REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM
JAN 30 4 31 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Orthotic and Prosthetic Association Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1650 King Street, Suite 500

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C00118430

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

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

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7-1-97 through 12-31-97		
6. (a) Cash on Hand January 1, 19 97		$ 4,447.79
(b) Cash on Hand at Beginning of Reporting Period	$ 2,121.90	
(c) Total Receipts (from Line 19)	$ 14,235.98	$ 16,228.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,357.88	$ 20,676.68
7. Total Disbursements (from Line 30)	$ 4,175.51	$ 8,494.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 12,182.37	$ 12,182.37
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Martha L. Rinker

Signature of Treasurer

Date
1/29/98

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

FEC FORM 3X
(revised 9/93)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE: American Orthotic and Prosthetic Assoc. Political Action

REPORT COVERING PERIOD FROM 7-1-97 TO: 12-31-97

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	14,095.00	15,945.00	11(a)(i)
ii. Unitemized	37.00	132.00	11(a)(ii)
iii. Total (add i and ii) ➤	14,132.00	16,077.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	14,132.00	16,077.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	103.98	151.89	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	14,235.98	16,228.89	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	14,235.98	16,228.89	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	175.51	494.31	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	175.51	494.31	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,000.00	8,000.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,175.51	8,494.31	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤			31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,235.98	16,228.89	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,235.98	16,228.89	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	175.51	494.31	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	175.51	494.31	37

FE7AN047

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Tom Daschle	Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/7/97	1,000.00
B. Bob Kerry for US Senate 3412 P Street, NW Washington, DC 20007	Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/10/97	1,000.00
C. Frist 2000 4205 Hillsboro Road, Suite 306 Nashville, TN 37215	Fundraiser Disbursement for: [X] Primary [ ] General [ ] Other (specify)	12/4/97	2,000.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	4,000.00

FET/AN/04T

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert V. Leimkuehler, CPO 3055 Persimmon Avenue Westlake, OH 44870 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Leimkuehler O&P, Inc. Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ $250.00	7/2/97	250.00
David C. Schultz, CPO 18110 W. Bluemound Road Brookfield, WI 53045 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Actra Rehab. Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 750.00	8/5/97	500.00
Robert T. Van Hook, CAE 143 North Carolina Avenue Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AOPA Occupation: Executive Director Aggregate Year-to-Date $ 100.00	8/6/97	100.00
Dan Morgan, CPO 625 University Boulevard Galveston, TX 77550 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Morgan Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 100.00	8/9/97	100.00
Kimber Nation 4500 South Four Mile Run Drive Arlinton, Virginia Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AOPA Occupation: Deputy Executive Dir. Aggregate Year-to-Date $ 25.00	8/11/97	25.00
Martha Rinker 3420 16th Street, NW, #601 Washington, DC Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AOPA Occupation: Dir. Gov't Relations Aggregate Year-to-Date $ 25.00	8/11/97	25.00
Julie Stauss 5501 Seminary Road Falls Church, Virginia 22041 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AOPA Occupation: Asst. Dir. Gov. Rel. Aggregate Year-to-Date $ 25.00	8/11/97	25.00

SUBTOTAL of Receipts This Page (optional) 1,025.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffry G. Kingsley 1984 Placentia Avenue Costa Mesa, CA 92628 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kingsley Manufacturing Occupation: Manufacturer Aggregate Year-to-Date $ 525.00	8/12/97 9/12/97	500.00 25.00
B. Rooney Snell, CPO 11248 Raleigh-LaGrange Eads, TN 38028 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	GFI Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 1,000.00	9/2/97	1,000.00
C. Ray Cruce 3521 34th Street Lubbock, TX 79410 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lubbock O&P Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00
D. Carlton Fillauer, CPO 100 James Boulevard Signal Mountain, TN 37377 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fillauer, Inc. Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00
E. Brian L. Gustin, CP 1525 University Avenue Green Bay, WI 54302 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Wisconsin Orth. Occupation: Prosthetist Aggregate Year-to-Date $ 25.00	9/10/97	25.00
F. Scott Kessler, 1016 Ninth Street King of Prussia, PA 19406 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NovaCare Occupation: Reimb. Director Aggregate Year-to-Date $ 25.00	9/10/97	25.00
G. Kurt Konrad, CPO 569 Lincoln Avenue West Hempstead, New York Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Konrad Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00

