



American Academy of
Orthopaedic Surgeons

AAOS

American Association of
Orthopaedic Surgeons

6300 North River Road Rosemont, IL 60018-4262
Phone 847/823-7186, 800/546-2267 Fax 847/823-6125 Fax-international 800/599-2939 Internet www.aaos.org

RECEIVED
FEC MAIL ROOM
2000 OCT 14 A 11: 24

October 13, 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 October 15th quarterly report covering activity through September 30, 2000.

Sincerely,

Ron Kaye
Director, Finance & Planning

Enclosure

cc: D. Lovett
R. Peterson (Summary pages only)

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 14 A 11:24

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 | 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |
| CITY, STATE and ZIP CODE Washington, DC 20002 | |

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:

| | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>07/01/00</u> through <u>08/30/00</u> | | |
| 6. (a) Cash on Hand January 1, <u>20 00</u> | | \$ 177,819.67 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 172,270.52 | |
| (c) Total Receipts (from Line 19) | \$ 34,100.00 | \$ 221,885.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 206,370.52 | \$ 399,904.67 |
| 7. Total Disbursements (from Line 30) | \$ 108,902.81 | \$ 300,437.88 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 97,467.71 | \$ 99,466.71 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | For further information contact: Federal Election Commission 606 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420 |
| 10. Debts 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, MD | Date |
| Signature of Treasurer | 10-10-00 |

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/87)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|------------|
| Political Action Committee of the American Association of Orthopaedic Surgeons | FROM | TO | |
| | 07/01/00 | 09/30/00 | |
| | 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) | 20,150.00 | 104,650.00 | 11(B)(i) |
| ii. Unitemized | 13,950.00 | 117,334.00 | 11(B)(ii) |
| iii. Total (add i and ii) > | 34,100.00 | 221,984.00 | 11(B)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(B)(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(C) |
| d. Total Contributions (add a ii, b and c) > | 34,100.00 | 221,984.00 | 11(D) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 34,100.00 | 221,984.00 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 34,100.00 | 221,984.00 | 20 |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(B)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(B)(ii) |
| b. Other Federal Operating Expenditures | 368.56 | 1,838.61 | 21(B) |
| c. Total Operating Expenditures (add a i, ii, and b) > | 368.56 | 1,838.61 | 21(C) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 82,546.26 | 239,599.35 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(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 | 24,000.00 | 69,000.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 106,903.81 | 300,437.96 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a i from line 30) > | 106,803.81 | 300,437.96 | 31 |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 34,100.00 | 221,984.00 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 34,100.00 | 221,984.00 | 34 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | 368.56 | 1,838.61 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | 368.56 | 1,838.61 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 11
FOR LINE NUMBER 11 a 1

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 Joseph B White, MD 5203 Leesburg Pike, #1801 Falls Church, VA 22041-3401 | Name of Employer Self Employed | Date (month, day, year) 08/01/00 | 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 John K Merson, MD 646 Miranda Creek Ct Alamo, CA 94307-1467 | Name of Employer East Bay Sports Medicine | Date (month, day, year) 08/01/00 | Amount of Each Receipt this Period 300.00 |
| | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code Ward Sayre Oakley Jr, MD PO Box 2000 Pinehurst, NC 28374-2000 | Name of Employer Self Employed | Date (month, day, year) 08/01/00 | 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): | | | |
| D. Full Name, Mailing Address and ZIP Code Wilburn A Smith Jr, MD 2023 Normandie Dr Montgomery, AL 36111-2711 | Name of Employer Self Employed | Date (month, day, year) 08/01/00 | 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 LeRoy Scott Atkins Jr, MD 2 Lauderdale Tuscaloosa, AL 35406-1954 | Name of Employer University Orthopaedics | Date (month, day, year) 08/01/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code David M Burandt, MD PO Box 2447 Tuscaloosa, AL 35403-2447 | Name of Employer University Orthopaedics | Date (month, day, year) 08/01/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code Stephen T Ikard, MD 305 Bryant Dr East Tuscaloosa, AL 35403 | Name of Employer University Orthopaedics | Date (month, day, year) 08/01/00 | Amount of Each Receipt this Period 250.00 |
| | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

