383800019

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 11 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Jim K Hudson, MD

Mailing Address
3635 Bienville Blvd
City State Zip Code
Ocean Springs MS 39564-5711

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bienville Orthopaedic Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000383900020

Full Name (Last, First, Middle Initial)
B. Dr. Charles J Winters, MD

Mailing Address
3635 Bienville Blvd
City State Zip Code
Ocean Springs MS 39564-5711

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

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: 10000000384000021

Full Name (Last, First, Middle Initial)
C. Dr. Eugene E Taylor, MD

Mailing Address
151 Jefferson Davis Blvd
City State Zip Code
Natchez MS 39120-5140

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Taylor Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000384100022

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 12 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Douglas W Rouse, Jr. MD

Mailing Address
3688 Veterans Memorial Dr #200

City State Zip Code
Hattiesburg MS 39401

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern Bone and Joint Orthopaedic Surgeon

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

Transaction ID: 10000000384200023

B. Full Name (Last, First, Middle Initial)
Dr. R Lance Johansen, MD

Mailing Address
1720-A Medical Park Dr, #220

City State Zip Code
Biloxi MS 39532

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Biloxi Orthopaedic Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000384300024

C. Full Name (Last, First, Middle Initial)
Dr. Robert Willem Bucholz, MD

Mailing Address
5323 Harry Hines Blvd

City State Zip Code
Dallas TX 75390-8863

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UT Southwestern Orthopaedic Surgeon

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

Transaction ID: 10000000384500025

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 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Samuel L Miller, MD

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
2000 Normandie Dr

City State Zip Code
Montgomery AL 36111-2712

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: 10000000384700026

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

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
P O Box 907

City State Zip Code
Manitowoc WI 54220-4039

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Associates of Manitowoc Orthopaedic Surgeon

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

Transaction ID: 10000000385000027

C. Full Name (Last, First, Middle Initial)
Dr. David G Lavelle, MD

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
Mayo Clinic 200 1st St SW

City State Zip Code
Rochester MN 55905

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mayo Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000385000028

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Richard A Saunders, MD

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
747 Upper Glen St

City State Zip Code
Queensbury NY 12804

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: 1000000385600029

B. Full Name (Last, First, Middle Initial)
Dr. Michael A Simon, MD

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
5841 S Maryland Ave, MC 3079

City State Zip Code
Chicago IL 60637-1463

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer University of Chicago Occupation
Orthopaedic Surgeon

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

Transaction ID: 1000000385700030

C. Full Name (Last, First, Middle Initial)
Dr. Alan R Gurd, MD

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
7970 Darbys Run

City State Zip Code
Chagrin Falls OH 44023

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: 1000000385800031

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)

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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. Joseph F Curtis, Jr, MD

Mailing Address

2000 Normandie Dr

City

State

Zip Code

Montgomery

AL

36111-2712

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 2

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: 10000000386100032

Full Name (Last, First, Middle Initial)

B. Dr. John C Passman, MD

Mailing Address

5B SGT Prentiss Drive

City

State

Zip Code

Natchez

MS

39120-4726

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 2

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: 10000000386200033

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey P Remington, MD

Mailing Address

21701 76th Ave W, #300

City

State

Zip Code

Edmonds

WA

98026-7536

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period

200.00

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: 10000000386400034

SUBTOTAL of Receipts This Page (optional) ▶

1700.00

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 / 192

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. Glenn C Landon, MD

Mailing Address

2727 W Holcombe Blvd

City

State

Zip Code

Houston

TX

77027

Date of Receipt

N M / D E / Y Y Y Y
04 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
Kelsey-Seybold Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 10000000386600035

Full Name (Last, First, Middle Initial)

B. Dr. James H Armstrong, MD

Mailing Address

2000 Normandie Dr

City

State

Zip Code

Montgomery

AL

36111-2712

Date of Receipt

N M / D E / Y Y Y Y
04 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000388200038

Full Name (Last, First, Middle Initial)

C. Dr. George T Salkum, MD

Mailing Address

Bienville Orthopaedic Speciali

Cedar Lake Medical Park

City

State

Zip Code

Biloxi

MS

39532

Date of Receipt

N M / D E / Y Y Y Y
04 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
Bienville Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000388300037

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: PAGE 17 / 192

(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. Thomas Edward Albus, MD

Mailing Address
505 Couch Ave Ste 25

City State Zip Code
Saint Louis MO 63122

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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: 10000000388400038

Full Name (Last, First, Middle Initial)
B. Dr. Paul A. Caviale, MD

Mailing Address
201 E Orangeburg Ave, #F

City State Zip Code
Modesto CA 95350-5355

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000388500039

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

Mailing Address
6815 Noble Ave

City State Zip Code
Van Nuys CA 91405-3794

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
So. California Orthopaedic Inst. Orthopaedic Surgeon

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

Transaction ID: 10000000388700040

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 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Dale R. Anderson, MD

Mailing Address
725 Indiana St

City State Zip Code
Rapid City SD 57701-5484

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

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) ▼ 700.00

Transaction ID: 10000000388800041

B. Full Name (Last, First, Middle Initial)
Dr. James R. McCoy, MD

Mailing Address
2900 Hawkins Dr

City State Zip Code
Searcy AR 72143-4802

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Searcy Medical Center

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000388900042

C. Full Name (Last, First, Middle Initial)
Dr. William W. Tipton, Jr. MD

Mailing Address
Executive Vice President, AAOS 6300 N River Rd

City State Zip Code
Rosemont IL 60018-4262

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
American Academy of Orthopaedic Surgeon

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000389000043

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 19 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. William Robert Niedemeier, MD

Mailing Address
35 Prairie Ave, #200

City State Zip Code
Prairie Du Sac WI 53578-1500

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Associates of Sauk Prairie Orthopaedic Surgeon

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

Transaction ID: 10000000389100044

B. Full Name (Last, First, Middle Initial)
Dr. S Glen Neale, MD

Mailing Address
530 Washington Hwy Ste 8

City State Zip Code
Morrisville VT 05661

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mansfield Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000389200045

C. Full Name (Last, First, Middle Initial)
Dr. Andrew N Pollak, MD

Mailing Address
Dept of Orthopaedics Suite S11B

City State Zip Code
Baltimore MD 21201-1544

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

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: 10000000389400046

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 20 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Kenneth L Moore, MD

Mailing Address
1223 1/2 Trotwood Ave

City State Zip Code
Columbia TN 38401-6430

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mid-Tennessee Bone & Joint Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000389500047

Full Name (Last, First, Middle Initial)
B. Dr. Stephen A Albanese, MD

Mailing Address
Pediatric Orthopaedic Surgery 550 Harrison Street

City State Zip Code
Syracuse NY 13202-3096

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

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: 10000000389700048

Full Name (Last, First, Middle Initial)
C. Dr. James K Baker, MD

Mailing Address
9000 Patricia St Ste 202

City State Zip Code
Chalmette LA 70045

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Ortho Practice Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 550.00

Transaction ID: 10000000389800049

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 21 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Norman L Dunize, MD

Mailing Address
St. John Wheeling Medical Bldg 1919 S. Wheeling, #600
City State Zip Code
Tulsa OK 74104-5634

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tulsa Bone and Joint Associates Orthopaedic Surgeon

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

Transaction ID: 1000000389900050

Full Name (Last, First, Middle Initial)
B. Dr. Lyla Sorensen, MD

Mailing Address
1100 9th Ave PO Box 980
City State Zip Code
Seattle WA 98111

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Virginia Mason Medical Center Orthopaedic Surgeon

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

Transaction ID: 1000000380000051

Full Name (Last, First, Middle Initial)
C. Dr. James Frank Bethea, MD

Mailing Address
PO Box 306
City State Zip Code
Columbia SC 29202-0306

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Moore Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000380100052

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 22 / 192

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

A. Full Name (Last, First, Middle Initial)
Dr. Gary K Frykman, MD

Mailing Address
398 E Highland Ave #220

City State Zip Code
San Bernardino CA 92404-3805

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
San Bernardino Ortho Med Group Orthopaedic Surgeon

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

Transaction ID: 1000000380200053

B. Full Name (Last, First, Middle Initial)
Dr. Stephen S Hurst, MD

Mailing Address
77 N San Mateo Dr

City State Zip Code
San Mateo CA 94401-2889

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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: 1000000380300054

C. Full Name (Last, First, Middle Initial)
Dr. Samuel R Rosenfeld, MD

Mailing Address
1310 W Stewart Dr, #508

City State Zip Code
Orange CA 92868-3858

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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: 1000000380400055

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 23 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. David A Halsey, MD

Mailing Address
17 Bragg Hill Rd
City State Zip Code
Norwich VT 05055-0402

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Connecticut Valley Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 1000000380500056

Full Name (Last, First, Middle Initial)
B. Dr. Lowry Jones, Jr, MD

Mailing Address
3851 College Blvd.
City State Zip Code
Leawood KS 66209

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dickson Dineley Midwest Ortho Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000380800057

Full Name (Last, First, Middle Initial)
C. Dr. Courtney W Brown, MD

Mailing Address
Panorama Orthopedics 680 Golden Ridge Road
City State Zip Code
Golden CO 80401-9541

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Panorama Ortho Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000380700058

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 24 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 B Grollman, MD

Mailing Address
PO Box 1607
City State Zip Code
Lihue HI 96766

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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) ▼ 1200.00

Transaction ID: 10000000380800059

Full Name (Last, First, Middle Initial)
B. Dr. Wayne P Campbell, MD

Mailing Address
1717 North E St, #534
City State Zip Code
Pensacola FL 32501-6342

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Southern Orthopaedics Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000380900060

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

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

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Findley Orthopaedics Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000391000061

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 25 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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
M M / D D / Y Y Y Y
05 / 02 / 2002

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: 10000000381100062

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

Mailing Address
3260 Providence Dr, #200

City State Zip Code
Anchorage AK 99508-4603

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Anchorage Fracture & Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000381300063

C. Full Name (Last, First, Middle Initial)
Dr. William R Galvan, Jr. MD

Mailing Address
2324 Bath St

City State Zip Code
Santa Barbara CA 93105-4330

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

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: 10000000391400064

SUBTOTAL of Receipts This Page (optional) ▶ **1550.00**

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 26 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. 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
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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: 1000000038160065

Full Name (Last, First, Middle Initial)
B. Dr. Andrew H Schmidt, MD

Mailing Address
3630 Rosewood Lane
City State Zip Code
Plymouth MN 55441

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Hennepin Faculty Associates Occupation Orthopaedic Surgeon

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

Transaction ID: 1000000038170068

Full Name (Last, First, Middle Initial)
C. Dr. Bennie J Clayburgh, MD

Mailing Address
1626 Belmont Rd
City State Zip Code
Grand Forks ND 58201-7310

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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: 1000000039180067

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 27 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Frank Joseph Gerabara, MD

Mailing Address
73 Cedar St

City State Zip Code
New Britain CT 06052-1390

Date of Receipt
M / D / Y
05 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Grove Hill Medical Center Orthopaedic Surgeon

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

Transaction ID: 10000000382000068

B. Full Name (Last, First, Middle Initial)
Dr. Edward J Collins, Jr, MD

Mailing Address
150 Mansfield Ave

City State Zip Code
Willimantic CT 06226-2026

Date of Receipt
M / D / Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Conn Sports Med & Ortho Center Orthopaedic Surgeon

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

Transaction ID: 10000000382100069

C. Full Name (Last, First, Middle Initial)
Dr. Kirk Kindafater, MD

Mailing Address
2500 E Prospect Rd

City State Zip Code
Fort Collins CO 80525

Date of Receipt
M / D / Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Center of the Rockies Orthopaedic Surgeon

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

Transaction ID: 10000000382200070

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 28 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Jose A Calzao-Borilla, MD

Mailing Address
EDIF Prof Hospital Menonita, #

City State Zip Code
Aibonito PR 00705

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

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: 10000000383600071

B. Full Name (Last, First, Middle Initial)
Dr. M Scott Beal, Jr, MD

Mailing Address
1010 Carondelet Dr, #426

City State Zip Code
Kansas City MO 64114-4859

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Carondelet Orth. Surgeons Orthopaedic Surgeon

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

Transaction ID: 10000000383700072

C. Full Name (Last, First, Middle Initial)
Dr. Genual Boun, MD

Mailing Address
3650 Laurel Ave

City State Zip Code
Beaumont TX 77707

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2002

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: 10000000383800073

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 29 / 192	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Shawn M Figini, MD

Mailing Address
3650 Laurel St

City State Zip Code
Beaumont TX 77707

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000383900074

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

Mailing Address
4001 Kresge Way, #100

City State Zip Code
Louisville KY 40207-4640

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Louisville Bone & Joint Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000384000075

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

Mailing Address
1600 Forsyth St

City State Zip Code
Macon GA 31201-1408

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Forsyth St Orthopaedic Surgery & Rehab Orthopaedic Surgeon

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

Transaction ID: 10000000384100076

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 30 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Kimberly J Templeton, MD

Mailing Address
Univ of Kansas Med Ctr Dept of Ortho Surgery
City State Zip Code
Kansas City KS 66160

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ of Kansas Medical Center Orthopaedic Surgeon

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

Transaction ID: 10000000384300077

B. Full Name (Last, First, Middle Initial)
Dr. Chris John Danglas, MD

Mailing Address
602 W University
City State Zip Code
Urbana IL 61801

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carle Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000384500078

C. Full Name (Last, First, Middle Initial)
Dr. Michael B Vessely, MD

Mailing Address
1561 Chandler Rd
City State Zip Code
Lake Oswego OR 97034

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaiser Permanente Orthopaedic Surgeon

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

Transaction ID: 10000000384600079

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 31 / 192

(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. Robert C Kramer, MD

Mailing Address

3650 Laurel Ave

City

State

Zip Code

Beaumont

TX

77707

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000384700080

Full Name (Last, First, Middle Initial)

B. Dr. Curtis D Thorpe, MD

Mailing Address

3650 Laurel St #200

City

State

Zip Code

Beaumont

TX

77707-2216

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000384800081

Full Name (Last, First, Middle Initial)

C. Dr. Ann Wayne Laddis, MD

Mailing Address

3650 Laurel

City

State

Zip Code

Beaumont

TX

77706

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period

300.00

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 ▼

300.00

Transaction ID: 10000000384800082

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 32 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 D Teuscher, MD

Mailing Address
3650 Laurel Ave

City State Zip Code
Beaumont TX 77707-2216

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Beaumont Bone and Joint Orthopaedic Surgeon

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

Transaction ID: 10000000385000083

B. Full Name (Last, First, Middle Initial)
Dr. Jerry D Clark, MD

Mailing Address
3650 Laurel St

City State Zip Code
Beaumont TX 77707-2216

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Beaumont Bone and Joint Orthopaedic Surgeon

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

Transaction ID: 10000000385100084

C. Full Name (Last, First, Middle Initial)
Dr. Marshall W Hayes, MD

Mailing Address
Beaumont Bone & Joint Clinic 3650 Laurel

City State Zip Code
Beaumont TX 77707-2216

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Beaumont Bone and Joint Orthopaedic Surgeon

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

Transaction ID: 10000000385200085

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 33 / 192	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Ronald E Talbert, MD

Mailing Address
3850 Laurel St

City State Zip Code
Beaumont TX 77707-2216

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000385300086

Full Name (Last, First, Middle Initial)
B. Dr. Burnat Todd Clarke, MD

Mailing Address
3850 Laurel Ave

City State Zip Code
Beaumont TX 77707

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

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: 10000000385400087

Full Name (Last, First, Middle Initial)
C. Dr. Charles C Domingues, MD

Mailing Address
Beaumont Bone & Joint Clinic 3850 Laurel

City State Zip Code
Beaumont TX 77707-2216

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000385500088

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 34 / 192

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. Anthony F Pacheli, MD

Mailing Address

2D1 Cedar SE Ste 660D

City

Albuquerque

State

NM

Zip Code

87106

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

300.00

FEC ID number of contributing
federal political committee.