SUBTOTAL of Receipts This Page (optional) 1,650.00

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

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles Kornegay 5545 Stonehaven Drive Stone Mountain, GA 30087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Charles Kornegay Co. Occupation: Salesman Aggregate Year-to-Date $ 25.00	9/10/97	25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Martin H. Mandelbaum, CPO 116 Oakland Avenue Port Jefferson, NY 11777 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	MH Mandlebaum Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Manfredi, Sr., CPO 289 Broadway Long Branch, NJ 07740 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Manfredi O&P Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 100.00	9/10/97	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Ron May 5010 McGuiness Ferry Road Alpharetta, GA 30202 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Prosthetics Occupation: Sales Aggregate Year-to-Date $ 50.00	9/10/97	50.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
William T. O'Neill, Jr., CPO 4420 88th Street Lubbock, TX 79424 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lubbock O&P Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Dan G. Oglesby, CPO 9697 S. Golden Eagle Place Highlands, CO 80126 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger P&O Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeff Peterman P.O. Box 27547 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ART Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 25.00	9/10/97	25.00

SUBTOTAL of Receipts This Page (optional) 275.00

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

FE7AN047

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American Orthotic and Prosthetic Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mitchell D. Rabb, CPO P.O. Box 752 Keystone Heights, FL 32656 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	JE Hanger Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 25.00	9/10/97	25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert N. Brown, Sr., CPO 144 Whitetail Drive Ithaca, NY 14850 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 100.00	9/11/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas V. Dibello, CO 1207 West Edgewood Drive Houston, TX 77546 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dynamic Orthotics Occupation: Orthotist Aggregate Year-to-Date > $ 500.00	9/11/97	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
William C. Eason, CO 535 North Cobb Street Milledgeville, GA 31060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Milledgeville O&P Occupation: Orthotist Aggregate Year-to-Date > $ 25.00	9/11/97	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James F. Fitzpatrick, CP 2441 Kings View Laguna, CA 92677 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	O&P, Inc. Occupation: Prosthetist Aggregate Year-to-Date > $ 100.00	9/11/97	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Fourroux, CPO 162 Mannigham Drive Madison, AL 35758 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Fourroux O&P Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 1,000.00	9/11/97	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey M. Giacinto, CP 3769 Woodview Avenue West Bloomfield, MI 48324 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ultralight Occupation: Prosthetist Aggregate Year-to-Date > $ 100.00	9/11/97	100.00

SUBTOTAL of Receipts This Page (optional)	1,850.00
TOTAL This Period (last page this line number only)	

FE2AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
American Orthotic and Prosthetic Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert W. Crubbs 1509 Prosperity Farms Road Lake Park, FL 33403 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	O&P Rehab. Occupation: Orthotist Aggregate Year-to-Date $ 50.00	9/11/97	50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aaron E. Hair, CP 1702 Village Park Drive Orangeburg, SC 29115 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger Occupation: Prosthetist Aggregate Year-to-Date $ 100.00	9/11/97	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harry W. Layton, CPO 7520 SW Forest Avenue Lawton, OK 73507 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Lawton Brace Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 50.00	9/11/97	50.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bill Limehouse 1836 Robinson Drive North Augusta, SC 29841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 100.00	9/11/97	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Butch Loveless 1107 Margaret Street Jacksonville, FL 32204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Bremer Brace Occupation: Businessman Aggregate Year-to-Date $ 25.00	9/11/97	25.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Deborah S. Plescia, CPO 600 North Highway 190 Covington, LA 70433 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 100.00	9/11/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mary T. Powers-Watts, CPO Route #1, Box 885 Ramer, AL 36069 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alabama P&O Occupation: Prosthetist-Orthotist Aggregate Year-to-Date $ 250.00	9/11/97	250.00

