



American Academy of
Orthopaedic Surgeons®

AAOS

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

6300 North River Road, Rosemont, IL 60018-4267
Phone: 847/823-7196, 800/346-2267 Fax: 847/823-8125 Fax-on-Demand 800/999-2939

2000 JAN 23 P 3:09

January 18, 2000

Federal Election Commission
999 E Street, NW
Washington DC 20463

RE: Report Filing for FEC ID# C00343137

Dear Staff:

Pursuant to the reporting requirements of the Federal Election Commission,
enclosed is the full year report covering activity through December 31, 1999.

Sincerely,

Ron Kaye
Director, Finance & Planning

Cc: D. Lovett
R. Peterson

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 27 P 3:09

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons		2. FEC IDENTIFICATION NUMBER C00343137
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 317 Massachusetts Avenue NE 1st Floor		
CITY, STATE and ZIP CODE Washington, DC 20002		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/99</u> through <u>12/31/99</u>			
6. (a)	Cash on Hand January 1, 19 <u>99</u>		\$ 0.00
(b)	Cash on Hand at Beginning of Reporting Period	\$ 0.00	
(c)	Total Receipts (from Line 19)	\$ 38,920.00	\$ 217,600.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	\$ 38,920.00	\$ 217,600.00
7.	Total Disbursements (from Line 30)	\$ 31,180.33	\$ 38,680.33
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,739.67	\$ 177,919.67
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			

Type or Print Name of Treasurer

James G. Davis

Signature of Treasurer

James G. Davis

Date

1-14-2000

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

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FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Political Action Committee of the American Association of Orthopaedic Surgeons	REPORT COVERING PERIOD		
	FROM	TO	
	07/01/89	12/31/89	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,775.00	82,075.00	11(a)(i)
ii. Unitemized	18,145.00	125,625.00	11(a)(ii)
iii. Total (add i and ii) >	38,920.00	217,600.00	11(d)
b. Political Party Committees	0.00	0.00	11(c)
c. Other Political Committees (such as PACs)	0.00	0.00	11(e)
d. Total Contributions (add a ii, b and c) >	38,920.00	217,600.00	12
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13. All Loans Received	0.00	0.00	14
14. Loan Repayments Received	0.00	0.00	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	38,920.00	217,600.00	20
20. Total Federal Receipts (subtract line 18 from line 19) >	38,920.00	217,600.00	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	2,154.68	2,154.68	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	2,154.68	2,154.68	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,025.65	37,525.85	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	31,180.33	39,680.33	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	31,180.33	39,680.33	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	31,180.33	39,680.33	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11 d)	38,920.00	217,600.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,920.00	217,600.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,154.68	2,154.68	35
36. Offsets to Operating Expenditures (from line 16)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	2,154.68	2,154.68	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 7
FOR LINE NUMBER 1131

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

<p>A. Full Name, Mailing Address and ZIP Code Adrian B Ryan, MD 3260 Providence Dr, #200 Anchorage, AK 99508-4603</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Anchorage Fracture & Orthopaedic Clinic</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 07/02/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Evangelos Megaritis, MD 96 Edgewood Ave Clifton, NJ 07012-1521</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 07/02/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David Matthews, MD 828 N Nevada Ave Colorado Springs, CO 80903-1005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Colorado Springs Orthopaedic Group</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 07/02/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert E Heeter Jr, MD 490 S Maple St 203 Waconia, MN 55387</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Western Orthopaedic & Sports Medicine Consultants</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 07/19/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert S Schultz, MD 3015 17th St W Burlington, VT 05402-0703</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Sports Medicine Clinic</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 07/15/99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code William D Barker, MD 3545 Olentangy River Rd #412 Columbus, OH 43214-3907</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 07/19/99</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Barry Vincent East, MD 800 York St Manitowoc, WI 54220-8845</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 07/19/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) 2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **7**
FOR LINE NUMBER **11 a i**