Name of Employer

New Mexico Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 10000000382300089

Full Name (Last, First, Middle Initial)

B. Dr. Terry A Clyburn, MD

Mailing Address

UT Houston Medical School

Dep't of Orthopaedic Surgery

City

Houston

State

TX

Zip Code

77030-1501

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 6 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000382400090

Full Name (Last, First, Middle Initial)

C. Dr. Thomas R Belezard, MD

Mailing Address

1901 N California St

City

Stockton

State

CA

Zip Code

95204-6005

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Stockton Orthopaedic Medical Group, Inc

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000382700091

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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 35 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Kent S Lemer, MD

Mailing Address
17 Jauncy Ave

City State Zip Code
North Arlington NJ 07031-4700

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

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: 1000000382800092

B. Full Name (Last, First, Middle Initial)
Dr. David L Waxman, MD

Mailing Address
600 Davison Run Rd, #102

City State Zip Code
Clarksburg WV 26301-9307

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

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: 1000000383100093

C. Full Name (Last, First, Middle Initial)
Dr. Edward Thomas Jemas, Jr, MD

Mailing Address
2660 Ridgewood Rd

City State Zip Code
Jackson MS 39216-4903

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 1000000383300094

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 36 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Spiro N Papas, MD

Mailing Address
200 Delafield Rd Ste 104D
City State Zip Code
Pittsburgh PA 15215

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 1000000383400095

Full Name (Last, First, Middle Initial)
B. Dr. Alfred O Colquitt, III, MD

Mailing Address
211 Chicopee Dr
City State Zip Code
Marietta GA 30060-1269

Date of Receipt
M M / D D / Y Y Y Y
05 / 06 / 2002

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: 1000000383500096

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

Mailing Address
8450 Northwest Blvd
City State Zip Code
Indianapolis IN 46276-1361

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Orthopaedics Indianapolis Orthopaedic Surgeon

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

Transaction ID: 1000000402500097

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 37 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 O Lytle, MD

Mailing Address
1608 W 40th Ave, #501

City State Zip Code
Pine Bluff AR 71603-6364

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000402600098

B. Full Name (Last, First, Middle Initial)
Dr. Richard F McKay, MD

Mailing Address
8 Medical Dr

City State Zip Code
Amarillo TX 79106-4136

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000402900099

C. Full Name (Last, First, Middle Initial)
Dr. Joseph W Dunlap, Jr. MD

Mailing Address
901 E Cheves St, #100 PO Box 1771

City State Zip Code
Florence SC 29503-1771

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000403100100

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 38 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Arnold D Scheller, MD

Mailing Address
830 Boylston St, #113

City State Zip Code
Chestnut Hill MA 02167-2502

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Pro Sports Orthopaedics Inc. Orthopaedic Surgeon

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

Transaction ID: 10000000403200101

B. Full Name (Last, First, Middle Initial)
Dr. Jason D Cohen, MD

Mailing Address
776 Shrewsbury Avenue Suite 201

City State Zip Code
Tinton Falls NJ 07724

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000403300102

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Evan Budoff, MD

Mailing Address
6550 Fannin #2525

City State Zip Code
Houston TX 77030

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000403400103

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 39 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Andrew A. Brooks, MD

Mailing Address
7230 Medical Center Dr #400

City State Zip Code
West Hills CA 91307-4013

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

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: 10000000403500104

Full Name (Last, First, Middle Initial)
B. Dr. Paul M. Brisson, MD

Mailing Address
51 East 25th Street 6th Floor

City State Zip Code
New York NY 10010

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Cabrin Medical Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 750.00

Transaction ID: 10000000403800105

Full Name (Last, First, Middle Initial)
C. Dr. Roger A. Klein, MD

Mailing Address
1111 Sonoma Ave, #106

City State Zip Code
Santa Rosa CA 95405-4813

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000403700106

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 40 / 192	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Dr. Edward Tillet, MD

Mailing Address
#100 201 Abraham Flexner Way
City State Zip Code
Louisville KY 40202

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
McBride Clinic Inc Orthopaedic Surgeon

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

Transaction ID: 10000000403900107

B. Full Name (Last, First, Middle Initial)
Dr. Paul Alan Kammerlocher, MD

Mailing Address
1110 N Lee
City State Zip Code
Oklahoma City OK 73103

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
McBride Clinic Inc Orthopaedic Surgeon

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

Transaction ID: 10000000404000108

C. Full Name (Last, First, Middle Initial)
Dr. Carl B. Weiss, MD

Mailing Address
2920 Hempstead Tpke
City State Zip Code
Levittown NY 11756-1402

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
McBride Clinic Inc Orthopaedic Surgeon

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

Transaction ID: 10000000404100109

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 41 / 192

(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. Jerold E Lancourt, MD

Mailing Address
7777 Forest Ln
City State Zip Code
Dallas TX 75230-2505

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

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: 10000000404300110

Full Name (Last, First, Middle Initial)
B. Dr. Edward J Mikol, MD

Mailing Address
8171 Rourke St
City State Zip Code
Myrtle Beach SC 29572-4127

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

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: 10000000404400111

Full Name (Last, First, Middle Initial)
C. Dr. Matthew J Kraay, MD

Mailing Address
11100 Euclid Ave
City State Zip Code
Cleveland OH 44106-1738

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
University Orthopaedic Associates, Inc Orthopaedic Surgeon

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

Transaction ID: 10000000404800112

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 42 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. James B Duke, MD

Mailing Address
2300 SE 17th St, #500

City State Zip Code
Ocala FL 34471-9139

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

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: 10000000404700113

B. Full Name (Last, First, Middle Initial)
Dr. Todd B Guthrie, MD

Mailing Address
8 Weston Way

City State Zip Code
Fletcher NC 28732-9571

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

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: 10000000404800114

C. Full Name (Last, First, Middle Initial)
Dr. Stephen L Gurth, MD

Mailing Address
2424 N Wyatt Dr #200

City State Zip Code
Tucson AZ 85712

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tucson Ortho Institute Orthopaedic Surgeon

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

Transaction ID: 10000000404800115

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 43 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Noah Daniel Weiss, MD

Mailing Address
357 Perkins St

City State Zip Code
Sonoma CA 95476-6826

Date of Receipt
M M / D D / Y Y Y Y
05 / 10 / 2002

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: 10000000405400116

B. Full Name (Last, First, Middle Initial)
Dr. Charles Philip Dahl, MD

Mailing Address
310 N. 9th St P O Box 1397

City State Zip Code
Bismarck ND 58501

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Bone & Joint Center Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000414200117

C. Full Name (Last, First, Middle Initial)
Dr. Robert Henry Belding, MD

Mailing Address
1910 Blanding St

City State Zip Code
Columbia SC 29201-3520

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Midlands Orthopaedics Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000414300118

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 44 / 192

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

A. Full Name (Last, First, Middle Initial)
Dr. John R Tongue, MD

Mailing Address
6485 S W Borland Rd, #A

City State Zip Code
Tualatin OR 97062-9762

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 300.00

Transaction ID: 10000000414800119

B. Full Name (Last, First, Middle Initial)
Dr. William John Jason, MD

Mailing Address
The Professional Bldg 141 Salem Ave

City State Zip Code
Carbondale PA 18407

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

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: 10000000415000120

C. Full Name (Last, First, Middle Initial)
Dr. Benjamin Gull, MD

Mailing Address
8 Shadow Ln

City State Zip Code
Saint Paul MN 55127-2812

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Twin Cities Orthopaedics Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000415100121

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 45 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Dante A. Marrs, MD

Mailing Address
203 Professional Center #1 10 Medical Park Ste 203
City State Zip Code
Wheeling WV 26003-6389

Date of Receipt
M / D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
100.00

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) ▼ 300.00

Transaction ID: 10000000415200122

B. Full Name (Last, First, Middle Initial)
Dr. Thomas P. McKenzie, MD

Mailing Address
851 Tilden Dr
City State Zip Code
Lodi CA 95242-3717

Date of Receipt
M / D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Lodi Orthopaedic Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000415300123

C. Full Name (Last, First, Middle Initial)
Dr. David Gaultil, MD

Mailing Address
7922 Bustleton Ave
City State Zip Code
Philadelphia PA 19152-3321

Date of Receipt
M / D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
JCPA Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000415800124

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 46 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. 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
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Children's Hospital Los Angeles Orthopaedic Surgeon

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

Transaction ID: 10000000415700126

Full Name (Last, First, Middle Initial)
B. Dr. Andrew A. Staebler

Mailing Address
1202 Elmwood
City State Zip Code
Abilene TX 79605

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000415900126

Full Name (Last, First, Middle Initial)
C. Dr. Thomas R. Highland, MD

Mailing Address
400 Keene St P O Box 0
City State Zip Code
Columbia MO 65201-6826

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
2000.00

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) ▼ 3000.00

Transaction ID: 10000000416000127

SUBTOTAL of Receipts This Page (optional) ▶ **3250.00**

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 47 / 192

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. David L Nelson, MD

Mailing Address

1363 S Eliseo Dr Ste B

City

State

Zip Code

Greenbrae

CA

94904

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000416200128

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth M Caldwell, MD

Mailing Address

811 Moraga Rd Ste 102

City

State

Zip Code

Lafayette

CA

94549

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000416400129

Full Name (Last, First, Middle Initial)

C. Dr. Joseph P Walls, MD

Mailing Address

755 N Roop St Ste 101

City

State

Zip Code

Carson City

NV

89701-3107

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer
Capital Orthopedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10000000416800130

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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 48 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Adolph V Lombardi Jr, MD

Mailing Address
Joint Implant Surgeons, Inc. 720 East Broad Street
City State Zip Code
Columbus OH 43215-3947

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Joint Implant Surgeons, Inc Orthopaedic Surgeon

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

Transaction ID: 10000000416800131

B. Full Name (Last, First, Middle Initial)
Dr. Brent Allen, MD

Mailing Address
4747 Sunset Blvd
City State Zip Code
Los Angeles CA 90027-6021

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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: 10000000417000132

C. Full Name (Last, First, Middle Initial)
Dr. Frank L Barnes, MD

Mailing Address
Twelve Oaks Tower 4126 SW Freeway, Ste 1410
City State Zip Code
Houston TX 77027-7318

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000417100133

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 49 / 192

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. James L Griffin, MD

Mailing Address

1919 S Wheeling Ave, #504

City

State

Zip Code

Tulsa

OK

74104-5634

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
TB&JA

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000417200134

Full Name (Last, First, Middle Initial)

B. Dr. William A Leone, MD

Mailing Address

3111 NE 27th Ave

City

State

Zip Code

Lighthouse Point

FL

33064-8107

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Holy Cross Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000417400135

Full Name (Last, First, Middle Initial)

C. Dr. Ray M Fitzgerald, MD

Mailing Address

17270 Red Oak Dr, #200

City

State

Zip Code

Houston

TX

77090-2818

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
KSF Orthopaedic Center

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000417500136

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 50 / 192

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. Christopher C Kain, MD

Mailing Address

2500 Cherry Ave, #304

City

State

Zip Code

Bremerton

WA

08310-4202

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 10000000417600137

Full Name (Last, First, Middle Initial)

B. Dr. Earl E Whitwell, MD

Mailing Address

1825 Northlake Drive

City

State

Zip Code

Tupelo

MS

38804

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Retired

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000418000138

Full Name (Last, First, Middle Initial)

C. Dr. A Lee Hunter, Jr. MD

Mailing Address

PO Box 618

1321 S Locust Ave

City

State

Zip Code

Lawrenceburg

TN

38464

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10000000418100139

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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 51 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Donald A. Schmidt, MD

Mailing Address
9844 S 1300 East, #275

City State Zip Code
Sandy UT 84094-4600

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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: 10000000418200140

B. Full Name (Last, First, Middle Initial)
Dr. Edward L. Cahill, MD

Mailing Address
333 E Alpine Ave

City State Zip Code
Stockton CA 95204-3407

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
100.00

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) ▼ 300.00

Transaction ID: 10000000418300141

C. Full Name (Last, First, Middle Initial)
Dr. Charles H. Alexander, MD

Mailing Address
5549 Green Oak Dr

City State Zip Code
Los Angeles CA 90068-2501

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000418500142

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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 52 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Alex B Badenstab, MD

Mailing Address
4745 Ogletown Stanton Rd, #225

City State Zip Code
Newark DE 19713-2074

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First State Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000418600143

B. Full Name (Last, First, Middle Initial)
Dr. John R Rowel, Jr, MD

Mailing Address
Piedmont Ortho Assoc 35 International Dr

City State Zip Code
Greenville SC 29615-4816

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000418700144

C. Full Name (Last, First, Middle Initial)
Dr. Frederick N Meyer, MD

Mailing Address
6505 Sugar Pointe Court

City State Zip Code
Mobile AL 36695-2741

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ South Alabama Orthopaedic Surgeon

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

Transaction ID: 10000000419000145

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 53 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. William L Green, MD

Mailing Address
3838 California St

City State Zip Code
San Francisco CA 94118-1522

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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: 10000000419100146

Full Name (Last, First, Middle Initial)
B. Dr. Neil J Hegin, MD

Mailing Address
1868 Mulkey Rd, #A

City State Zip Code
Austell GA 30106-1163

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

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: 10000000419200147

Full Name (Last, First, Middle Initial)
C. Dr. Michael William Tanner, MD

Mailing Address
6717 S Evanston Ave

City State Zip Code
Tulsa OK 74136

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Central States Orthopedic Orthopaedic Surgeon

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

Transaction ID: 10000000419300148

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 54 / 192	
	<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. James R. Santangelo, MD

Mailing Address
355 Edinburgh Dr

City State Zip Code
Fayetteville NC 28303

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

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: 10000000419400149

B. Full Name (Last, First, Middle Initial)
Dr. Steven B. Carr, MD

Mailing Address
600 N Robbins Rd Ste 401

City State Zip Code
Boise ID 83702

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

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: 10000000419800150

C. Full Name (Last, First, Middle Initial)
Dr. Daniel J. Nagle, MD

Mailing Address
448 E Ontario, #500

City State Zip Code
Chicago IL 60611-7108

Date of Receipt
M M / D D / Y Y Y Y
05 / 22 / 2002

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: 10000000419700151

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 55 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Thomas G Friemood, MD

Mailing Address
660 Golden Ridge Rd #250

City State Zip Code
Golden CO 80401-9522

Date of Receipt
M / D / Y
05 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Panorama Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000419900152

B. Full Name (Last, First, Middle Initial)
Dr. Joseph N Wilson, MD

Mailing Address
4701 85th St

City State Zip Code
Lubbock TX 79424-4104

Date of Receipt
M / D / Y
05 / 22 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000420000153

C. Full Name (Last, First, Middle Initial)
Dr. Gerald A Rahn, MD

Mailing Address
639 S Walker St, #E

City State Zip Code
Bloomington IN 47403-2154

Date of Receipt
M / D / Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bloomington Bone & Joint Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000411400154

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 56 / 192
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Dr. Sean J O'Donnell, MD

Mailing Address
Middlesex Ortho Surg, PC 520 Saybrook Rd, N-203
City State Zip Code
Middletown CT 06457-4700

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Middlesex Ortho Surg, PC Orthopaedic Surgeon

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

Transaction ID: 10000000411500155

Full Name (Last, First, Middle Initial)
B. Dr. James Kerbs, MD

Mailing Address
1270 State Route 598 Attn Janet
City State Zip Code
Galion OH 44833

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000411800158

Full Name (Last, First, Middle Initial)
C. Dr. John P Scullin, MD

Mailing Address
1 Greenville Orthopaedic Ctr
City State Zip Code
Greenville PA 16125-1210

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000411700157

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 57 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Robert Paul Langen, MD

Mailing Address
702 Kalanipuu St

City State Zip Code
Honolulu HI 06825

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000411800158

B. Full Name (Last, First, Middle Initial)
Dr. George Nelson Armstrong, Jr, MD

Mailing Address
556 Bth Ave

City State Zip Code
Fort Worth TX 76104

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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) ▼ 750.00

Transaction ID: 10000000411800159

C. Full Name (Last, First, Middle Initial)
Dr. Stephen W Shick, MD

Mailing Address
1020 Van Buskirk Rd

City State Zip Code
Anderson IN 46011-1248

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000412200160

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 58 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Susan M Swank, MD

Mailing Address
Spine Center 124D1 Washington Blvd
City State Zip Code
Whittier CA 90602-1006

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PIH/Spine Ctr Orthopaedic Surgeon