SUBTOTAL of Receipts This Page (optional) 675.00

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

FE7A/047

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert M. Prisamt, CPO 25200 Carlos Bee Boulevard Hayward, CA 94541 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hayward O&P Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 25.00	9/11/97	25.00
B. Full Name, Mailing Address and ZIP Code Volley L. Rice, CP 2060 North Lake Parkway Tucker, GA 30084 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlanta Prosthetics Occupation: Prosthetist Aggregate Year-to-Date > $ 100.00	9/11/97	100.00
C. Full Name, Mailing Address and ZIP Code Roy R. Rice, CP 1910 Locust Drive North Augusta, SC 19841 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlanta Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 125.00	9/11/97	125.00
D. Full Name, Mailing Address and ZIP Code Christopher Van Dusen, CPO 6681 Westminister East Amherst, NY 14215 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Nelson P&O Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 1,000.00	9/11/97	1,000.00
E. Full Name, Mailing Address and ZIP Code Thomas H. Watson, CP 2819 West 4th Street Owensboro, KY 42301 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Tom Watson's Lab. Occupation: Prosthetist Aggregate Year-to-Date > $ 1,000.00	9/11/97	1,000.00
F. Full Name, Mailing Address and ZIP Code J. Laurence Allen, CPO 2098 Marshfield Road Mayfield Heights, OH 44102 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Leimkhueler P&O Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
G. Full Name, Mailing Address and ZIP Code Ronald F. Altman, CPO 122 Hollister Way, South Geastonbury, CT 06033 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Altman P&O Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00

SUBTOTAL of Receipts This Page (optional) 2,450.00

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

FEC FORM 3

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
George W. Arrowood, CP 9307 Four Mile Creek Road Charlotte, NC 28277 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Carolina Orthotic Occupation: Prosthetist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Andre' A. Bellicini, II, CPO 900 N. Duke Street Lancaster, PA 17602 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Zielke Orthotics Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank H. Bostock, CO 4445 N. Seventh Street Phoenix, AZ 85014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NovaCare Occupation: Orthotist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Bill J. Leimkuehler 3184 Northwood Lane Westlake, OH 44145 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Leimkuehler O & P Occupation: Prosthetist Aggregate Year-to-Date > $ 250.00	10/20/97	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Dennis E. Clark, CPO 3138 Kimball Avenue Waterloo, IA 50702 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dale Clark Prosthetics Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 40.00	9/12/97	40.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank T. Coppolino, CP 234 Boxley Lane Piscataway, NJ 08854 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kessler Institute Occupation: Prosthetist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Keith Cornell, CP 5 Ridgewood Road Plaistow, NH 03865 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Cornell Orthotics Occupation: Prosthetist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00

SUBTOTAL of Receipts This Page (optional) 490.00

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

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Charles H. Dankmeyer, CPO 825 N. Hammonds Ferry Road Linthicum Heights, MD 21090 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Dankmeyer, Inc. Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
B. William W. DeToro, CO 3409 Olde Winter Trail Poland, OH 44514 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ABI Occupation: Orthotist Aggregate Year-to-Date > $ 600.00	9/12/97	500.00
C. Thomas A. Elliot, CP 1505 S. Perkins Memphis, TN 38117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Precision Prosthetics Occupation: Prosthetist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
D. Jim Flemming 21605 Frazho St. Clair Shores, MI 48081 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	College Park Occupation: Sales Manager Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
E. Ron Hercules 2020 Grand Avenue Kansas City, MO 64141 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Knit Rite Occupation: Businessman Aggregate Year-to-Date > $ 50.00	9/12/97	50.00
F. Donald W. Holmes, CPO 204898 Pinehurst Road Alexandria, NY 13607 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Northern Orthopedic Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 500.00	9/12/97	500.00
G. Paul E. Horn, CP 67200 Van Dyke, # 20 Washington, MI 48095 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Able Orthopedics Occupation: Prosthetist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00