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

NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code David D Bullek, MD 215 North Ave West Westfield, NJ 07090-1428	Name of Employer Center for Orthopaedic Surgery & Sports Medicine	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 200.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Michael Glen Dolin, MD 6 Judson Pl Rockville Centre, NY 11570-2305	Name of Employer Self Employed	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 200.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code William J Dougherty, MD 520 Valley View Dr Moline, IL 61266-6133	Name of Employer Orthopaedic and Rheumatology Associates	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 200.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Eric C Hanson, MD 6121 N Thesta Ave #114 Fresno, CA 93710	Name of Employer Self Employed	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 200.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Elliott Hershman, MD 130 E 77th St New York, NY 10021-1403	Name of Employer Manhattan Orthopaedics	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Forney Hutchinson, MD 1001 Blythe Blvd, #200 Charlotte, NC 28203-5886	Name of Employer The Miller Orthopaedic Clinic	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 200.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Abbott Kagan II, MD 8710 College Pky Fort Myers, FL 33919-4811	Name of Employer Self Employed	Date (month, day, year) 07/19/99	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **7**
FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher B Michelsen, MD 5141 Broadway New York, NY 10034-1159	Self Employed	07/19/99	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark S Mizel, MD 340 Grand Bay Dr Key Biscayne, FL 33149	Self Employed	07/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J Lockwood Ochsner Jr, MD 1514 Jefferson Hwy New Orleans, LA 70121-2428	Ochsner Clinic	07/19/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob M O'Neill, MD 471 Kutay Park Plaza Dr Henderson, KY 42420-3347	Henderson Orthopaedic Medical Group	07/18/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony F Paschelli, MD 8300 Constitution PINE Albuquerque, NM 87110-7637	New Mexico Orthopaedic Associates	07/19/99	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph T Salvagno, MD 11110 Medical Campus Rd #103 Hagerstown, MD 21742-8711	Self Employed	07/19/99	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 350.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan E Freeland, MD 2500 N State St Jackson, MS 39216-4500	University Orthopaedics	07/28/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) **3,400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **7**
FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A McEnrney , MD 5400 Gibson Blvd, S E Albuquerque, NM 87108-4729	Self Employed	07/26/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Stephen S Hurst , MD 100 S Ellsworth Ave, #607 San Mateo, CA 94401-3928	Self Employed	07/29/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
J Wesley Mesko , MD 2801 Stabler St Lansing, MI 48910-3022	Self Employed	07/29/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Lloyd G Cox II, MD 23000 Monkley St Ste 102 Leonardtown, MD 20650-2918	Southern Maryland Orthopaedic & Sports Med Ctr	08/09/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Gary Drillings , MD 1777 Hamburg Turnpike #306 Wayne, NJ 07470-5243	Self Employed	08/09/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
David R Mauerhan , MD Miller Orthopaedic Clinic 1001 Blythe Blvd, #200 Charlotte, NC 28203-5868	Miller Orthopaedic Clinic	08/09/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Robert M Dimick , MD 3901 Central Pike Ste 351 Hermitage, TN 37076	Nashville Orthopaedic & Spine Surgery	08/09/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional) **2,850.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Peter J Thaler, MD 321 N Larchmont Blvd Los Angeles, CA 90004-3025	Self Employed	08/19/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William J Robb III, MD 3633 W Lake Ave, #300 Glenview, IL 60026-5803	Suburban Orthopaedic Associates	08/26/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charlotte J Harris, MD 389 Maple Leaf Rd Maysville, KY 41056-9175	Self Employed	08/26/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Vernon T Tolo, MD Children's Hosp 4650 Sunset Blvd MS#69 Los Angeles, CA 90027-4062	Children's Hospital	08/26/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Shepard R Hurwitz, MD Univ of Virginia Med Ctr Department of Orthopaedics Charlottesville, VA 22908	University of Virginia Medical Center	09/16/99	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 425.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert D D'Ambrosia, MD 2025 Gravier St, #400 New Orleans, LA 70112-2269	Louisiana State University Medical Center	09/16/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kenneth J Edwards, MD 2500 Niles Rd, #10-A Saint Joseph, MI 49085-3225	Riverview Orthopaedics & Sports Medicine	08/16/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 2,925.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **7**
FOR LINE NUMBER **11 & 1**