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

Transaction ID: 10000000412300161

Full Name (Last, First, Middle Initial)
B. Dr. Richard S Levy, MD

Mailing Address
6506 Brookshire Dr
City State Zip Code
Dallas TX 75230-4104

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000412400162

Full Name (Last, First, Middle Initial)
C. Dr. James E Mullen, MD

Mailing Address
#200 24331 El Toro Rd
City State Zip Code
Laguna Woods CA 92653

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
South County Orthopedic Special- Orthopaedic Surgeon
ists

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1500.00

Transaction ID: 10000000412800163

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 59 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Mark J Rosen, MD

Mailing Address
2020 Palomina Ln, #220

City State Zip Code
Las Vegas NV 89106-4891

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000412700164

B. Full Name (Last, First, Middle Initial)
Dr. John W Jaureguito, MD

Mailing Address
3555 Beacon Ave

City State Zip Code
Fremont CA 94538-1407

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Orthopaedic Sports Specialists Occupation
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: 10000000412800165

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth M Oates, MD

Mailing Address
3516 W 3rd St

City State Zip Code
Anacortes WA 98221

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Northwest Orthopaedic Surgeons Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000412800166

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 60 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Charles D Cardenas, MD

Mailing Address
13725 FM 624

City State Zip Code
Corpus Christi TX 78410-5123

Date of Receipt
N M / D E / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000413000167

Full Name (Last, First, Middle Initial)
B. Dr. James Gilum Burke, MD

Mailing Address
414 W Lebanon St P O Box 1544

City State Zip Code
Mount Airy NC 27030-2954

Date of Receipt
N M / D E / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sury Orthopaedics Assoc., PA Orthopaedic Surgeon

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

Transaction ID: 10000000413100168

Full Name (Last, First, Middle Initial)
C. Dr. E Michael Okn, MD

Mailing Address
9140 A Academy Rd

City State Zip Code
Philadelphia PA 19114-2853

Date of Receipt
N M / D E / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Delaware Valley Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000413300169

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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 61 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Carl L Highgenboten, MD

Mailing Address
7777 Forest Lane C108

City State Zip Code
Dallas TX 75230-2512

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000413400170

Full Name (Last, First, Middle Initial)
B. Dr. Bradley J Brinard, MD

Mailing Address
2424 N Wyatt Dr, #230

City State Zip Code
Tucson AZ 85712-6109

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000413500171

Full Name (Last, First, Middle Initial)
C. Dr. Kipley J Siggard, MD

Mailing Address
3465 S 4155 W, #5

City State Zip Code
West Valley City UT 84120-2013

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000413600172

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 62 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Robert S Garab, MD

Mailing Address
1140 W La Veta Ave Ste B50

City State Zip Code
Orange CA 92868-4230

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 700.00

Transaction ID: 10000000413700173

Full Name (Last, First, Middle Initial)
B. Dr. R William Petty, MD

Mailing Address
2320 NW 86th Ct

City State Zip Code
Gainesville FL 32653

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

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: 10000000413800174

Full Name (Last, First, Middle Initial)
C. Dr. Lawrence LeRoy Lhe, Jr, MD

Mailing Address
98 Woodstone Dr

City State Zip Code
Hattiesburg MS 39402

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Southern Bone & Joint Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000413800175

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 63 / 192
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Dr. Scott J Duritz, MD

Mailing Address
1919 S Wheeling, #500

City State Zip Code
Tulsa OK 74104-5634

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tulsa Bone and Joint Assoc Orthopaedic Surgeon

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

Transaction ID: 1000000041400176

Full Name (Last, First, Middle Initial)
B. Dr. Tse-Shiang Wu, MD

Mailing Address
187 Thomas Johnson Dr, #1

City State Zip Code
Frederick MD 21702-4396

Date of Receipt
M M / D D / Y Y Y Y
05 / 23 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000414100177

Full Name (Last, First, Middle Initial)
C. Dr. Arthur D Black, MD

Mailing Address
3615 Hospital Rd

City State Zip Code
Pascagoula MS 39561

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blenville Orthopaedic Specialists, LLC Orthopaedic Surgeon

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

Transaction ID: 10000000407400178

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 64 / 192

(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. James Reed Green, Jr. MD

Mailing Address

PO Box 537B

City

State

Zip Code

Meridian

MS

38302

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

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: 1000000407500179

Full Name (Last, First, Middle Initial)

B. Dr. Harold M Hawkins, II, MD

Mailing Address

3835 Briarville Blvd

City

State

Zip Code

Ocean Springs

MS

38564-5711

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

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: 1000000407800180

Full Name (Last, First, Middle Initial)

C. Dr. Mark W Diehl, MD

Mailing Address

1078 Polo Club Drive

City

State

Zip Code

Marietta

GA

30064

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Pinnacle Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000407800181

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 65 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Eugene Michael Wolf, MD

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Mailing Address
3000 California St

City State Zip Code
San Francisco CA 94115-2411

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000407900182

B. Full Name (Last, First, Middle Initial)
Dr. John N Callender, MD

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Mailing Address
2540 Filbert St

City State Zip Code
San Francisco CA 94123-3318

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
California Pacific Ortho & Sports Med Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 550.00

Transaction ID: 10000000408100183

C. Full Name (Last, First, Middle Initial)
Dr. Paul David Peterson, MD

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Mailing Address
2950 S Elm Pl Ste 415

City State Zip Code
Broken Arrow OK 74012-7863

Amount of Each Receipt this Period
700.00

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) ▼ 700.00

Transaction ID: 10000000408300184

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: (check only one)		PAGE 66 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. J Kenneth Burkus, MD

Mailing Address
PO Box 9517 6262 Veterans Pkwy
City State Zip Code
Columbus GA 31908-9517

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hughston Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000408400185

B. Full Name (Last, First, Middle Initial)
Dr. James F Fahey, Jr, MD

Mailing Address
4828 Corrales Rd
City State Zip Code
Corrales NM 87048

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNM School of Medicine-Dept of Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 10000000408500186

C. Full Name (Last, First, Middle Initial)
Dr. Richard W Barth, MD

Mailing Address
2021 K St, #400
City State Zip Code
Washington DC 20006-1003

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 0 2

Amount of Each Receipt this Period
250.00

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) ▼ 450.00

Transaction ID: 10000000408600187

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 67 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Hugh Carroll McLead, III, MD

Mailing Address
1163 Jahnsan Ferry Rd, #200

City State Zip Code
Marietta GA 30068-2764

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Atlanta Orthopaedic Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000408700188

Full Name (Last, First, Middle Initial)
B. Dr. James F Fahey, Jr, MD

Mailing Address
4828 Corrales Rd

City State Zip Code
Corrales NM 87048

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNM School of Medicine-Dept of Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 650.00

Transaction ID: 10000000408900189

Full Name (Last, First, Middle Initial)
C. Dr. James B Benjamin, MD

Mailing Address
3395 North Campbell Avenue

City State Zip Code
Tucson AZ 85719

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000409100180

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 68 / 192
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Mark E Steiner, MD

Mailing Address
7 Hewins Farm Rd

City State Zip Code
Wallesley Hills MA 02481-6838

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 1000000409200191

B. Full Name (Last, First, Middle Initial)
Dr. G Steven White, MD

Mailing Address
280 S King St

City State Zip Code
Seguin TX 78155-5835

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 1000000409300192

C. Full Name (Last, First, Middle Initial)
Dr. Matthew S Shapiro, MD

Mailing Address
1200 Hilyard, Ste 600

City State Zip Code
Eugene OR 97401

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 1000000409500193

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 69 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 T Chance, MD

Mailing Address
33 Sewall St

City State Zip Code
Portland ME 04102-2603

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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) ▼ 500.00

Transaction ID: 10000000409600194

B. Full Name (Last, First, Middle Initial)
Dr. Richard Walsh, MD

Mailing Address
18th Ave Medical Plaza #D1 333 N 18th Ave

City State Zip Code
Pocatello ID 83201-3358

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 10000000409700195

C. Full Name (Last, First, Middle Initial)
Dr. Jerome A Behrens, MD

Mailing Address
4140 Centennial Hills Blvd Suite A

City State Zip Code
Casper WY 82809

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 10000000409800196

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 70 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Joseph C McCarthy, MD

Mailing Address
125 Parker Hill Ave
City: Boston State: MA Zip Code: 02120-2847

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon

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

Transaction ID: 10000000410000197

Full Name (Last, First, Middle Initial)
B. Dr. Francis K Tindell, MD

Mailing Address
5820 E Bell Rd
City: Scottsdale State: AZ Zip Code: 85254-5950

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1200.00

Transaction ID: 10000000410100198

Full Name (Last, First, Middle Initial)
C. Dr. David A Thomett, MD

Mailing Address
873 Medical Center Dr NE
City: Salem State: OR Zip Code: 97301

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon

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

Transaction ID: 10000000410300199

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 71 / 192	
	<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. Vincent C L Leung, MD

Mailing Address
333 E Alpine Ave

City State Zip Code
Stockton CA 95204-3407

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 10000000410500200

B. Full Name (Last, First, Middle Initial)
Dr. Noah Daniel Weiss, MD

Mailing Address
357 Perkins St

City State Zip Code
Sonoma CA 95476-6826

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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) ▼ 500.00

Transaction ID: 10000000410700201

C. Full Name (Last, First, Middle Initial)
Dr. Earl A Lathner, III, MD

Mailing Address
Roswell Bone & Joint Clinic 115 E 19th St

City State Zip Code
Roswell NM 88201-5151

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SCOR, PC Orthopaedic Surgeon

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

Transaction ID: 10000000410800202

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 72 / 192	
	<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
05 / 24 / 2002

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) ▼ 700.00

Transaction ID: 10000000410900203

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence R Walker, MD

Mailing Address
P O Box 925

City State Zip Code
Lake Arrowhead CA 92352

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 10000000411000204

C. Full Name (Last, First, Middle Initial)
Dr. Jon Jerold Hankin, MD

Mailing Address
14252 Culver Dr #A-814

City State Zip Code
Irvine CA 92604-0317

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 10000000411100205

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 73 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Kent Steven Marangi, MD

Mailing Address
Community Orthopaedic Medical 264D1 Crown Valley Prkwy, #101
City State Zip Code
Mission Viejo CA 92691-6350

Date of Receipt
M M / D D / Y Y Y Y
05 / 24 / 2002

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: 1000000411200206

B. Full Name (Last, First, Middle Initial)
Dr. Janet E Whitlow, MD

Mailing Address
4547 N 52nd Pl
City State Zip Code
Phoenix AZ 85018-3024

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

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) ▼ 450.00

Transaction ID: 1000000431000207

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey H Charen, MD

Mailing Address
Orthopaedic Associates of Cent 205 May St, #202
City State Zip Code
Edison NJ 08837

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Orthopaedic Associates of Central NJ Orthopaedic Surgeon

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

Transaction ID: 1000000431100208

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 74 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Alan Rosen, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Mailing Address
17270 Red Oak Dr Ste 200

City State Zip Code
Houston TX 77090-2618

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KSF Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000431300209

B. Full Name (Last, First, Middle Initial)
Dr. Robert J Berak, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Mailing Address
1445 Raritan Rd

City State Zip Code
Clark NJ 07066-1230

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000431400210

C. Full Name (Last, First, Middle Initial)
Dr. Sheldon S Lin, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Mailing Address
90 Bergen St Ste 7400 DOC Building

City State Zip Code
Newark NJ 07103

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UMDNJ Orthopaedic Surgeon

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

Transaction ID: 10000000431500211

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 75 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Stephen A Cord, MD

Date of Receipt
N M / D E / Y Y Y Y
06 / 04 / 2002

Mailing Address
3601 22nd St

City State Zip Code
Lubbock TX 79410-1309

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lubbock Bone and Joint Orthopaedic Surgeon

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

Transaction ID: 10000000431700212

Full Name (Last, First, Middle Initial)
B. Dr. Nancy D Garber, MD

Date of Receipt
N M / D E / Y Y Y Y
06 / 04 / 2002

Mailing Address
Bone & Joint of West Atlanta 870 Crestmark Dr Ste 102

City State Zip Code
Lithia Springs GA 30122

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000431800213

Full Name (Last, First, Middle Initial)
C. Dr. Jeffrey C Witt, MD

Date of Receipt
N M / D E / Y Y Y Y
06 / 04 / 2002

Mailing Address
Hand Center of Western Mass 3455 Main St

City State Zip Code
Springfield MA 01107-1147

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Hand Center of Western MA Orthopaedic Surgeon

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

Transaction ID: 10000000431800214

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 76 / 192	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. James C Strazzeri, MD

Mailing Address
11550 Indian Hills Rd, #351

City State Zip Code
Mission Hills CA 91345-1203

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

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: 10000000432000215

Full Name (Last, First, Middle Initial)
B. Dr. Albert B Throver, MD

Mailing Address
202 Elmer St

City State Zip Code
Westfield NJ 07090

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

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: 10000000432100216

Full Name (Last, First, Middle Initial)
C. Dr. Kevin W Luke, MD

Mailing Address
125 Circle Ridge Dr

City State Zip Code
Burr Ridge IL 60527

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Parkview Musculoskeletal Institute Orthopaedic Surgeon

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

Transaction ID: 10000000432200217

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 77 / 192	
	<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. Jaafar M Bazih, MD

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Mailing Address
1919 S Wheeling, #504

City State Zip Code
Tulsa OK 74104-5634

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tulsa Bone and Joint Associates Orthopaedic Surgeon

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

Transaction ID: 10000000432300218

B. Full Name (Last, First, Middle Initial)
Dr. Paul C Miling, MD

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Mailing Address
163 N Date St

City State Zip Code
Escondido CA 92025-3405

Amount of Each Receipt this Period
250.00

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) ▼ 450.00

Transaction ID: 10000000432400219

C. Full Name (Last, First, Middle Initial)
Dr. Edward W Younger, III, MD

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 2

Mailing Address
6403 Coyle Ave, #170

City State Zip Code
Carmichael CA 95808-0311

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern California Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000432500220

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 78 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Roger J LaGratta, MD

Mailing Address
228 White St

City State Zip Code
Danbury CT 06810-6814

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Danbury Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000432600221

B. Full Name (Last, First, Middle Initial)
Dr. James A Shapiro, MD

Mailing Address
6308 8th Ave, #505

City State Zip Code
Kenosha WI 53143-5031

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Comprehensive Orthopaedics, SC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 10000000432800222

C. Full Name (Last, First, Middle Initial)
Dr. Bruce T Henderson, MD

Mailing Address
44555 Woodward Ste 407

City State Zip Code
Pontiac MI 48341-2965

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

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) ▼ 1000.00

Transaction ID: 10000000432800223

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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 79 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Alan H Morris, MD

Mailing Address
6318 Kingsbury Blvd

City State Zip Code
Clayton MO 63105

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Metropolitan Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000433000224

B. Full Name (Last, First, Middle Initial)
Dr. Philip T Regala, MD

Mailing Address
1112 Goodlette Rd N #100

City State Zip Code
Naples FL 34102-5493

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000433200225

C. Full Name (Last, First, Middle Initial)
Dr. Kenneth L Vandervoort, MD

Mailing Address
901 Leighton Ave #402

City State Zip Code
Anniston AL 36207-5703

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anniston Orthopedic Assoc Orthopaedic Surgeon

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

Transaction ID: 10000000422400226

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: PAGE 80 / 192

(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. David Arthur Detrisac, MD

Mailing Address

3394 E. Jolly Road

Suite A

City

State

Zip Code

Lansing

MI

48910-8595

Date of Receipt

N M / D E / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period

350.00

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 ▼

350.00

Transaction ID: 10000000422500227

Full Name (Last, First, Middle Initial)

B. Dr. Douglas Allen Bernard, MD

Mailing Address

2309 E Main St Ste 200

City

State

Zip Code

New Iberia

LA

70560-4031

Date of Receipt

N M / D E / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Iberia Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000422700228

Full Name (Last, First, Middle Initial)

C. Dr. Charles S. Walker, MD

Mailing Address

5408 Flanders Dr

City

State

Zip Code

Baton Rouge

LA

70808-9188

Date of Receipt

N M / D E / Y Y Y Y
06 / 05 / 2002

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: 10000000422800229

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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 81 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Richard Edmund Topping, MD