SUBTOTAL of Receipts This Page (optional) 1,300.00

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

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dennis J. Huysman, CPO 3 Pickwick Lane Old Saybrook, CT 06475 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Newington Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
B. David J. Jendrzejczyk, CP 22 Raymond Street Newington, CT 06111 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Newington Occupation: Prosthetist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
C. David A. Johnson, CO 207 N. River Road Auburn, ME 04210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Advance O & P Occupation: Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
D. Peter G. Sarles 3691 W. Arby Avenue Las Vegas, NV 89118 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Ampro Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 100.00	12/8/97	100.00
E. Al Kritter, CPO 1203 E. 66th Street Savannah, GA 31404 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	J.E. Hagner Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
F. Michael A. Lewis, CPO 20840 Corinth Road Olympia Field, IL 60461 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Acme O & P Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 250.00	9/12 /97	250.00
G. Robert S. Lin, CPO 35 Falcon Ridge Road Rocky Hill, CT 06067 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Newington O & P Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00

SUBTOTAL of Receipts This Page (optional) 625.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Doug McCormack 1701 K Street, NW, # 4 Washington, DC 20006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sagamore Associates Occupation: Businessman Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
B. Peter Murto, CPO 7000 Hampton Center Morgantown, WV 26505 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Morgantown P & P Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
C. Maureen Leimkuehler 3184 Northwood Drive Westlake, OH 44145 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	O & P Auxillary Occupation: Aggregate Year-to-Date > $ 1,000.00	9/12/97	1,000.00
D. Gary E. Oglivie, CO 1924 Winding Ridge Trail Knoxville, TN 37922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	NovaCare Occupation: Orthotist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00
E. Ronald G. Okubo, CPO 12675 SW Colt Court Beaverton, OR 97008 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Oregon O & P Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
F. Paul E. Prusakowski, CPO 716-210 SW 16th Avenue Gainesville, FL 32601 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Shrands Hospital Occupation: Prosthetist/Orthotist Aggregate Year-to-Date > $ 100.00	9/12/97	100.00
G. Kenneth E. Reeser, CP 1111 S. Division Avenue Orlando, FL 32805 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orlando Prosthetics Occupation: Prosthetist Aggregate Year-to-Date > $ 25.00	9/12/97	25.00

SUBTOTAL of Receipts This Page (optional) 1,375.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)
American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John H. Reynolds, CPO 725 Pellissippi Pkwy., S. Knoxville, TN 37932 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger Prosthetist/Orthotist Aggregate Year-to-Date $ 100.00	9/12/97	100.00
B. H. Grant Rice, CP 1604 Norris Lake Drive Lithonia, GA 30058 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Atlanta Prosthetics Prosthetist Aggregate Year-to-Date $ 100.00	9/12/97	100.00
C. James P. Rogers, CPO 819 Brookhollow Lane Chattanooga, TN 37421 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Orthotics & Prosthetics Prosthetist/Orthotist Aggregate Year-to-Date $ 100.00	9/12/97	100.00
D. William J. Sampson, CP 6 Redwood Drive Ballston Lake, NY 12019 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Sampson Prosthetics Prosthetist Aggregate Year-to-Date $ 25.00	9/12/97	25.00
E. Tom Sanders 3303 N. 75th Street Scottsdale, AZ 85251 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	POA Prosthetics Aggregate Year-to-Date $ 25.00	9/12/97	25.00
F. William W. Schumann, CPO 311 Nahant Road Nahant, MA 01908 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	O & P Associates Prosthetist/Orthotist Aggregate Year-to-Date $ 100.00	9/12/97	100.00
G. Harold Sears 1565 Sunnydale Lane Salt Lake City, UT 84108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Motion Control Businessman Aggregate Year-to-Date $ 25.00	9/12/97	25.00

SUBTOTAL of Receipts This Page (optional) 475.00

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

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American Orthotic and Prosthetic Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Jeffry M. Skahan, CPO 877 Greentree Road, HVL Lawrenceburg, IN 47025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central Orthotics Prosthetist/Orthotist $ 25.00	9/12/97	25.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Mark W. L. Smith, CP 2020 Grand Avenue Kansas City, MO 64108 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Knit-Rite, Inc. Prosthetist $ 25.00	9/12/97	25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Howard Stout, CP 2A W. Center Street Elysburg, PA 17824 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Central P & O Prosthetist $ 25.00	9/12/97	25.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
David W. Street, CP 223 Coachman's Road Madison, MS 39110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Hanger Prosthetist $ 25.00	9/12/97	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Szcyko, CP 1045 Carpenter, NW Grand Rapids, MI 49504 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Polega Prosthetics Prosthetist $ 30.00	9/12/97	30.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. William Teague, CP 245 Parkside Drive Colorado Springs, CO 80910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Abilities Unlimited Prosthetist $ 100.00	9/12/97	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Alice G. Tidwell 9635 Reinhardt College Park Waleska, GA 30183 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Southern Prosthetics President $ 100.00	9/10/97	100.00