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Albert Nunley II, MD Duke Univ Med Ctr Box 2823 Durham, NC 27710	Duke University Medical Center	10/20/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Toriello, MD 78-15 Elliot Ave Middle Village, NY 11379-1300	Self Employed	10/20/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis R McGee, MD 333 N First St, #240 Boise, ID 83702-6132	Infer Mountain Orthopaedics	10/20/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas G Sampson, MD 2288 Post St, #108 San Francisco, CA 94116-3443	Self Employed	10/20/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilbert M Aust, MD 903 Madison St Huntsville, AL 35801-4412	The Orthopaedic Center	11/17/99	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregory P Duff, MD 2600 Wheaton Way #311 Bremerton, WA 98310-3318	Self Employed	11/17/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard H Gelberman, MD Dept of Orthopaedic Surgery Ste 11300 W Pavilion Saint Louis, MO 63110	Washington University School of Medicine	11/17/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) **5,300.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7
FOR LINE NUMBER 11 a1

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Steven S Ratcliffe, MD 11711 NE 12th St, #26 Bellevue, WA 98005-2451	Name of Employer Northwest Orthopaedic Physicians Occupation Orthopaedic Surgeon	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code Chris John Dangles, MD 602 W University Urbana, IL 61801	Name of Employer Carl Clinic Occupation Orthopaedic Surgeon	Date (month, day, year) 12/08/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Charles P Schneider, MD 206 E Elm St Caldwell, ID 83605-4815	Name of Employer West Idaho Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 12/16/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 300.00	
D. Full Name, Mailing Address and ZIP Code Martin A Torch, MD 259 Taylor Station Rd Columbus, OH 43213-1445	Name of Employer Greater Ohio Orthopaedic Surgeons Occupation Orthopaedic Surgeon	Date (month, day, year) 12/18/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code John Joseph Gallagher, MD Univ of Iowa Dept of Ortho Iowa City, IA 52242-1009	Name of Employer University of Iowa Occupation Orthopaedic Surgeon	Date (month, day, year) 12/22/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,550.00

TOTAL This Period (last page this line number only) 20,775.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from bank account Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/31/99	Amount of Each Disbursement This Period 2,118.72
B. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from bank account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 12/31/99	Amount of Each Disbursement This Period 35.96
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,164.88

TOTAL This Period (last page this line number only)