BUSTOTAL of Receipts This Page (optional) 1,950.00

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 11
FOR LINE NUMBER 11 a 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 |
|--|--|------------------------------------|------------------------------------|
| John P Buckley, MD PO Box 2447 Tuscaloosa, AL 35403-2447 | University Orthopaedics | 08/01/00 | 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 | |
| H Chester Boston Jr, MD PO Box 2447 Tuscaloosa, AL 35403-2447 | University Orthopaedics | 08/01/00 | 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 | |
| Benjamin Gull, MD 8 Shadow Ln Saint Paul, MN 55127-2612 | Northwest Orthopaedic Surgeons | 08/01/00 | 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 | |
| John S Kirkpatrick, MD Univ of Alabama at Birmingham 1513 6th Ave S, MEB 507 Birmingham, AL 35284 | Univ of Alabama at Birmingham | 08/01/00 | 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 | |
| Lovry Jones Jr, MD 4320 Wornall, 6610 Kansas City, MO 64111-3210 | Dickson and Divaloy Orthopaedic Clinic | 08/01/00 | 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 | |
| John F Lovejoy Jr, MD 4203 Balfort Rd, #215 Jacksonville, FL 32216-1416 | Self Employed | 08/01/00 | 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 | |
| Edward J Collins Jr, MD 150 Mansfield Ave Williamantic, CT 06226-2026 | Conn Sports Med & Ortho Center | 08/16/00 | 500.00 |
| 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) 2,700.00

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 11
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 |
|--|--|------------------------------------|------------------------------------|
| Richard Henry Deerhake, MD 301 W Wallace St Findlay, OH 45840-1241 | Findlay Orthopaedics | 08/16/00 | 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 |
| Randall J Lewis, MD 2021 K St NW Ste 400 Washington, DC 20006-1003 | Doctors Lewis, Unger and Barth | 08/16/00 | 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 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| William B Stetson, MD 1505 Willson Terrace Ste 200 Glendale, CA 91206 | Self Employed | 08/16/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 300.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| J Lookwood Ochsner Jr, MD 1514 Jefferson Hwy New Orleans, LA 70121-2429 | Ochsner Clinic | 08/23/00 | 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 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Robert M Handinger, MD Univ of Michigan Med Ctr 1500 E Medical Ctr Dr Ann Arbor, MI 48109-0328 | Univ of Michigan Medical Center | 08/13/00 | 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 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Daniel C Johnson, MD Yankton Bone & Joint Center 1000 W 4th St Ste 1 Yankton, SD 57078-3700 | Yankton Bone and Joint Center | 08/13/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 650.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Jeffrey Eiler Johnson, MD 2207 Westarty Ct Chesterfield, MO 63017 | Washington University School of Medicine | 08/13/00 | 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)

2,050.00

TOTAL This Period (omit page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 11
FOR LINE NUMBER 11 a 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 |
|--|-----------------------------------|--------------------------------------|------------------------------------|
| William B Smith, MD 625 E St Paul Ave Milwaukee, WI 53202-6807 | Blount Orthopaedic Clinic | 08/12/00 | 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 | |
| Alan H Wilde, MD 1730 W 25th St Cleveland, OH 44113-3108 | Self Employed | 08/12/00 | 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 | |
| Mark N Hallids, MD 1140 W La Veta Ave, #850 Orange, CA 92668 | Orthopaedic Surgery Medical Group | 08/13/00 | 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 | |
| Crawford C Campbell, MD 140 Haverhill St Andover, MA 01810 | Essex Orthopaedics | 08/13/00 | 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 | |
| Jack C Nichols II, MD 1230 East St Redding, CA 96001-0521 | Self Employed | 08/13/00 | 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 | |
| William A Ciszewski, MD 2211 Lyell Ave, #107 Rochester, NY 14606-0743 | Westside Orthopedics PC | 08/13/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 300.00 | |
| William A Leone, MD 4210 NE 26th Terrace Lighthouse Point, FL 33064 | Holy Cross Orthopaedics | 08/13/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 700.00 | |