Mailing Address
1502 Harrison Ave
City: Elkins State: WV Zip Code: 26241

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: Tygarts Valley Orthopaedics Occupation: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 10000000423100230

Full Name (Last, First, Middle Initial)
B. Dr. Gary Worthington Bradley, MD

Mailing Address
536 E Arrellaga St
City: Santa Barbara State: CA Zip Code: 93103-2264

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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) ▼ 450.00

Transaction ID: 10000000423200231

Full Name (Last, First, Middle Initial)
C. Dr. John William Miles, III, MD

Mailing Address
4510 Viewridge Ave
City: San Diego State: CA Zip Code: 92123

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000423300232

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: (check only one)		PAGE 82 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 Henry Doherty, Jr, MD

Mailing Address
748 Jefferson Ave, #102

City State Zip Code
Scranton PA 18510-1624

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Professional Orthopaedic Associates, L Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 750.00

Transaction ID: 10000000423500233

B. Full Name (Last, First, Middle Initial)
Dr. Harvey E Smires, Jr, MD

Mailing Address
Princeton Ortho Associates 325 Princeton Ave

City State Zip Code
Princeton NJ 08540-1617

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Princeton Ortho Associates Orthopaedic Surgeon

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

Transaction ID: 10000000423800234

C. Full Name (Last, First, Middle Initial)
Dr. Juan J Biblon-Rodriguez, MD

Mailing Address
Ashford Medical Center Ste 802

City State Zip Code
San Juan PR 00907

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000423700235

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 83 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. James D McKinney, MD

Mailing Address
404 N Hickory Ave

City State Zip Code
Cookeville TN 38501-2431

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000423800236

B. Full Name (Last, First, Middle Initial)
Dr. Rodney P Wigle, MD

Mailing Address
1310 NE Cushing Dr Ste A

City State Zip Code
Bend OR 97701-3730

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000423900237

C. Full Name (Last, First, Middle Initial)
Dr. William C Nesh, MD

Mailing Address
1113 Woodland Dr

City State Zip Code
Elizabethtown KY 42701-2749

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
450.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Elizabethtown Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: 10000000424000238

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 84 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Robert A Caveney, MD

Mailing Address
3D Medical Park #220

City State Zip Code
Wheeling WV 26003-7609

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000424100239

B. Full Name (Last, First, Middle Initial)
Dr. Ricardo M Canales-Morales, MD

Mailing Address
PO Box 380097

City State Zip Code
San Juan PR 00936-0097

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000424300240

C. Full Name (Last, First, Middle Initial)
Dr. Daniel J Merth, Jr. MD

Mailing Address
621 S New Ballas, #5015

City State Zip Code
Saint Louis MO 63141-8200

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000424400241

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 85 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Wayne Anthony Colizza, MD

Mailing Address
63 Newton Sparta Road

City State Zip Code
Newton NJ 07860

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed
Cleveland Clinic

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000424600242

B. Full Name (Last, First, Middle Initial)
Dr. Joseph P Iannotti, MD, PhD

Mailing Address
The Cleveland Clinic A-41 9500 Euclid Ave

City State Zip Code
Cleveland OH 44195

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed
Cleveland Clinic

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000424900243

C. Full Name (Last, First, Middle Initial)
Dr. Clayton B Brandes, MD

Mailing Address
9536 NE 31st St

City State Zip Code
Bellevue WA 98004-1736

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed
Cleveland Clinic

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000425200244

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 86 / 192

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. Anthony J Robins, MD

Mailing Address

1231 116th NE, #10D

City

Bellevue

State

WA

Zip Code

98004-3804

Date of Receipt

MM / DD / YYYY
06 / 05 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Bellevue

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000425300245

Full Name (Last, First, Middle Initial)

B. Dr. John R Payne, MD

Mailing Address

8D1 Leighton Ave.

Suite 402

City

Anniston

State

AL

Zip Code

36207

Date of Receipt

MM / DD / YYYY
06 / 05 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Anniston Orthopaedics Associates

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000425400246

Full Name (Last, First, Middle Initial)

C. Dr. Russell A Wagner, MD

Mailing Address

556 8th Ave

City

Fort Worth

State

TX

Zip Code

76104-2010

Date of Receipt

MM / DD / YYYY
06 / 05 / 2002

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000425600247

SUBTOTAL of Receipts This Page (optional) ▶

750.00

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 87 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. William F Webb, MD

Mailing Address
2641 Kelliwood Circle

City State Zip Code
Shreveport LA 71106

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Highland Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000426300248

B. Full Name (Last, First, Middle Initial)
Dr. Gregory Daniel Lewish, MD

Mailing Address
2211 Lyell Ave, #107

City State Zip Code
Rochester NY 14606-5743

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Westside Orthopaedic Group, PC Orthopaedic Surgeon

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

Transaction ID: 10000000426400249

C. Full Name (Last, First, Middle Initial)
Dr. Michael A Thorpe, MD

Mailing Address
3149 Ellis St, #103

City State Zip Code
Bellingham WA 98225-1940

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000426500250

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 88 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Nicholas John Connors, MD

Mailing Address
123 Creek Dr

City State Zip Code
Port Charlotte FL 33852

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000426700251

B. Full Name (Last, First, Middle Initial)
Dr. Joseph B Chalal, MD

Mailing Address
4801 S Congress Ave

City State Zip Code
Lake Worth FL 33461-4746

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000426800252

C. Full Name (Last, First, Middle Initial)
Dr. Gerald C Vanden Bosch, MD

Mailing Address
1803 Forest Hills Rd PO Box 3148

City State Zip Code
Wilson NC 27895-3148

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wilson Orthopaedic Surgery/Neurology C Orthopaedic Surgeon

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

Transaction ID: 10000000427000253

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 89 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Robert B Nelson, MD

Mailing Address
308 Oak St

City State Zip Code
Livingston TN 38570

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Twins Lakes Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000427200254

B. Full Name (Last, First, Middle Initial)
Dr. Peter C Amadio, MD

Mailing Address
Mayo Clinic 200 1st St S W

City State Zip Code
Rochester MN 55902-3008

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mayo Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000427300255

C. Full Name (Last, First, Middle Initial)
Dr. Clarence H Fessler, MD

Mailing Address
Oconee Shores Ortho & Sports M 750 N Cobb ST

City State Zip Code
Milledgeville GA 31061

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Oconee Shores Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000427500256

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 90 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Luis Alexander Miranda Torres, MD

Mailing Address
Parques Santa Mam'a Rosa M-8
City State Zip Code
San Juan PR 00911

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000427700257

B. Full Name (Last, First, Middle Initial)
Dr. Norman L Dunitz, MD

Mailing Address
St. John Wheeling Medical Bldg 1919 S. Wheeling, #500
City State Zip Code
Tulsa OK 74104-5634

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer
Tulsa Bone and Joint Associates

Occupation
Orthopaedic Surgeon

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Transaction ID: 10000000427800258

C. Full Name (Last, First, Middle Initial)
Dr. Andrew E Price, MD

Mailing Address
200 W 57th St Ste 1205
City State Zip Code
New York NY 10019

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
St. Luke's Roosevelt Hospital Center

Occupation
Orthopaedic Surgeon

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Transaction ID: 10000000427800259

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: (check only one)		PAGE 91 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Milo G Sloc, III, MD

Mailing Address
520 S. Santa Fe Ste 400
City State Zip Code
Salina KS 67401

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Clinic of Salina Orthopaedic Surgeon

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

Transaction ID: 10000000428400260

Full Name (Last, First, Middle Initial)
B. Dr. Antoine J Jabbour, MD

Mailing Address
Orthopaedic Surgery Center 1919 S Wheeling Ave Ste 500
City State Zip Code
Tulsa OK 74104-5634

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tulsa Bone & Joint Associates Orthopaedic Surgeon

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

Transaction ID: 10000000428700261

Full Name (Last, First, Middle Initial)
C. Dr. Mark G Mize, MD

Mailing Address
Jackson-Memorial Hospital Dept of Ortho & Rehab
City State Zip Code
Miami FL 33136-1094

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Miami Orthopaedic Surgeon

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

Transaction ID: 10000000428800262

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: (check only one)		PAGE 92 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Champ L Baker, Jr, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Mailing Address
6262 Veterans Parkway PO Box 9517
City State Zip Code
Columbus GA 31908

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hughston Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000428900263

Full Name (Last, First, Middle Initial)
B. Dr. Mathias A Masem, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Mailing Address
3300 Webster St #202
City State Zip Code
Oakland CA 94609-3106

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000429000264

Full Name (Last, First, Middle Initial)
C. Dr. James P McElhinney, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Mailing Address
4500 E 9th Ave, #450
City State Zip Code
Denver CO 80220-3923

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000429400265

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 93 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Krute C Buehler, MD

Mailing Address
2600 Neff Road

City State Zip Code
Bend OR 97701

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 10000000429600266

Full Name (Last, First, Middle Initial)
B. Dr. Charles M Davis, III, MD

Mailing Address
Milton S Hershey Medical Center Department of Orthopaedics

City State Zip Code
Hershey PA 17033

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Milton S Hershey Medical Center Orthopaedic Surgeon

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

Transaction ID: 10000000429700267

Full Name (Last, First, Middle Initial)
C. Dr. James B Glattey, MD

Mailing Address
1216 NW 104th Terrace

City State Zip Code
Gainesville FL 32606

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000429800268

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 94 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 H Thompson, MD

Mailing Address
2508 N W Medical Park Dr

City State Zip Code
Roseburg OR 97470-5510

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000429900269

Full Name (Last, First, Middle Initial)
B. Dr. David Thomas Sowa, MD

Mailing Address
4745 Stanton-Ogletown Rd, #225

City State Zip Code
Newark DE 19713

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
First State Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000430100270

Full Name (Last, First, Middle Initial)
C. Dr. Robert K Hanicheen, MD

Mailing Address
3240 Professional Dr

City State Zip Code
Auburn CA 95602-2409

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000430500271

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 95 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Frederick L Mansfield, MD

Mailing Address
Zero Emerson Place, #120

City State Zip Code
Boston MA 02114

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000430700272

B. Full Name (Last, First, Middle Initial)
Dr. Joel W Ranbaum, MD

Mailing Address
1145 Bush St

City State Zip Code
San Francisco CA 94109-5919

Date of Receipt
M M / D D / Y Y Y Y
06 / 05 / 2002

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: 10000000430900273

C. Full Name (Last, First, Middle Initial)
Dr. Mark Bernhardt, MD

Mailing Address
4320 Wornall Rd, #810

City State Zip Code
Kansas City MO 64111-3210

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Dickson Diveley Midwest Ortho Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000433400274

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 96 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Stanley L Grabias, MD

Mailing Address
401 Buttonwood Street
City State Zip Code
West Reading PA 19611-1449

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: 10000000433500275

Full Name (Last, First, Middle Initial)
B. Dr. Roman Schweutsman, MD

Mailing Address
4275 S Burnham Sta 380
City State Zip Code
Las Vegas NV 89119

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: 10000000433800276

Full Name (Last, First, Middle Initial)
C. Dr. Thomas Edmunds Price, MD

Mailing Address
1285 Hembree Rd #200A
City State Zip Code
Roswell GA 30076

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Emory University Occupation
Emory University Orthopaedic Surgeon

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

Transaction ID: 10000000433700277

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 97 / 192	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Edward B Hill, MD

Mailing Address
1111 Franklin St Ste 110
City State Zip Code
Johnstown PA 15905-4330

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Highlands Orthopedics Inc

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000433800278

B. Full Name (Last, First, Middle Initial)
Dr. Lee Booth Grant, Jr, MD

Mailing Address
2500 E Prospect Rd
City State Zip Code
Fort Collins CO 80525-9773

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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) ▼ 350.00

Transaction ID: 10000000433900279

C. Full Name (Last, First, Middle Initial)
Dr. Ernest B Meraldis, MD

Mailing Address
2835 Drummond
City State Zip Code
Shaker Heights OH 44120

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
University Orthopaedics

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000434000280

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 98 / 192

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. J Olie Edmunds, Jr, MD

Mailing Address

Tidewater Pl 144D Canal St, #1500

City State Zip Code

New Orleans LA 70112-2715

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 2

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: 10000000434100281

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey John Anderson, MD

Mailing Address

333 O'Connor Dr

City State Zip Code

San Jose CA 95128-1623

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 2

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000434200282

Full Name (Last, First, Middle Initial)

C. Dr. Alan R McCall, MD

Mailing Address

7447 W Talcott Ave, #500

City State Zip Code

Chicago IL 60631-3745

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 2

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 ▼

1500.00

Transaction ID: 10000000434300283

SUBTOTAL of Receipts This Page (optional) ▶

2250.00

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 99 / 192
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Dr. James G Davis, MD

Mailing Address
Alabama Orthopaedic Society Box 130729
City State Zip Code
Birmingham AL 32513-0729

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: 10000000434600284

Full Name (Last, First, Middle Initial)
B. Dr. Steve G Salyers, MD

Mailing Address
1060 Rossview Rd
City State Zip Code
Clarksville TN 37043-1908

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Premier Medical Group Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000434800285

Full Name (Last, First, Middle Initial)
C. Dr. Danna P Rivera, MD

Mailing Address
Dept of Orthopaedics UNM Health Science Ctr
City State Zip Code
Albuquerque NM 87131-5296

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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) ▼ 350.00

Transaction ID: 10000000434800286

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 100 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. William C Burns, II, MD

Mailing Address
2612 Redding Dr

City State Zip Code
Plano TX 75093

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000435000287

B. Full Name (Last, First, Middle Initial)
Dr. Wayne R Hardwick, MD

Mailing Address
6006 Mt Bonnell Cove

City State Zip Code
Austin TX 78731

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: 10000000435100288

C. Full Name (Last, First, Middle Initial)
Dr. Jonathan L Cohen, MD

Mailing Address
609 E Orangeburg Ave, #201A

City State Zip Code
Modesto CA 95350-5580

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
400.00

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) ▼ 400.00

Transaction ID: 10000000435200289

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 101 / 102	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Daniel J Gallagher, MD

Mailing Address
Bone & Joint Clinic West Jefferson Med Bldg
City State Zip Code
Marrero LA 70072-3064

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bone & Joint Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000435300290

Full Name (Last, First, Middle Initial)
B. Dr. Moheb S Moneim, MD

Mailing Address
Dept Ortho HSC-UNM
City State Zip Code
Albuquerque NM 87131-5296

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of New Mexico Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: 10000000435800291

Full Name (Last, First, Middle Initial)
C. Dr. Thomas John Haverbush, MD

Mailing Address
315 E Warwick Rd Ste A
City State Zip Code
Alma MI 48801-1013

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period
250.00

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) ▼ 350.00

Transaction ID: 10000000435700292

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 102 / 102	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Norman L. Donati, MD

Mailing Address
612 W Gordon St
City: Thomaston State: GA Zip Code: 30286-3416

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Upson Orthopaedics Occupation: Orthopaedic Surgeon

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

Transaction ID: 10000000435900293

Full Name (Last, First, Middle Initial)
B. Dr. Peter J. Stam, MD

Mailing Address
231 Albert Sabin Way - 3481 MS Dept. of Orthopaedic Surgery
City: Cincinnati State: OH Zip Code: 45267-0212

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
200.00

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: 10000000436000294

Full Name (Last, First, Middle Initial)
C. Dr. Scott Beecher Stutchfield, MD

Mailing Address
1591 Lexington Rd
City: Danville State: KY Zip Code: 40422

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Transaction ID: 10000000436100295

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: (check only one)		PAGE 103 / 102	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Bruce R Buhr, MD

Mailing Address
3311 E Murdock

City State Zip Code
Wichita KS 67208-3054

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Wichita Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000436400296

B. Full Name (Last, First, Middle Initial)
Dr. Gordon M Masd, MD

Mailing Address
P O Box 51455

City State Zip Code
Shreveport LA 71135-1455

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000436500297

C. Full Name (Last, First, Middle Initial)
Dr. Alan T Kawaguchi, MD

Mailing Address
Alpine Ortho. Med. Group 333 E Alpine Ave.