2,164.88

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Saxton P.O. Box 785 Mt. Holly, NJ 08060	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	07/15/99	600.00
Cooksey For Congress Committee P.O. Box 7800 Monroe, LA 71211	John Cooksey, U.S. HOUSE 5th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	07/21/98	500.00
Roth for Senate P.O. Box 105 Wilmington, DE 19899	William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	07/22/99	1,000.00
Roth for Senate P.O. Box 105 Wilmington, DE 19899	William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	07/30/99	1,000.00
Bob Kerrey for U.S. Senate Committee 301 4th Street, NE Suite 201 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/02/99	1,000.00
Congressman Bill Young Campaign Committee P.O. Box 47025 St. Petersburg, FL 33743	C.W. Bill Young, U.S. HOUSE 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/02/99	1,000.00
Congressman Bill Young Campaign Committee P.O. Box 47025 St. Petersburg, FL 33743	C.W. Bill Young, U.S. HOUSE 10th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/02/99	1,000.00
Pallone For Congress P.O. Box 3176 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/20/99	1,000.00
People for Ganske 521 E Locust 2nd Floor Des Moines, IA 50309	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/20/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Jim Saxton P.O. Box 785 Mt. Holly, NJ 08060	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/21/99	-500.00
Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060	Jim Saxton, U.S. HOUSE 3rd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/21/99	500.00
Bill Thomas Campaign Committee P.O. Box 385 Bakersfield, CA 93302	William M. Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/29/99	2,000.00
Committee To Reelect Ed Towns 442 New Jersey Avenue, SE Washington, DC 20003	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/30/99	1,000.00
Stupak For Congress 817 9th Avenue P.O. Box 143 Menominee, MI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/04/99	1,000.00
Loy Sneary For Congress Comm. 120 East Constitution Victoria, TX 77901	Loy Sneary, U.S. HOUSE 14th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/21/99	500.00
Fitzgerald for Senate c/o Steve Gordon & Associates 507 Capitol Court, NE, #100 Washington, DC 20002	Peter Fitzgerald, U.S. SENATE IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/21/99	1,000.00
Ted Strickland For Congress Po Box 580 Lucasville, OH 46848	Ted Strickland, U.S. HOUSE 6th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/21/99	1,000.00
Gene Green Congressional Campaign PO Box 75214 Washington, DC 20013	Gene Green, U.S. HOUSE 28th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/21/99	500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Shadegg For Congress Po Box 45444 Phoenix, AZ 85064	John B. Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996	10/21/99	500.00
Jeffords for Vermont c/o Steve Gordon & Associates 507 Capital Court, NE, #100 Washington, DC 20002	James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/21/99	1,000.00
Mel Carnahan For Senate 408 N Euclid 3rd Floor South St. Louis, MO 63108	Mel Carnahan, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/28/99	2,000.00
Friends Of Sherrad Brown P.O. Box 2864 Washington, DC 20013	Sherrad Brown, U.S. HOUSE 13th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/28/99	1,000.00
Rick A. Lazio 2000 P.O. Box 5083 Bay Shore, NY 11706	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/28/99	500.00
Paul Perry for Congress Committee P.O. Box 5453 Evansville, IN 47714	Perry, U.S. HOUSE 8th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	11/06/99	3,500.00
Rodney P. Frellinghuysen For Congress 19 Cattano Ave Morristown, NJ 07960	Rodney P. Frellinghuysen, U.S. HOUSE 11th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	11/18/99	1,000.00
Frank Pallone For Congress P.O. Box 3178 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	12/03/99	1,000.00
Bob Franks for Congress 219 South Street Suite 203 New Providence, NJ 07974	Bob Franks, U.S. HOUSE 7th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	12/03/99	2,000.00

SUBTOTAL of Disbursements This Page (optional)	12,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 4 OF 4
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement In-kind Contribution to Loy Sneary Campaign	Date (month, day, year)	Amount of Each Disbursement This Period (In-Kind)
American Express Suite 0001 Chicago, IL 60678-0001	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	12/07/99	192.00
B. Full Name, Mailing Address and ZIP Code Loy Sneary For Congress Comm. 120 East Constitution Victoria, TX 77901	Purpose of Disbursement In-kind Contribution to Loy Sneary Campaign	12/07/99	Amount of Each Disbursement This Period 192.00 (Memo In-Kind)
C. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60678-0001	Purpose of Disbursement In-kind Contribution to Loy Sneary for Congress	12/07/99	Amount of Each Disbursement This Period 587.75 (In-Kind)
D. Full Name, Mailing Address and ZIP Code Loy Sneary For Congress Comm. 120 East Constitution Victoria, TX 77901	Purpose of Disbursement In-kind Contribution to Loy Sneary for Congress	12/07/99	Amount of Each Disbursement This Period 587.75 (Memo In-Kind)
E. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60678-0001	Purpose of Disbursement In-kind Contribution for Dr. Paul Perry	12/31/99	Amount of Each Disbursement This Period 735.90 (In-Kind)
F. Full Name, Mailing Address and ZIP Code Paul Perry for Congress Committee P.O. Box 5453 Evansville, IN 47714	Purpose of Disbursement In-kind Contribution for Dr. Paul Perry	12/31/99	Amount of Each Disbursement This Period 735.90 (Memo In-Kind)
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,525.65


TOTAL This Period (last page this line number only)

28,025.65

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1/19/00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked end/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
  PREPARER	 1/27/00 DATE PREPARED