SUBTOTAL of Receipts This Page (optional) 2,350.00

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 5 OF 11
FOR LINE NUMBER 11 a 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 |
|---|--|-------------------------|------------------------------------|
| Michael J Bencik, MD 711 Westminster Ave Elizabeth, NJ 07208-2210 | Self Employed | 09/18/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 250.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 750.00 | | |
| B. Full Name, Mailing Address and ZIP Code Steven L Buckley, MD PO Box 18721 Huntsville, AL 35804-8721 | Self Employed | 09/19/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 100.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 800.00 | | |
| C. Full Name, Mailing Address and ZIP Code J Kenneth Burkus, MD PO Box 9517 6262 Veterans Pkwy Columbus, GA 31808-9517 | Self Employed | 09/18/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 200.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 600.00 | | |
| D. Full Name, Mailing Address and ZIP Code John N Callander, MD 2540 Filbert St San Francisco, CA 94123-3318 | California Pacific Ortho & Sports Med | 09/19/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 250.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 600.00 | | |
| E. Full Name, Mailing Address and ZIP Code Thomas L Erickson, MD 1840 E Florence Blvd, #A Casa Grande, AZ 85222-5337 | Sierra Orthopaedics PC | 09/18/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 100.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | |
| F. Full Name, Mailing Address and ZIP Code Richard H Galberman, MD Dept of Orthopaedic Surgery Ste 11300 W Pavilion Saint Louis, MO 63116 | Washington University School of Medicine | 09/19/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 300.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | |
| G. Full Name, Mailing Address and ZIP Code Thomas R Highland, MD 400 Keene St P O Box 0 Columbia, MO 65201-9828 | Self Employed | 09/19/00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Occupation Orthopaedic Surgeon | | 600.00 |
| <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 2,250.00 | | |

SUBTOTAL of Receipts This Page (optional)

1,650.00

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 8 OF 11
FOR LINE NUMBER 11 a 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 |
|--|-----------------------------------|------------------------------------|------------------------------------|
| Thomas McElligott, MD 3285 Salem Rd Covington, GA 30016-1663 | Self Employed | 08/19/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 700.00 | |
| James L Ough, MD 5920 Forest Park Rd, Ste 600 Dallas, TX 75235-6411 | Self Employed | 09/18/00 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 250.00 | |
| Steve G Salyers, MD 1060 Roanview Rd Clarksville, TN 37043-1908 | Self Employed | 08/19/00 | 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 | |
| Dempsey G Springfield, MD Mt Sinai School of Medicine 5 E 98th St New York, NY 10029 | Mt Sinai School of Medicine | 09/19/00 | 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 | |
| Joseph E Trader, MD 601 N 10th St Mantowoc, WI 54220-4038 | Self Employed | 09/19/00 | 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 | |
| Joseph N Wilson, MD 4701 85th St Lubbock, TX 79424-4104 | Self Employed | 08/19/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 500.00 | |
| Cooper L Terry, MD 1106 S Lamar Blvd Oxford, MS 38655-4732 | Self Employed | 09/19/00 | 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) 1,400.00

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

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FOR LINE NUMBER 11 a 1

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 | 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 49085-3228 | Riverview Orthopaedics & Sports Medicine Occupation: Orthopaedic Surgeon | 09/18/00 | 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 700.00 | | |
| Richard W Garner, MD 3260 Providence Dr, #200 Anchorage, AK 99508-4603 | Anchorage Fracture & Orthopaedic Clinic Occupation: Orthopaedic Surgeon | 09/18/00 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 650.00 | | |
| Richard Johnston, MD 3009 N Ballas Rd, #105 Saint Louis, MO 63131-2322 | Self Employed Occupation: Orthopaedic Surgeon | 09/18/00 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | |
| Thomas A McEnerney, MD 5400 Gibson Blvd, S E Albuquerque, NM 87106-4729 | Self Employed Occupation: Orthopaedic Surgeon | 09/19/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 400.00 | | |
| Edward W Younger III, MD 8403 Coyle Ave, #170 Carmichael, CA 95808-0311 | Northern California Orthopaedic Centers Occupation: Orthopaedic Surgeon | 09/19/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 900.00 | | |
| Charles H Alexander, MD 5549 Green Oak Dr Los Angeles, CA 90068-2501 | White Memorial Orthopaedics Occupation: Orthopaedic Surgeon | 09/19/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 700.00 | | |
| Raymond E Bellamy, MD 1511 Surgeons Dr, #C Tallahassee, FL 32308-4632 | Self Employed Occupation: Orthopaedic Surgeon | 09/19/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 600.00 | | |

SUBTOTAL of Receipts This Page (optional)