City State Zip Code
Stockton CA 95204

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alpine Orthopaedic Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000436600298

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 104 / 182	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. B Hudson Berry, Jr, MD

Mailing Address
Dept Ortho Surgery Univ of FL College of Med
City State Zip Code
Gainesville FL 32610-0246

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Univ. of Florida Orthopaedic Surgeon

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

Transaction ID: 10000000436800299

Full Name (Last, First, Middle Initial)
B. Dr. James A Moore, MD

Mailing Address
3 Peter Cooper Road Apt 2F
City State Zip Code
New York NY 10010

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bronx Lebanon Orthopaedic Surgeon

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

Transaction ID: 10000000436900300

Full Name (Last, First, Middle Initial)
C. Dr. Martin Jacob Greenberg, MD

Mailing Address
916 Merry Ln
City State Zip Code
Oak Brook IL 60523

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000437000301

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 105 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Jeffrey Meisles, MD

Mailing Address
675 W North Ave, #402

City State Zip Code
Melrose Park IL 60160-1606

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: 10000000437300302

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

Mailing Address
1510 San Pablo Street Suite 322

City State Zip Code
Los Angeles CA 90033

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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) ▼ 450.00

Transaction ID: 10000000437400303

Full Name (Last, First, Middle Initial)
C. Dr. Peter J Daly, MD

Mailing Address
1544 Edgcumber Rd

City State Zip Code
Saint Paul MN 55116

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Summit Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000437500304

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 106 / 182

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

A. Full Name (Last, First, Middle Initial)
Dr. David M Kieras, MD

Mailing Address
Virginia Mason Clinic 335D1 1st Way S
City State Zip Code
Federal Way WA 98003-6208

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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

Amount of Each Receipt this Period
250.00

Transaction ID: 10000000437600305

B. Full Name (Last, First, Middle Initial)
Dr. Stephen G Taylor, MD

Mailing Address
6001 Westown Pkwy
City State Zip Code
West Des Moines IA 50266-7702

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

FEC ID number of contributing federal political committee.

Name of Employer
Des Moines Orthopaedic Surgeons Occupation
Orthopaedic Surgeon

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

Amount of Each Receipt this Period
250.00

Transaction ID: 10000000437800308

C. Full Name (Last, First, Middle Initial)
Dr. Joseph Johnson Gugenheim, Jr. MD

Mailing Address
7401 S Main
City State Zip Code
Houston TX 77030-4509

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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

Amount of Each Receipt this Period
250.00

Transaction ID: 10000000438100307

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 107 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Gary Dilings, MD

Mailing Address
1777 Hamburg Turnpike #305

City State Zip Code
Wayne NJ 07470-5243

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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) ▼ 450.00

Transaction ID: 10000000438300308

B. Full Name (Last, First, Middle Initial)
Dr. Samuel E Smith, MD

Mailing Address
Front Range Orthopedic Surgery 1551 Professional Ln

City State Zip Code
Longmont CO 80501-6962

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Front Range Orthopedic Orthopaedic Surgeon

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

Transaction ID: 10000000438400309

C. Full Name (Last, First, Middle Initial)
Dr. Donald Mark Arms, MD

Mailing Address
207 Oak Park

City State Zip Code
Mc Minnville TN 37110

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

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: 10000000438500310

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 108 / 182

(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. William H Spellman, MD

Mailing Address
Central Montgomery Ortho 1011 S Broad Street
City State Zip Code
Lansdale PA 19446

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central Montgomery Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000438600311

Full Name (Last, First, Middle Initial)
B. Dr. Dolf R Ichterz, MD

Mailing Address
1803 W Charles St
City State Zip Code
Grand Island NE 68803

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NHSl, PC Orthopaedic Surgeon

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

Transaction ID: 10000000438700312

Full Name (Last, First, Middle Initial)
C. Dr. Dolf R Ichterz, MD

Mailing Address
1803 W Charles St
City State Zip Code
Grand Island NE 68803

Date of Receipt
M M / D D / Y Y Y Y
06 / 10 / 2002

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NHSl, PC Orthopaedic Surgeon

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

Transaction ID: 10000000438800313

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 109 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Gavin Murray, MD

Mailing Address
PO Box 941479
City State Zip Code
Maitland FL 32794-1479

Date of Receipt
N M / D E / Y Y Y Y
06 / 18 / 2002

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: 10000000439400314

B. Full Name (Last, First, Middle Initial)
Dr. Alan W Christensen, MD

Mailing Address
100 W Gore St #500 Orlando Orthopaedic Center
City State Zip Code
Orlando FL 32806-1049

Date of Receipt
N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Orlando Orthopaedic Center

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000439800315

C. Full Name (Last, First, Middle Initial)
Dr. Darin T Leetun, MD

Mailing Address
704 N Hannifin Street
City State Zip Code
Bismarck ND 58501-3433

Date of Receipt
N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Bone & Joint Clinic

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000439700316

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 110 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Kieran Daniel Cody, MD		Date of Receipt
Mailing Address 800 W State St Ste 202		N M / D E / Y Y Y Y 06 / 18 / 2002
City	State	Zip Code
Doylestown	PA	18901-5842
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		250.00
Name of Employer Self Employed	Occupation	
	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		250.00
Other (specify) ▼		
		Transaction ID: 1000000439800317

Full Name (Last, First, Middle Initial) B. Dr. George S Miz, MD		Date of Receipt
Mailing Address 5540 West 111th St		N M / D E / Y Y Y Y 06 / 18 / 2002
City	State	Zip Code
Oak Lawn	IL	60453-5035
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		250.00
Name of Employer Self Employed	Occupation	
	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		750.00
Other (specify) ▼		
		Transaction ID: 1000000439800318

Full Name (Last, First, Middle Initial) C. Dr. Murrey Alan Morrison, MD		Date of Receipt
Mailing Address 75 Kings Hwy Cutoff		N M / D E / Y Y Y Y 06 / 18 / 2002
City	State	Zip Code
Fairfield	CT	06430
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		250.00
Name of Employer Orthopaedic Surgery Group, PC	Occupation	
	Orthopaedic Surgeon	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		250.00
Other (specify) ▼		
		Transaction ID: 1000000440000319

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 111 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Gary Paul Crawford, MD

Mailing Address
2323 De La Vina #102

City State Zip Code
Santa Barbara CA 93105-3880

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 1000000440100320

Full Name (Last, First, Middle Initial)
B. Dr. James Spiegel, MD

Mailing Address
1862 Dominican Way

City State Zip Code
Santa Cruz CA 95065-1522

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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) ▼ 750.00

Transaction ID: 1000000440400321

Full Name (Last, First, Middle Initial)
C. Dr. Charles M Bitzer, MD

Mailing Address
237 Route 108, #205

City State Zip Code
Somersworth NH 03878-1517

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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) ▼ 1000.00

Transaction ID: 1000000440500322

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 112 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. R Scott Oliver, MD

Mailing Address
95 Tremont St, #1

City State Zip Code
Duxbury MA 02332-5315

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

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

Transaction ID: 10000000440600323

B. Full Name (Last, First, Middle Initial)
Dr. Robert Benz, MD

Mailing Address
1720 Linden Way

City State Zip Code
Fort Collins CO 80524

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Orthopaedic Center of the Rockies	Occupation Orthopaedic Surgeon
---	-----------------------------------

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

Transaction ID: 10000000440700324

C. Full Name (Last, First, Middle Initial)
Dr. Andrew Marc Tetro, MD

Mailing Address
235 North St

City State Zip Code
Buffalo NY 14201-1401

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

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

Transaction ID: 10000000440800325

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 113 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Joseph G Marin, MD

Mailing Address
1414 W Lombard St

City State Zip Code
Davenport IA 52804-2148

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 1000000440900326

B. Full Name (Last, First, Middle Initial)
Dr. William L Rice, MD

Mailing Address
4381 S Eason Blvd, #202

City State Zip Code
Tupelo MS 38801-5749

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 1000000441000327

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

Mailing Address
5540 W 111th St

City State Zip Code
Oak Lawn IL 60453-5035

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 1000000441100328

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 114 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Kenneth G Tomberlin, MD

Mailing Address
3B17 Forrest Gate Dr

City State Zip Code
Winston-Salem NC 27103-2930

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Winston Bone & Joint Orthopaedic Surgeon

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

Transaction ID: 10000000441300329

B. Full Name (Last, First, Middle Initial)
Dr. Steven R Gerfin, MD

Mailing Address
UCSD Dept. of Orthopaedics 350 Dickinson St MC 8894

City State Zip Code
San Diego CA 92103

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UCSD Orthopaedic Surgeon

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

Transaction ID: 10000000441400330

C. Full Name (Last, First, Middle Initial)
Dr. Michael D Plooster, MD

Mailing Address
635 15th St

City State Zip Code
Baraboo WI 53913-1502

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000441500331

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 115 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Julie Wehner, MD

Mailing Address
916 Merry Lane

City State Zip Code
Oak Brook IL 60523-1422

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000441600332

B. Full Name (Last, First, Middle Initial)
Dr. Gregg Berkowitz, MD

Mailing Address
4247 Route 9 North Freehold Office Plaza

City State Zip Code
Freehold NJ 07728-9809

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NJ Orthopaedic Associates Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 550.00

Transaction ID: 10000000441700333

C. Full Name (Last, First, Middle Initial)
Dr. Howard R Epps, MD

Mailing Address
7401 S Main St

City State Zip Code
Houston TX 77030-4509

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fondren Orthopaedic Group, LLP Orthopaedic Surgeon

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

Transaction ID: 10000000441800334

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 116 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Douglas Mark Cooper, MD

Mailing Address
Marshalltown Orthopaedic PC 312 E Main St
City State Zip Code
Marshalltown IA 50158

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Marshalltown Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000442000335

B. Full Name (Last, First, Middle Initial)
Dr. Robert Cameron More, MD

Mailing Address
1100 Wescott Drive
City State Zip Code
Flemington NJ 08822

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hunterdon Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 10000000442100336

C. Full Name (Last, First, Middle Initial)
Dr. William C McMaster, MD

Mailing Address
1310 W Stewart Dr, #508
City State Zip Code
Orange CA 92668-3858

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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) ▼ 700.00

Transaction ID: 10000000442200337

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 117 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. John A Burrasso, MD

Mailing Address
4140 Centennial Hills Blvd. Ste A
Casper WY 82609

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000442300338

Full Name (Last, First, Middle Initial)
B. Dr. Roger B Collins, MD

Mailing Address
105 N Greenleaf St
Gurnee IL 60031-3326

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000442400339

Full Name (Last, First, Middle Initial)
C. Dr. Scott D Kar, MD

Mailing Address
5050 N Clinton St
Fort Wayne IN 46825-5822

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Orthopaedics Northeast
Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000442800340

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 118 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 B Stebbagh, MD

Mailing Address
3300 Webster St, #1200

City State Zip Code
Oakland CA 94609-3106

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000442700341

B. Full Name (Last, First, Middle Initial)
Dr. Mark J Conkin, MD

Mailing Address
1702 Sand Lily Dr

City State Zip Code
Golden CO 80401-8503

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Woodridge Orthopaedic & Spine Center Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: 10000000442800342

C. Full Name (Last, First, Middle Initial)
Dr. Todd V Swanson, MD

Mailing Address
Desert Orthopaedic Center, LTD 2800 E. Desert Inn Road

City State Zip Code
Las Vegas NV 89121

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Desert Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000442800343

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 119 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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 W Gainer, MD

Mailing Address
P O Box 1200

City State Zip Code
Santa Barbara CA 93102-1200

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Santa Barbara Medical Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 450.00

Transaction ID: 10000000443000344

B. Full Name (Last, First, Middle Initial)
Dr. Mark Wallich, MD

Mailing Address
18311 Ventura Blvd, #800

City State Zip Code
Encino CA 91436-2140

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OCMG Inc. Orthopaedic Surgeon

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

Transaction ID: 10000000443100345

C. Full Name (Last, First, Middle Initial)
Dr. Allen G Lang, MD

Mailing Address
1100 British Columbia Ave

City State Zip Code
Ames IA 50014

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Veteran's Administration Orthopaedic Surgeon

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

Transaction ID: 10000000443400346

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 120 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Raymond L Horwood, MD

Mailing Address
1575 Balmoral Way

City State Zip Code
Westlake OH 44145

Date of Receipt
N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Associates, Inc Orthopaedic Surgeon

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

Transaction ID: 10000000443500347

B. Full Name (Last, First, Middle Initial)
Dr. Michael D Eppig, MD

Mailing Address
6770 Mayfield Rd Ste 430

City State Zip Code
Mayfield Heights OH 44124-2299

Date of Receipt
N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000443800348

C. Full Name (Last, First, Middle Initial)
Dr. Danna James Andersen, MD

Mailing Address
3807 Spring St

City State Zip Code
Racine WI 53405-1867

Date of Receipt
N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
All Saints Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000443700349

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 121 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Michael Vener, MD

Mailing Address
1201 Mickelson Dr

City State Zip Code
Watertown SD 57201-5516

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000443800350

B. Full Name (Last, First, Middle Initial)
Dr. Evangelos Magariotis, 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
06 / 18 / 2002

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer Clifton Orthopaedics PA Occupation
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 2000.00

Transaction ID: 10000000444400351

C. Full Name (Last, First, Middle Initial)
Dr. Hans Robert Tuten, MD

Mailing Address
Georgia Sports Medicine PO Box 7630

City State Zip Code
Tifton GA 31795

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Georgia Sports Medicine Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000444800352

SUBTOTAL of Receipts This Page (optional) ▶ **2550.00**

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 122 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Gary Praed Francke, MD

Mailing Address
14 Maple Street Ste 100

City State Zip Code
Gilford NH 03249

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopedic Professional Assn Orthopaedic Surgeon

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

Transaction ID: 1000000445100353

B. Full Name (Last, First, Middle Initial)
Dr. Peter R Heinzlmann, MD

Mailing Address
PO Box 1808

City State Zip Code
Fayetteville AR 72702-1608

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ozark Orthopaedic Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 600.00

Transaction ID: 1000000445200354

C. Full Name (Last, First, Middle Initial)
Dr. John C Richmond, MD

Mailing Address
New England Med Ctr 750 Washington St

City State Zip Code
Boston MA 02111-1533

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 450.00

Transaction ID: 1000000445300355

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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 123 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Gerald R. Williams, Jr. MD

Mailing Address
1 Cupp Pav-Presbyterian Hosp 39th & Market Sts
City State Zip Code
Philadelphia PA 19104-4228

Date of Receipt
M M / D D / Y Y Y Y
06 18 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 1000.00

Transaction ID: 10000000445400356

B. Full Name (Last, First, Middle Initial)
Dr. Larry D. Haron, MD

Mailing Address
882 Meinecke Ave, #100
City State Zip Code
San Luis Obispo CA 93405-1721

Date of Receipt
M M / D D / Y Y Y Y
06 18 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central Coast Orthopaedic Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000445800357

C. Full Name (Last, First, Middle Initial)
Dr. Melburn K. Huebner, MD

Mailing Address
1901 Medi Park Dr, #10
City State Zip Code
Amarillo TX 79106-2105

Date of Receipt
M M / D D / Y Y Y Y
06 18 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000445700358

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 124 / 182	
	<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Dr. Allen Sanders Kent, MD

Mailing Address
800 12th Ave Ste 200
City State Zip Code
Fort Worth TX 76104

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000445800359

Full Name (Last, First, Middle Initial)
B. Dr. Alan S Roubman, MD

Mailing Address
North Ridge Medical Plaza 5801 North Dixie Highway
City State Zip Code
Fort Lauderdale FL 33334

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000446100360

Full Name (Last, First, Middle Initial)
C. Dr. Jonathan P Keeve, MD

Mailing Address
N 1414 Houk, #102
City State Zip Code
Spokane WA 99216-1097

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Northwest Orthopaedic Specialists
Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000446200361

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 125 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Anthony V. Petrosini, MD

Mailing Address
310 Passaic Ave
City: Spring Lake State: NJ Zip Code: 07762-1341

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Orthopaedic Institute of Central Jersey	Occupation Orthopaedic Surgeon
---	-----------------------------------

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

Transaction ID: 10000000446300362

Full Name (Last, First, Middle Initial)
B. Dr. Roger Sobel, MD

Mailing Address
2500 E Prospect Rd
City: Fort Collins State: CO Zip Code: 80525-9773