SUBTOTAL of Receipts This Page (optional) 330.00

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

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American Orthotic and Prosthetic Association Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Ficociello, CPO 276 North Avenue Burlington, VT 05402 Receipt For: Primary / General / Other (specify):	Yankee Medical Occupation: Prosthetist/Orthotist Aggregate Year-to-Date: $ 100.00	9/13/97	100.00
B. Michael E. Hamontree 520 W. Balboa Balboa, CA 92661 Receipt For: Primary / General / Other (specify):	OrPro Occupation: Executive Vice President Aggregate Year-to-Date: $ 100.00	9/13/97	100.00
C. Tony A. Jackovitch 4478 Travis Drive Oakwood, GA 60566 Receipt For: Primary / General / Other (specify):	Atlanta Int'l O & O Occupation: Aggregate Year-to-Date: $ 100.00	9/13/97	100.00
D. Aaron J. Kent, C.Ped 930 Trailwood Drive Boardman, OH 44512 Receipt For: Primary / General / Other (specify):	ABI Occupation: Aggregate Year-to-Date: $ 25.00	9/13/97	25.00
E. Micki Pawlowski 404 Westchester Lane Valparaiso, IN 46385 Receipt For: Primary / General / Other (specify):	Calumet Occupation: Aggregate Year-to-Date: $ 125.00	9/13/97	125.00
F. Ron W. Pawlowski, CPO 404 Westchester Lane Valparaiso, IN 46385 Receipt For: Primary / General / Other (specify):	Calumet Occupation: Prosthetist/Orthotist Aggregate Year-to-Date: $ 125.00	9/13/97	125.00
G. Charles H. Pritham, CPO 28 Joci Court Durham, NC 27704 Receipt For: Primary / General / Other (specify):	Duke University Occupation: Prosthetist/Orthotist Aggregate Year-to-Date: $	9/13/97	100.00

SUBTOTAL of Receipts This Page (optional) 675.00

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Martin Sean Ryan, CP 10 Corvette Circle Fond du Lac, WI 54935 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Actra Rehabilitation Occupation: Prosthetist Aggregate Year-to-Date $ 50.00	9/13/97	50.00
B. Richard J. Siegel 930 Trailwood Drive Boardman, OH 44512 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Anatomical Concepts Occupation: Prosthetist/Orthotist Aggregate Year-to-Date $ 50.00	9/13/97	50.00
C. Dennis J. Snerko, CPO 3851 Tripp Chicago, IL 60641 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Koeber's O & P Occupation: Prosthetist/Orthotist Aggregate Year-to-Date $ 25.00	9/13/97	25.00
D. Preston K. Watts, Jr., CPO Rt. 1, Box 885 Ramer, AL 36059 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Alabama P & O Occupation: Prosthetist/Orthotist Aggregate Year-to-Date $ 200.00	9/13/97	200.00
E. John M. Yarbrough 4500 Park Glenn Road, # 39 Minneapolis, MN 55416 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Minneapolis Artificial Limb Occupation: Prosthetist/Orthotist Aggregate Year-to-Date $ 50.00	9/13/97	50.00
F. Leland F. Felix, CPO 124 Leigh Circle Hot Springs, AR 71901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Felix Brace Occupation: Prosthetist/Orthotist Aggregate Year-to-Date $ 500.00	10/15/97	500.00
G. Thomas A. Gorski 13812 Eden Way Chantilly, VA 20151 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	AAOP Occupation: Executive Director Aggregate Year-to-Date $ 25.00	11/12/97	25.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	14,095.00

FE7AN04T

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☑	Hand Delivered	Date of Receipt 1-30-98
☐	First Class Mail	POSTMARKED
☐	Registerd/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	1-31-98 DATE PREPARED

(7/97)