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer OCR	Occupation Orthopaedic Surgeon
-------------------------	-----------------------------------

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

Transaction ID: 10000000446400363

Full Name (Last, First, Middle Initial)
C. Dr. James K. Horstman, MD

Mailing Address
2500 E Prospect Rd
City: Fort Collins State: CO Zip Code: 80525-9773

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer OCR	Occupation Orthopaedic Surgeon
-------------------------	-----------------------------------

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

Transaction ID: 10000000446500364

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 126 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Jeffrey Kiman, MD

Mailing Address
763 Altos Oaks Dr #2

City State Zip Code
Los Altos CA 94024-5400

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000446600365

B. Full Name (Last, First, Middle Initial)
Dr. Marc L Kahn, MD

Mailing Address
6850 Browning Rd, #M-19

City State Zip Code
Pennsauken NJ 08109-1479

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000446700366

C. Full Name (Last, First, Middle Initial)
Dr. John F Berman, Jr, MD

Mailing Address
3465 S 4155 W

City State Zip Code
Salt Lake City UT 84120-2013

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000446800367

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 127 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Mark S. Humphrey, MD

Mailing Address
108000 Quivira Rd, #13D

City State Zip Code
Overland Park KS 66215-2311

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000446900368

Full Name (Last, First, Middle Initial)
B. Dr. James Allen Johnson, MD

Mailing Address
290 Shore Akers Drive

City State Zip Code
Grand Rapids WI 54494

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

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: 10000000447100369

Full Name (Last, First, Middle Initial)
C. Dr. Bertram Zarba, MD

Mailing Address
Massachusetts Gen Hosp

City State Zip Code
Boston MA 02114

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Massachusetts General Hospital Orthopaedic Surgeon

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

Transaction ID: 10000000447300370

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 128 / 182	
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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. Robert A. Kaye, MD

Mailing Address
418 N 19th St

City State Zip Code
Phoenix AZ 85006

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Med Pro Orthopaedic Surgeon

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

Transaction ID: 10000000447400371

B. Full Name (Last, First, Middle Initial)
Dr. Lesley J. Anderson, MD

Mailing Address
2100 Webster St #309

City State Zip Code
San Francisco CA 94115

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000447500372

C. Full Name (Last, First, Middle Initial)
Dr. Robert M. Ruth, MD

Mailing Address
Ste 101 1400 New Rodgers Rd

City State Zip Code
Levittown PA 19056

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bucks Orthopaedic Surgery Associates Orthopaedic Surgeon

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

Transaction ID: 10000000447600373

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 129 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Albert Johnson, MD

Mailing Address
1081 Route 22 W

City State Zip Code
Bridgewater NJ 08807

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Somerset Orthopaedic Assoc. PA Orthopaedic Surgeon

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

Transaction ID: 10000000447800374

Full Name (Last, First, Middle Initial)
B. Dr. Sterling J Leavag, MD

Mailing Address
250 S Crescent Dr

City State Zip Code
Mason City IA 50401-2926

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000447900375

Full Name (Last, First, Middle Initial)
C. Dr. Peter R Langan, MD

Mailing Address
120 Mineola Blvd, #410

City State Zip Code
Mineola NY 11501-4077

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000448000376

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 130 / 182

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. Daniel Michael McCallum, MD

Mailing Address

Kachernak Bay Sports Med & Orth 4285 Hohe St Suite #1

City State Zip Code

Homer AK 99603-0955

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing
federal political committee.

Name of Employer

Kachernak Bay Sports Med & Ortho

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 10000000448100377

Full Name (Last, First, Middle Initial)

B. Dr. Michael A Jacobs, MD

Mailing Address

5801 Loch Raven Blvd Ste 405

City State Zip Code

Baltimore MD 21239-2905

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000448300378

Full Name (Last, First, Middle Initial)

C. Dr. Robert A Warner, MD

Mailing Address

2707 Henry St

City State Zip Code

Greensboro NC 27405-3869

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period

200.00

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: 10000000448500379

SUBTOTAL of Receipts This Page (optional) ▶

650.00

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 131 / 182

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. Keith S Hechtman, MD

Mailing Address

Dept. of Ortho and Rehab 115D Campo Sand Ave, #200

City State Zip Code

Coral Gables FL 33146-1174

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Health South

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000448700380

Full Name (Last, First, Middle Initial)

B. Dr. William J Stodghill, MD

Mailing Address

P.O. Box 7745

City State Zip Code

Paducah KY 42002-7745

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Purchase Orthopaedic Associates

Occupation
Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000448800381

Full Name (Last, First, Middle Initial)

C. Dr. Mark E Fahey, MD

Mailing Address

Tallahassee Orthopaedic Clini 3334 Capitol Medical Blvd, #40

City State Zip Code

Tallahassee FL 32308-4470

Date of Receipt

N M / D E / Y Y Y Y
06 / 18 / 2002

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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000448900382

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 132 / 182	
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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. Ron Schechter, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Mailing Address
Paragould Orthopaedics, PLLC 100D W Kingshighway - Ste 10
City State Zip Code
Paragould AR 72450

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Paragould Orthopaedics, PLLC Orthopaedic Surgeon

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

Transaction ID: 10000000449000383

B. Full Name (Last, First, Middle Initial)
Dr. William Bennett Geisler, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Mailing Address
Univ Medical Ctr 2500 N State St
City State Zip Code
Jackson MS 39216-4500

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000449300384

C. Full Name (Last, First, Middle Initial)
Dr. Dudley S Burwell, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2002

Mailing Address
180-B DeBuys Rd, #101
City State Zip Code
Biloxi MS 39531-4423

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Orthopedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000449400385

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 133 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Frank A Cordasco, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
Hosp for Special Surgery 535 E 70th St
City State Zip Code
New York NY 10021

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Hospital for Special Surgery Orthopaedic Surgeon

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

Transaction ID: 10000000450400386

Full Name (Last, First, Middle Initial)
B. Dr. Anil Kumar Das, Jr, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
225 Finley Cava Rd
City State Zip Code
Hendersonville NC 28739

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
S.O.M.A. Orthopaedic Surgeon

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

Transaction ID: 10000000450500387

Full Name (Last, First, Middle Initial)
C. Dr. Robert S Block, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
332 Dewey St
City State Zip Code
Bennington VT 05201-2225

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Taconic Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000450800388

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 134 / 182	
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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 Albert Nunley, II, MD

Mailing Address
Duke Univ Med Ctr Box 2823
City State Zip Code
Durham NC 27710

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Duke University Medical Center Orthopaedic Surgeon

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

Transaction ID: 10000000450800389

Full Name (Last, First, Middle Initial)
B. Dr. Peter T Hurley, MD

Mailing Address
214 18th St SE
City State Zip Code
Hickory NC 28602

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hickory Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000450900390

Full Name (Last, First, Middle Initial)
C. Dr. William Patrick Doherty, MD

Mailing Address
1600 Esplanade, #C
City State Zip Code
Chico CA 95926-3369

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000451500391

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 135 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Walther Harmut Bohne, MD

Mailing Address
Hosp for Special Surgery 535 E 70th St
City State Zip Code
New York NY 10021-4892

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000451600392

B. Full Name (Last, First, Middle Initial)
Dr. C Michael Morris, MD

Mailing Address
2806 Boddie Place
City State Zip Code
Duluth GA 30097

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000451700393

C. Full Name (Last, First, Middle Initial)
Dr. Kirk A Fee, MD

Mailing Address
2045 Quail Run Dr
City State Zip Code
Bowling Green KY 42104-3830

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000451800394

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 136 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Thomas M Loeb, MD

Mailing Address
4003 Kresge Way Ste 228

City State Zip Code
Louisville KY 40207-4652

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000451900395

B. Full Name (Last, First, Middle Initial)
Dr. Manuel M Monasterio, MD

Mailing Address
PO Box 7401

City State Zip Code
Ponce PR 00732-7401

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000452000396

C. Full Name (Last, First, Middle Initial)
Dr. Charles Samuel Rhee, Jr, MD

Mailing Address
2459 5th St North

City State Zip Code
Columbus MS 39705-0018

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000452100397

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 137 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Michael Champine, MD

Mailing Address
Ste 130 821D Walnut Hill Ln
City State Zip Code
Dallas TX 75231

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Texas Orthopaedic Associates, LLP Orthopaedic Surgeon

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

Transaction ID: 10000000452200398

B. Full Name (Last, First, Middle Initial)
Dr. Blake A Nemesler, MD

Mailing Address
873 Medical Center Dr N E
City State Zip Code
Salem OR 97301

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000452300399

C. Full Name (Last, First, Middle Initial)
Dr. Thomas P Gross, MD

Mailing Address
Midlands Orthopaedics 1910 Blanding St
City State Zip Code
Columbia SC 29201-3520

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midlands Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000452400400

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 138 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. William Bradley White, MD

Mailing Address
75 Emery Rd

City State Zip Code
Jaffrey NH 03452

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000452500401

B. Full Name (Last, First, Middle Initial)
Dr. David J. Cauci, MD

Mailing Address
1325 North Main Street

City State Zip Code
Honesdale PA 18431

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000452800402

C. Full Name (Last, First, Middle Initial)
Dr. Rolando Colon-Nekot, MD

Mailing Address
PO Box 688

City State Zip Code
Arecibo PR 00815

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000452800403

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 139 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Joshua J Jacobs, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
1725 W Harrison St, #1D63

City State Zip Code
Chicago IL 60612-3828

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midwest Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 450.00

Transaction ID: 10000000452900404

Full Name (Last, First, Middle Initial)
B. Dr. Jeffrey G Makris, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
1001 Blythe Blvd, #200

City State Zip Code
Charlotte NC 28203-5866

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: 10000000453000405

Full Name (Last, First, Middle Initial)
C. Dr. David A Katcharian, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
13983 Covington Dr

City State Zip Code
Plymouth MI 48170-2450

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000453100406

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 140 / 182

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew J Vicar, MD

Mailing Address
1801 N Senate Blvd

City State Zip Code
Indianapolis IN 46202

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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) ▼

Amount of Each Receipt this Period
500.00

Transaction ID: 10000000453200407

B. Full Name (Last, First, Middle Initial)
Dr. Steven M Marjolek, MD

Mailing Address
150 River Rd Sta 100

City State Zip Code
Des Plaines IL 60016

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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) ▼

Amount of Each Receipt this Period
1000.00

Transaction ID: 10000000453300408

C. Full Name (Last, First, Middle Initial)
Dr. Mark Grandell Luker, MD

Mailing Address
Rocky Mountain Orthopaedic Ass 627 25 1/2 Road

City State Zip Code
Grand Junction CO 81505

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Rocky Mountain Orthopaedic Assoc
Occupation
Orthopaedic Surgeon

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

Amount of Each Receipt this Period
250.00

Transaction ID: 10000000453400409

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 141 / 182	
	<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. Douglas A Dennis, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
Colorado Joint Replacement 2425 S Colorado Blvd, Ste 270
City State Zip Code
Denver CO 80222

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: 10000000453500410

B. Full Name (Last, First, Middle Initial)
Dr. J Carl Peus, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
2324 Bath St
City State Zip Code
Santa Barbara CA 93105-4330

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: 10000000453800411

C. Full Name (Last, First, Middle Initial)
Dr. Richard K Murr, MD

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Mailing Address
3905 Waring Rd
City State Zip Code
Oceanside CA 92056

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: 10000000453700412

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 142 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Harry N Herkowitz, MD

Mailing Address
3535 W 13 Mile Rd, #804

City State Zip Code
Royal Oak MI 48073-6710

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
500.00

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) ▼ 500.00

Transaction ID: 10000000453800413

Full Name (Last, First, Middle Initial)
B. Dr. Christopher H Martin, MD

Mailing Address
The Salt Lake Ortho Clinic 1160 East 3900 South Ste 5000

City State Zip Code
Salt Lake City UT 84124

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000453900414

Full Name (Last, First, Middle Initial)
C. Dr. Morton Farber, MD

Mailing Address
850 N Wood Ave

City State Zip Code
Linden NJ 07036-4038

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2002

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: 10000000454000415

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 143 / 182	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. David Buchalter, MD

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

Date of Receipt
N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000454200416

Full Name (Last, First, Middle Initial)
B. Dr. Mitchell Niles Goldstein, MD

Mailing Address
70 E Sunrise Hwy
City State Zip Code
Valley Stream NY 11581-1233

Date of Receipt
N M / D E / Y Y Y Y
06 / 27 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000454300417

Full Name (Last, First, Middle Initial)
C. Dr. W Norman Scott, MD

Mailing Address
170 E End Ave
City State Zip Code
New York NY 10128-7803

Date of Receipt
N M / D E / Y Y Y Y
06 / 27 / 2002

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: 10000000454400418

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	164450.00

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

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

FOR LINE NUMBER: PAGE 144 / 182

(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. American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

State

Zip Code

Rosemont

IL

60018

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 5 / 2 0 0 2

Amount of Each Receipt this Period

676.93

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1520.05

Transaction ID: 10000000385600419

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

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
0 5 / 2 1 / 2 0 0 2

Amount of Each Receipt this Period

293.89

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1813.74

Transaction ID: 10000000407100420

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

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
0 6 / 2 1 / 2 0 0 2

Amount of Each Receipt this Period

1161.30

Name of Employer

Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2975.04

Transaction ID: 10000000450200421

SUBTOTAL of Receipts This Page (optional) ▶ **2131.92**

TOTAL This Period (last page this line number only) ▶ **2131.92**

**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 145 / 192

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

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

Full Name (Last, First, Middle Initial) A. Northern Trust Company		Date of Disbursement 04 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 395.29	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000379800002	
State: District:			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Date of Disbursement 04 / 24 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 159.44	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000405700003	
State: District:			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Date of Disbursement 05 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 134.25	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000405600004	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	688.98
TOTAL 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 148 / 192

<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		Date of Disbursement 05 / 24 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 4.50	
Purpose of Disbursement Amex fee deducted from account		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000439300005	
State: District:			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Date of Disbursement 05 / 25 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 217.56	
Purpose of Disbursement Bank fees deducted from account		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000439200006	
State: District:			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Date of Disbursement 06 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 843.74	
Purpose of Disbursement Bank fees deducted from account		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000439100007	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1165.80
TOTAL 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 147 / 192

<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		Date of Disbursement 06 / 20 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 4.50	
Purpose of Disbursement Amex fee deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 1000000045500008	
State: District:			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Date of Disbursement 06 / 24 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 242.13	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000455400009	
State: District:			

C.	
SUBTOTAL of Disbursements This Page (optional)	246.63
TOTAL This Period (last page this line number only)	2101.41

**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) A. Colyer for Congress		Date of Disbursement 04 / 03 / 2002
Mailing Address PO Box 25345 City Overland Park State KS Zip Code 66225		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Jeffrey Colyer, U.S. HOUSE 3		24K Category/ Type
Candidate Name Jeffrey Colyer		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000379200010
State: KS District: 3		

Full Name (Last, First, Middle Initial) B. Michael Burgess for Congress		Date of Disbursement 04 / 03 / 2002
Mailing Address 106 Highland Lake Dr City Highland Village State TX Zip Code 75077		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Michael Burgess, U.S. HOUSE		24K Category/ Type
Candidate Name Michael Burgess		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000379300011
State: TX District: 26		

Full Name (Last, First, Middle Initial) C. Friends of Kent Conrad		Date of Disbursement 04 / 16 / 2002
Mailing Address PO Box 812 City Bismarck State ND Zip Code 58502		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Kent Conrad, U.S. SENATE ND		24K Category/ Type
Candidate Name Kent Conrad		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000379800012
State: ND District:		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL 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) A. Snyder For Congress Campaign Comm.		Date of Disbursement 04 / 16 / 2002	
Mailing Address PO Box 250698 City Little Rock State AR Zip Code 72225		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Vic Snyder, U.S. HOUSE 2nd		24K Category/ Type	
Candidate Name Vic Snyder			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000379900013	
State: AR District: 2			

Full Name (Last, First, Middle Initial) B. Ben Cardin For Congress		Date of Disbursement 04 / 16 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City Baltimore State MD Zip Code 21202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Benjamin L. Cardin, U.S. HD		24K Category/ Type	
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000380000014	
State: MD District: 3			

Full Name (Last, First, Middle Initial) C. Volunteer PAC		Date of Disbursement 04 / 16 / 2002	
Mailing Address PO Box 158552 City Nashville State TN Zip Code 37215		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00		24K Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000380200015	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL 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) A. Rely on Your Beliefs Fund		Date of Disbursement 04 / 16 / 2002
Mailing Address 1736 E Sunshine Suite 913 City State Zip Code Springfield MO 65804		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General X Other (specify) ▼	State: District:	Transaction ID: 10000000380300018

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement 04 / 22 / 2002
Mailing Address Suite 0001 City State Zip Code Chicago IL 60679-0001		Amount of Each Disbursement this Period 376.00
Purpose of Disbursement Fundraiser for Rep. John Peterson	Candidate Name	24Z Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 X Primary General Other (specify) ▼	State: District:	(In-Kind) Transaction ID: 10000000380400017

Full Name (Last, First, Middle Initial) C. Friends Of John Peterson		Date of Disbursement 04 / 22 / 2002
Mailing Address 114 W State St PO Box 295 City State Zip Code Pleasantville PA 16341		Amount of Each Disbursement this Period 376.00
Purpose of Disbursement YTD:\$1876.00 Fundraiser for Rep. John Pa	Candidate Name John E. Peterson	24Z Category/ Type
Office Sought: X House Senate President		
Disbursement For: 2002 X Primary General Other (specify) ▼	State: PA District: 6	[MEMO ITEM] (Memo In-Kind) Transaction ID: 10000000380400018

SUBTOTAL of Disbursements This Page (optional)	2376.00
TOTAL 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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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: 10000000387000019

Full Name (Last, First, Middle Initial) B. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:\$500.00 Volded Check	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: 10000000387100020

Full Name (Last, First, Middle Initial) C. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: 10000000387200021

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL 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) A. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:\$500.00 Voided Check		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000387300022
State: District:		

Full Name (Last, First, Middle Initial) B. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000387400023
State: District:		

Full Name (Last, First, Middle Initial) C. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:\$500.00 Voided Check		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000387500024
State: District:		

SUBTOTAL of Disbursements This Page (optional)	-500.00
TOTAL 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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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Republican Main Street Partnership		Date of Disbursement 04 / 29 / 2002
Mailing Address 2201 Wisconsin Avenue NW Suite 320 City State Zip Code Washington DC 20007		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00	Candidate Name	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 Primary General	Transaction ID: 10000000387800025	
State: District:	X Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Benjamin L. Cardin, U.S. HO	Candidate Name Benjamin L. Cardin	24K Category/ Type
Office Sought: x House Senate President		
Disbursement For: 2002 Primary General	Transaction ID: 10000000385800026	
State: MD District: 3	X Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Fortney Pete Stark, U.S. HO	Candidate Name Fortney Pete Stark	24K Category/ Type
Office Sought: x House Senate President		
Disbursement For: 2002 Primary General	Transaction ID: 10000000385800027	
State: CA District: 13	Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL 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) A. Jim Ramstad Volunteer Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address 8100 Penn Avenue South Suite 104 City State Zip Code Bloomington MN 55431		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jim Ramstad, U.S. HOUSE 3rd		24K Category/ Type
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000386000028
State: MN District: 3		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Date of Disbursement 05 / 07 / 2002
Mailing Address 807 14th Street NW Suite 800 City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5000.00 Sherrod Brown, U.S. HOUSE 1		24K Category/ Type
Candidate Name Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000386300028
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. John Shadegg For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 2000.00
City State Zip Code Phoenix AZ 85064		
Purpose of Disbursement YTD:\$2384.25 John B. Shadegg, U.S. HOUSE		24K Category/ Type
Candidate Name John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000386400030
State: AZ District: 4		

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL 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) A. Bob Matsui For Congress Comm.		Date of Disbursement 05 / 07 / 2002
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Robert T. Matsui, U.S. HOUS		24K Category/ Type
Candidate Name Robert T. Matsui		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 100000003986500031
State: CA District: 5		

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 2884 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Steny H. Hoyer, U.S. HOUSE		24K Category/ Type
Candidate Name Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 100000003986600032
State: MD District: 5		

Full Name (Last, First, Middle Initial) C. Senator John Warner Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 3536 City State Zip Code Merrifield VA 22116		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 John W. Warner, U.S. SENATE		24K Category/ Type
Candidate Name John W. Warner		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 100000003987000033
State: VA District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Burr For Congress Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 5828 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: 5	Transaction ID: 10000000386800034		

Full Name (Last, First, Middle Initial) B. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 3	Transaction ID: 10000000386900035		

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name Fortney Pete Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 13	Transaction ID: 10000000397000036		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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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<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) A. Jim Ramstad Volunteer Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address 8100 Penn Avenue South Suite 104 City State Zip Code Bloomington MN 55431		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000387100037
State: MN District: 3		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Date of Disbursement 05 / 07 / 2002
Mailing Address 807 14th Street NW Suite 800 City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period -5000.00
Purpose of Disbursement YTD:\$5000.00 Voided Check		24K Category/ Type
Candidate Name Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000387400038
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. John Shadegg For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 45444 City State Zip Code Phoenix AZ 85064		Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement YTD:\$2384.25 Voided Check		24K Category/ Type
Candidate Name John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000387500039
State: AZ District: 4		

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL 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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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. Bob Matsui For Congress Comm.		Date of Disbursement 05 / 07 / 2002	
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name Robert T. Matsui			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 5	Transaction ID: 10000000387800040		

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 2884 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name Steny H. Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MD District: 5	Transaction ID: 10000000387700041		

Full Name (Last, First, Middle Initial) C. Senator John Warner Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 3536 City State Zip Code Merrifield VA 22116		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name John W. Warner			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: VA District:	Transaction ID: 10000000387800042		

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL 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) A. Burr For Congress Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 5828 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000387900043	
State: NC District: 5			

Full Name (Last, First, Middle Initial) B. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Benjamin L. Cardin, U.S. HO		24K Category/ Type	
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000388000044	
State: MD District: 3			

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Fortney Pete Stark, U.S. HO		24K Category/ Type	
Candidate Name Fortney Pete Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000388100045	
State: CA District: 13			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL 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) A. Jim Ramstad Volunteer Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address 8100 Penn Avenue South Suite 104 City State Zip Code Bloomington MN 55431		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jim Ramstad, U.S. HOUSE 3rd		24K Category/ Type
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000388200048
State: MN District: 3		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Date of Disbursement 05 / 07 / 2002
Mailing Address 807 14th Street NW Suite 800 City State Zip Code Washington DC 20006		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5000.00 Sherrod Brown, U.S. HOUSE 1		24K Category/ Type
Candidate Name Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000388500047
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. John Shadegg For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 2000.00
City State Zip Code Phoenix AZ 85064		
Purpose of Disbursement YTD:\$2384.25 John B. Shadegg, U.S. HOUSE		24K Category/ Type
Candidate Name John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000388600048
State: AZ District: 4		

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL 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
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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. Bob Matsui For Congress Comm.		Date of Disbursement 05 / 07 / 2002	
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Robert T. Matsui, U.S. HOUS		24K Category/ Type	
Candidate Name Robert T. Matsui			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 5	Transaction ID: 10000000388700049		

Full Name (Last, First, Middle Initial) B. Hoyer For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 2884 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Steny H. Hoyer, U.S. HOUSE		24K Category/ Type	
Candidate Name Steny H. Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MD District: 5	Transaction ID: 10000000388800050		

Full Name (Last, First, Middle Initial) C. Senator John Warner Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 3536 City State Zip Code Merrifield VA 22116		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 John W. Warner, U.S. SENATE		24K Category/ Type	
Candidate Name John W. Warner			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: VA District:	Transaction ID: 10000000388900051		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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) A. Burr For Congress Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 5828 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000389000052	
State: NC District: 5			

Full Name (Last, First, Middle Initial) B. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000389100053	
State: MD District: 3			

Full Name (Last, First, Middle Initial) C. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Benjamin L. Cardin, U.S. HO		24K Category/ Type	
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000389200054	
State: MD District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL 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
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<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) A. Pete Stark Re-Election Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 8331 City: Fremont State: CA Zip Code: 94537		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD: \$1000.00 Voided Check		24K Category/ Type
Candidate Name Fortney Pete Stark		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000389300055
State: CA District: 13		

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address 8100 Penn Avenue South Suite 104 City: Bloomington State: MN Zip Code: 55431		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD: \$1000.00 Voided Check		24K Category/ Type
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000389400056
State: MN District: 3		

Full Name (Last, First, Middle Initial) C. Friends Of Sherrod Brown		Date of Disbursement 05 / 07 / 2002
Mailing Address 607 14th Street NW Suite 800 City: Washington State: DC Zip Code: 20005		Amount of Each Disbursement this Period -5000.00
Purpose of Disbursement YTD: \$6000.00 Voided Check		24K Category/ Type
Candidate Name Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000389700057
State: OH District: 13		

SUBTOTAL of Disbursements This Page (optional)	-7000.00
TOTAL 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) A. John Shadegg For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 45444 City State Zip Code Phoenix AZ 85084		Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement YTD:\$2394.25 Voided Check	24K Category/ Type	
Candidate Name John B. Shadegg		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000389800058
State: AZ District: 4		

Full Name (Last, First, Middle Initial) B. Bob Matsui For Congress Comm.		Date of Disbursement 05 / 07 / 2002
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$1000.00 Voided Check	24K Category/ Type	
Candidate Name Robert T. Matsui		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000389800059
State: CA District: 5		

Full Name (Last, First, Middle Initial) C. Hoyer For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 2884 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$1000.00 Voided Check	24K Category/ Type	
Candidate Name Steny H. Hoyer		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000400000060
State: MD District: 6		

SUBTOTAL of Disbursements This Page (optional)	-4000.00
TOTAL 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
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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. Senator John Warner Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 3536 City Merrifield State VA Zip Code 22116		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name John W. Warner			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: VA District:	Transaction ID: 10000000400100061		

Full Name (Last, First, Middle Initial) B. Burr For Congress Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 5928 City Winston-Salem State NC Zip Code 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC District: 5	Transaction ID: 10000000400200062		

Full Name (Last, First, Middle Initial) C. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address 100 East Pratt Street 27th Floor City Baltimore State MD Zip Code 21202		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 3	Transaction ID: 10000000400300063		

SUBTOTAL of Disbursements This Page (optional) ▶	-4000.00
TOTAL 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
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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. Ben Cardin For Congress		Date of Disbursement 05 / 07 / 2002
Mailing Address 100 East Pratt Street 27th Floor City State Zip Code Baltimore MD 21202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Benjamin L. Cardin, U.S. HO		24K Category/ Type
Candidate Name Benjamin L. Cardin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000400400064
State: MD District: 3		

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Fortney Pete Stark, U.S. HO		24K Category/ Type
Candidate Name Fortney Pete Stark		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000400500065
State: CA District: 13		

Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Committee		Date of Disbursement 05 / 07 / 2002
Mailing Address 8100 Penn Avenue South Suite 104 City State Zip Code Bloomington MN 55431		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jim Ramstad, U.S. HOUSE 3rd		24K Category/ Type
Candidate Name Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000400600066
State: MN District: 3		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL 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) A. Friends Of Sherrod Brown		Date of Disbursement 05 / 07 / 2002	
Mailing Address 607 14th Street NW Suite 800 City State Zip Code Washington DC 20005		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$8000.00 Sherrod Brown, U.S. HOUSE 1		24K Category/ Type	
Candidate Name Sherrod Brown			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH District: 13	Transaction ID: 10000000400900067		

Full Name (Last, First, Middle Initial) B. John Shadegg For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 45444 City State Zip Code Phoenix AZ 85064		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2394.25 John B. Shadegg, U.S. HOUSE		24K Category/ Type	
Candidate Name John B. Shadegg			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: AZ District: 4	Transaction ID: 10000000401000068		

Full Name (Last, First, Middle Initial) C. Bob Matsui For Congress Comm.		Date of Disbursement 05 / 07 / 2002	
Mailing Address 555 Capitol Mall Suite 1425 City State Zip Code Sacramento CA 95814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Robert T. Matsui, U.S. HOUS		24K Category/ Type	
Candidate Name Robert T. Matsui			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA District: 6	Transaction ID: 10000000401100069		

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL 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) A. Hoyer For Congress		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 2884 City Washington State DC Zip Code 20013		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Steny H. Hoyer, U.S. HOUSE		24K Category/ Type	
Candidate Name Steny H. Hoyer			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000401200070	
State: MD District: 5			

Full Name (Last, First, Middle Initial) B. Senator John Warner Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 3536 City Merrifield State VA Zip Code 22116		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 John W. Warner, U.S. SENATE		24K Category/ Type	
Candidate Name John W. Warner			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000401300071	
State: VA District:			

Full Name (Last, First, Middle Initial) C. Burr For Congress Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address PO Box 582B City Winston-Salem State NC Zip Code 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000401400072	
State: NC District: 6			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL 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) A. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr		Transaction ID: 10000000401500073	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: NC District: 5			

Full Name (Last, First, Middle Initial) B. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr. U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr		Transaction ID: 10000000401600074	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NC District: 5			

Full Name (Last, First, Middle Initial) C. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr		Transaction ID: 10000000401700075	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NC District: 5			

SUBTOTAL of Disbursements This Page (optional) ▶	-2000.00
TOTAL 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) A. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000401800078	
State: NC District: 5			

Full Name (Last, First, Middle Initial) B. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000401800077	
State: NC District: 5			

Full Name (Last, First, Middle Initial) C. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000402000078	
State: NC District: 5			

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
TOTAL 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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FOR LINE NUMBER:
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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) A. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: 5	Transaction ID: 10000000402100079		

Full Name (Last, First, Middle Initial) B. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr. U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: 5	Transaction ID: 10000000402200080		

Full Name (Last, First, Middle Initial) C. Burr For Congress Committee		Date of Disbursement 05 / 08 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement YTD:\$2000.00 Voided Check		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NC District: 5	Transaction ID: 10000000402300081		

SUBTOTAL of Disbursements This Page (optional) ▶	-2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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) A. Burr For Congress Committee		Date of Disbursement 05 / 06 / 2002	
Mailing Address PO Box 5828 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Richard M. Burr, U.S. HOUSE		24K Category/ Type	
Candidate Name Richard M. Burr			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000402400082	
State: NC District: 5			

Full Name (Last, First, Middle Initial) B. Clayburgh for Congress Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 1255 City State Zip Code Bismarck ND 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Rick Clayburgh, U.S. HOUSE		24K Category/ Type	
Candidate Name Rick Clayburgh			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000405800083	
State: ND District: 1			

Full Name (Last, First, Middle Initial) C. Marion Berry for Congress		Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 8084 City State Zip Code Jonesboro AR 72403		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Marion Berry, U.S. HOUSE 1s		24K Category/ Type	
Candidate Name Marion Berry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000408000084	
State: AR District: 1			

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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) A. Murtha For Congress Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address 551 Main Street Suite 220 City: Johnstown State: PA Zip Code: 15801		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 John P. Murtha, U.S. HOUSE		24K Category/ Type	
Candidate Name John P. Murtha			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District: 12	Transaction ID: 10000000408100085		

Full Name (Last, First, Middle Initial) B. Clayburgh for Congress Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 1255 City: Bismarck State: ND Zip Code: 58502		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$3000.00 Voided Check		24K Category/ Type	
Candidate Name Rick Clayburgh			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND District: 1	Transaction ID: 10000000408200086		

Full Name (Last, First, Middle Initial) C. Marion Berry for Congress		Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 8084 City: Jonesboro State: AR Zip Code: 72403		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name Marion Berry			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR District: 1	Transaction ID: 10000000408400087		

SUBTOTAL of Disbursements This Page (optional) ▶	-1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

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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) A. Murtha For Congress Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address 551 Main Street Suite 220 City: Johnstown State: PA Zip Code: 15801		Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check		24K Category/ Type	
Candidate Name John P. Murtha			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000408600088	
State: PA District: 12			

Full Name (Last, First, Middle Initial) B. Clayburgh for Congress Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 1255 City: Bismarck State: ND Zip Code: 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Rick Clayburgh, U.S. HOUSE		24K Category/ Type	
Candidate Name Rick Clayburgh			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000408600089	
State: ND District: 1			

Full Name (Last, First, Middle Initial) C. Murtha For Congress Committee		Date of Disbursement 05 / 16 / 2002	
Mailing Address 551 Main Street Suite 220 City: Johnstown State: PA Zip Code: 15801		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 John P. Murtha, U.S. HOUSE		24K Category/ Type	
Candidate Name John P. Murtha			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000408700080	
State: PA District: 12			

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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) A. Marion Berry for Congress			Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 8084 City Jonesboro State AR Zip Code 72403			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Marion Berry, U.S. HOUSE 1s			24K Category/ Type	
Candidate Name Marion Berry				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: AR District: 1			Transaction ID: 10000000406800091	

Full Name (Last, First, Middle Initial) B. Redwine Congressional Committee			Date of Disbursement 05 / 24 / 2002	
Mailing Address 33533 So. Ridge Road City Sioux City State IA Zip Code 51108			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1500.00 John Redwine, U.S. HOUSE 5I			24K Category/ Type	
Candidate Name John Redwine				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: IA District: 5			Transaction ID: 10000000407300092	

Full Name (Last, First, Middle Initial) C. Jean Camahan for Missouri Committee			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 820 City Rolla State MO Zip Code 65402			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Jean Camahan, U.S. SENATE			24K Category/ Type	
Candidate Name Jean Camahan				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼			
State: MO District: 1			Transaction ID: 10000000420300093	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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) A. Jean Camahan for Missouri Committee			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 920 City: Rolla State: MO Zip Code: 65402			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Jean Camahan, U.S. SENATE			24K Category/ Type	
Candidate Name Jean Camahan				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000420400084	
State: MO District: 1				

Full Name (Last, First, Middle Initial) B. Friends of Rahm Emanuel			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 84415 City: Chicago State: IL Zip Code: 60664			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Rahm Emanuel, U.S. HOUSE 5t			24K Category/ Type	
Candidate Name Rahm Emanuel				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000420800085	
State: IL District: 5				

Full Name (Last, First, Middle Initial) C. Friends Of Dave Weldon			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 988 City: Melbourne State: FL Zip Code: 32902			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Dave Weldon, U.S. HOUSE 15t			24K Category/ Type	
Candidate Name Dave Weldon				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000420700086	
State: FL District: 15				

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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) A. Mike Bilirakis For Congress		Date of Disbursement 05 / 29 / 2002
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3000.00 Michael Bilirakis, U.S. HOU		24K Category/ Type
Candidate Name Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000420800097
State: FL District: 8		

Full Name (Last, First, Middle Initial) B. Tim Johnson For South Dakota Inc		Date of Disbursement 05 / 29 / 2002
Mailing Address PO Box 1858 City Sioux Falls State SD Zip Code 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Tim Johnson, U.S. SENATE SD		24K Category/ Type
Candidate Name Tim Johnson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000420800098
State: SD District:		

Full Name (Last, First, Middle Initial) C. Gephardt In Congress Committee		Date of Disbursement 05 / 29 / 2002
Mailing Address 7435 Watson Road Suite 107 City St Louis State MO Zip Code 63119		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2500.00 Richard A. Gephardt, U.S. H		24K Category/ Type
Candidate Name Richard A. Gephardt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421000099
State: MO District: 3		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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) A. Friends Of Roger Wicker 2000			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 874 City State Zip Code Tupelo MS 38802			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Roger Wicker, U.S. HOUSE 1s			24K Category/ Type	
Candidate Name Roger Wicker				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000421100100	
State: MS District: 1				

Full Name (Last, First, Middle Initial) B. Jo Bonner for Congress Committee			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 851 232 City State Zip Code Mobile AL 36686			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Jo Bonner, U.S. HOUSE 1st A			24K Category/ Type	
Candidate Name Jo Bonner				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000421200101	
State: AL District: 1				

Full Name (Last, First, Middle Initial) C. Gene Taylor For Congress Committee			Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 38 City State Zip Code Bay St Louis MS 39520			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Gene Taylor, U.S. HOUSE 4th			24K Category/ Type	
Candidate Name Gene Taylor				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000421300102	
State: MS District: 4				

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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) A. Pearce for Congress		Date of Disbursement 05 / 29 / 2002
Mailing Address PO Box 2696 City: Hobbs State: NM Zip Code: 88241		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Steve Pearce, U.S. HOUSE 2nd		24K Category/ Type
Candidate Name Steve Pearce		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421400103
State: NM District: 2		

Full Name (Last, First, Middle Initial) B. Feeley for Congress		Date of Disbursement 05 / 29 / 2002
Mailing Address 13486 W Center Drive City: Lakewood State: CO Zip Code: 80228		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Mike Feeley, U.S. HOUSE 7th		24K Category/ Type
Candidate Name Mike Feeley		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421500104
State: CO District: 7		

Full Name (Last, First, Middle Initial) C. Gingrey for Congress		Date of Disbursement 05 / 29 / 2002
Mailing Address PO Box U City: Marietta State: GA Zip Code: 30060		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Phil Gingrey, U.S. HOUSE 11		24K Category/ Type
Candidate Name Phil Gingrey		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421600105
State: GA District: 11		

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL 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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<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) A. Calder Clay for US Congress		Date of Disbursement 05 / 29 / 2002
Mailing Address 885 Wimbish Road City: Macon State: GA Zip Code: 31210		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Calder Clay, U.S. HOUSE 3rd		24K Category/ Type
Candidate Name Calder Clay		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421700108
State: GA District: 3		

Full Name (Last, First, Middle Initial) B. Collins For Senator		Date of Disbursement 05 / 29 / 2002
Mailing Address PO Box 1096 City: Bangor State: ME Zip Code: 04402		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Susan Collins, U.S. SENATE		24K Category/ Type
Candidate Name Susan Collins		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421800107
State: ME District:		

Full Name (Last, First, Middle Initial) C. Cooper for Congress Committee		Date of Disbursement 05 / 29 / 2002
Mailing Address 2D11 Breckenridge Drive City: Mt Juliet State: TN Zip Code: 37122		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jim Cooper, U.S. HOUSE 5th		24K Category/ Type
Candidate Name Jim Cooper		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000421800108
State: TN District: 6		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL 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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<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) A. Luther For Congress Volunteer Committee			Date of Disbursement 05 / 31 / 2002	
Mailing Address 1399 Geneva Ave N. Suite 202 City State Zip Code Oakdale MN 55128			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 William Luther, U.S. HOUSE			24K Category/ Type	
Candidate Name William Luther				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: MN District: 8			Transaction ID: 10000000422000109	

Full Name (Last, First, Middle Initial) B. Luther For Congress Volunteer Committee			Date of Disbursement 05 / 31 / 2002	
Mailing Address 1399 Geneva Ave N. Suite 202 City State Zip Code Oakdale MN 55128			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:\$1000.00 Voided Check			24K Category/ Type	
Candidate Name William Luther				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: MN District: 8			Transaction ID: 10000000422100110	

Full Name (Last, First, Middle Initial) C. Luther For Congress Volunteer Committee			Date of Disbursement 05 / 31 / 2002	
Mailing Address 1399 Geneva Ave N. Suite 202 City State Zip Code Oakdale MN 55128			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 William Luther, U.S. HOUSE			24K Category/ Type	
Candidate Name William Luther				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: MN District: 8			Transaction ID: 10000000422200111	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

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

Full Name (Last, First, Middle Initial) A. John Nutting For Congress			Date of Disbursement 06 / 10 / 2002	
Mailing Address 79 Campbell Road Leeds ME 04263			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 John Nutting, U.S. HOUSE 2n			24K Category/ Type	
Candidate Name John Nutting				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000438900112	
State: ME District: 2				

Full Name (Last, First, Middle Initial) B. Diana DeGette for Congress			Date of Disbursement 06 / 20 / 2002	
Mailing Address PO Box 81337 Denver CO 80208			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Diana DeGette, U.S. HOUSE 1			24K Category/ Type	
Candidate Name Diana DeGette				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000449500113	
State: CO District: 1				

Full Name (Last, First, Middle Initial) C. Mike Bilirakis For Congress			Date of Disbursement 06 / 20 / 2002	
Mailing Address P O Box 1077 Tarpon Springs FL 34688			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Michael Bilirakis, U.S. HOU			24K Category/ Type	
Candidate Name Michael Bilirakis				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000449600114	
State: FL District: 8				

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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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<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) A. Friends Of Mark Foley For Congress		Date of Disbursement 06 / 20 / 2002	
Mailing Address PO Box 30505 City State Zip Code Palm Beach Gardens FL 33420		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Mark Foley, U.S. HOUSE 16th		24K Category/ Type	
Candidate Name Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District: 16	Transaction ID: 10000000449700115		

Full Name (Last, First, Middle Initial) B. Friends of Senator Rockefeller		Date of Disbursement 06 / 20 / 2002	
Mailing Address 236 Massachusetts Avenue # 310 City State Zip Code Washington DC 20002		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 John D. Rockefeller, U.S. S		24K Category/ Type	
Candidate Name John D. Rockefeller IV			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: WV District:	Transaction ID: 10000000449800116		

Full Name (Last, First, Middle Initial) C. John Lewis For Congress Committee		Date of Disbursement 06 / 20 / 2002	
Mailing Address PO Box 2323 City State Zip Code Atlanta GA 30301		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 John Lewis, U.S. HOUSE 5th		24K Category/ Type	
Candidate Name John Lewis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: 6	Transaction ID: 10000000449900117		

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

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

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

Full Name (Last, First, Middle Initial) A. Dave Camp For Congress		Date of Disbursement 06 / 20 / 2002
Mailing Address PO Box 723 City: Midland State: MI Zip Code: 48640		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Dave Camp, U.S. HOUSE 4th M		24K Category/ Type
Candidate Name Dave Camp		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000450000118
State: MI District: 4		

Full Name (Last, First, Middle Initial) B. Thurman For Congress		Date of Disbursement 06 / 20 / 2002
Mailing Address 450 Pleasant Grove Road City: Inverness State: FL Zip Code: 34452		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$4000.00 Karen L. Thurman, U.S. HOUSE		24K Category/ Type
Candidate Name Karen L. Thurman		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000450100118
State: FL District: 5		

Full Name (Last, First, Middle Initial) C. Clayburgh for Congress Committee		Date of Disbursement 06 / 28 / 2002
Mailing Address PO Box 1255 City: Bismarck State: ND Zip Code: 58502		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3000.00 Rick Clayburgh, U.S. HOUSE		24K Category/ Type
Candidate Name Rick Clayburgh		
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000454700120
State: ND District: 1		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL 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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<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) A. Jim Gerlach for Congress Committee		Date of Disbursement 06 / 28 / 2002	
Mailing Address 911 Welsh Ayres Way City State Zip Code Downingtown PA 19335		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1500.00 Jim Gerlach, U.S. HOUSE 6th		24K Category/ Type	
Candidate Name Jim Gerlach			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: PA District: 8	Transaction ID: 10000000454800121		

Full Name (Last, First, Middle Initial) B. Julie Thomas For Congress Campaign Co		Date of Disbursement 06 / 28 / 2002	
Mailing Address PO Box 2816 City State Zip Code Cedar Rapids IA 52408		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Julie Thomas, U.S. HOUSE 2n		24K Category/ Type	
Candidate Name Julie Thomas			
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: IA District: 2	Transaction ID: 10000000454800122		

Full Name (Last, First, Middle Initial) C. Friends of Dick Durbin Committee		Date of Disbursement 06 / 28 / 2002	
Mailing Address PO Box 1949 City State Zip Code Springfield IL 62705		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Richard J. Durbin, U.S. SEN		24K Category/ Type	
Candidate Name Richard J. Durbin			
Office Sought: House X Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼		
State: IL District:	Transaction ID: 10000000455000123		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL 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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NAME OF COMMITTEE (In Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement 06 / 28 / 2002	
Mailing Address Suite 0001 City Chicago State IL Zip Code 60679-0001		Amount of Each Disbursement this Period 394.25	
Purpose of Disbursement In-kind contribution for Rep. John Shade		(In-Kind)	
Candidate Name		24Z Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 10000000455100124	
State: District:			

Full Name (Last, First, Middle Initial) B. John Shadegg For Congress		Date of Disbursement 06 / 28 / 2002	
Mailing Address PO Box 45444 City Phoenix State AZ Zip Code 85064		Amount of Each Disbursement this Period 394.25	
Purpose of Disbursement YTD:52394.25 In-kind contribution for Re		[MEMO ITEM] (Memo In-Kind)	
Candidate Name John B. Shadegg		24Z Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 10000000455100125	
State: AZ District: 4			

C.

SUBTOTAL of Disbursements This Page (optional)	394.25
TOTAL This Period (last page this line number only)	64270.25

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

Use separate schedule(s)
for each category of the
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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) A. National Republican Senatorial Committee			Date of Disbursement 04 / 16 / 2002	
Mailing Address 425 Second Street NW City Washington State DC Zip Code 20002			Amount of Each Disbursement this Period 15000.00	
Purpose of Disbursement YTD:\$20000.00			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000380100128	
State: District:				

Full Name (Last, First, Middle Initial) B. Republican National Committee			Date of Disbursement 05 / 07 / 2002	
Mailing Address 310 First Street SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Annual Dues			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000386100127	
State: District:				

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee			Date of Disbursement 05 / 07 / 2002	
Mailing Address 430 South Capital St SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Annual Dues			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000398200128	
State: District:				

SUBTOTAL of Disbursements This Page (optional)	25000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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 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) A. Republican National Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address 310 First Street SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period -5000.00	
Purpose of Disbursement YTD:\$5000.00 Voided Check Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000387200129	
State: District:			

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address 430 South Capital St SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period -5000.00	
Purpose of Disbursement YTD:\$5000.00 Voided Check Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000387300130	
State: District:			

Full Name (Last, First, Middle Initial) C. Republican National Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address 310 First Street SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Annual Dues Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000388300131	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	-5000.00
TOTAL 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 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) A. Democratic Senatorial Campaign Committee			Date of Disbursement 05 / 07 / 2002	
Mailing Address 430 South Capitol St SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Annual Dues			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: 10000000388400132	

Full Name (Last, First, Middle Initial) B. Republican National Committee			Date of Disbursement 05 / 07 / 2002	
Mailing Address 310 First Street SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period -5000.00	
Purpose of Disbursement YTD:\$5000.00 Voided Check			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: 10000000388500133	

Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee			Date of Disbursement 05 / 07 / 2002	
Mailing Address 430 South Capitol St SE City Washington State DC Zip Code 20003			Amount of Each Disbursement this Period -5000.00	
Purpose of Disbursement YTD:\$5000.00 Voided Check			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	State: District:	Transaction ID: 10000000388600134	

SUBTOTAL of Disbursements This Page (optional)	-5000.00
TOTAL 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 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) A. Republican National Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address 310 First Street SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Annual Dues Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000400700135	
State: District:			

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Date of Disbursement 05 / 07 / 2002	
Mailing Address 430 South Capital St SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Annual Dues Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000400800136	
State: District:			

Full Name (Last, First, Middle Initial) C. Democratic Majority PAC		Date of Disbursement 05 / 16 / 2002	
Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Rep. Frank Pallone's Leader Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000405900137	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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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) A. Democratic Majority PAC		Date of Disbursement 05 / 16 / 2002
Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$1000.00 Voided Check		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000406900138
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Majority PAC		Date of Disbursement 05 / 16 / 2002
Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Rep Frank Pallone's Leaders		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000406900139
State: District:		

Full Name (Last, First, Middle Initial) C. Americans for a Republican Majority (ARMPAC)		Date of Disbursement 05 / 21 / 2002
Mailing Address 1155 - 21st Street NW Suite 300 City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5000.00 Rep. Tom Delay's Leadership		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000407200140
State: District:		

SUBTOTAL of Disbursements This Page (optional)	5000.00
TOTAL 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 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) A. 2002 President's Dinner Trust		Date of Disbursement 05 / 29 / 2002	
Mailing Address PO Box 1721 City State Zip Code Washington DC 20013		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Nonfederal disbursement		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000420500141	
State: District:			

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Date of Disbursement 06 / 28 / 2002	
Mailing Address 430 S Capitol St SE 2nd Floor City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:510000.00 Committee Membership		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼	Transaction ID: 10000000454800142	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	41000.00