1,650.00

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

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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 |
|--|--|----------------------------------|------------------------------------|
| Howard L. Berg, MD 13 Medical Dr Amarillo, TX 79106-4187 | Self Employed | 09/18/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date \$ 800.00 | |
| Frank A Cordasco, MD Hosp for Special Surgery 535 E 70th St New York, NY 10021 | Hospital for Special Surgery | 09/18/00 | 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 | |
| J Lockwood Ochsner Jr, MD 1514 Jefferson Hwy New Orleans, LA 70121-2429 | Ochsner Clinic | 09/19/00 | 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date \$ 500.00 | |
| Joseph E Slappey Jr, MD 1590 Forsyth St Macon, GA 31201-1406 | Self Employed | 09/19/00 | 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 | |
| Dele R Anderson, MD 726 Indiana St Rapid City, SD 57701-5484 | Self Employed | 09/26/00 | 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 D Budlek, MD 202 Elmer St Westfield, NJ 07090 | Center for Orthopaedic Surgery & Sports Medicine | 09/26/00 | 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 | |
| Howard William Frank Jr, MD 907 E Sunflower MOB Ste 102 Cleveland, MS 38732 | Bolivar Medical Center | 09/26/00 | 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) 1,500.00

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

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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 |
|--|--------------------------------------|------------------------------------|------------------------------------|
| Leroy Robert Fullerton Jr, MD 820 St Sebastian Way, #8A Augusta, GA 30901-2642 | Orthopaedic Associates of Augusta | 08/26/00 | 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 | |
| Langdon A Hartscock, MD Medical Univ of SC 96 Jon Lucas St Ste 708 Charleston, SC 29425 | Medical University of South Carolina | 08/26/00 | 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 | |
| Edward B Hill, MD 1111 Franklin St Johnstown, PA 15808-4330 | Highlands Orthopedics Inc | 08/26/00 | 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 | |
| Floyd R Jaggers, MD Tallahassee Ortho Clinic 31a 400 Tallahassee, FL 32308 | Tallahassee Orthopaedic Clinic | 08/26/00 | 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 | |
| Eugene R Mindell, MD 85 Depew Ave Buffalo, NY 14214 | Kaleida Health | 09/26/00 | 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 | |
| Michael L Sidor, MD 1288 Rte 73 S Ste 100 Mount Laurel, NJ 08054 | Self Employed | 09/26/00 | 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 | |
| Jack Farr II, MD 1660 E County Line Rd, #200 Indianapolis, IN 46227-0990 | Self Employed | 08/26/00 | 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) 1,100.00

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

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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|------------------------------------|--------------------------------------|------------------------------------|
| Jeffrey L Zilberfarb, MD 1101 Beacon St Brookline, MA 02148-5502 | Meeks & Zilberfarb Orthopaedics | 09/26/00 | 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 | |
| Gregory P Duff, MD 2800 Wheaton Way #311 Bremerton, WA 98310-3319 | Self Employed | 09/28/00 | 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 | |
| John J Callaghan, MD Dept of Orthopaedic Surgery 200 Hawkins Dr 01012 JPPL Iowa City, IA 52242-1008 | University of Iowa | 09/26/00 | 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 | |
| Lawrence R Housman, MD 2424 N Wyatt Dr, #260 Tucson, AZ 85712-8108 | Tucson Orthopaedic Institute PC | 09/28/00 | 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 | |
| S Gopal Krishnan, MD 1331 E 8th St Weslaco, TX 78596-8601 | Krishnan and Associates | 09/26/00 | 200.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopaedic Surgeon | Aggregate Year-to-Date > \$ 450.00 | |
| Steven M Sanders, MD 2020 Palomino Ln, #220 Las Vegas, NV 89106-4881 | Self Employed | 09/26/00 | 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 | |
| Richard T D'Alonzo, MD 1010 N Bancroft Pkwy, #11 Wilmington, DE 19806-2608 | Self Employed | 09/26/00 | 100.00 |
| 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) 3,000.00

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 **11** OF **11**
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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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|------------------------------------|-------------------------|------------------------------------|
| Julie Wehner, MD 818 Merry Lane Oak Brook, IL 60523-1422 | Self Employed | 09/26/00 | 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 |
| Bruce E Fredrickson, MD 550 Harrison Cir Syracuse, NY 13202-3096 | Self Employed | 09/26/00 | 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 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Kenneth M Caldwell, MD 911 Moraga Rd Ste 102 Lafayette, CA 94548 | Self Employed | 09/26/00 | 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 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | 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): | Occupation | | |
| | Aggregate Year-to-Date > \$ | | |

| | |
|--|-----------|
| SUBTOTAL of Receipts This Page (optional) | 800.00 |
| TOTAL This Period (last page this line number only) | 20,150.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 21B

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 | Purpose of Disbursement Bank fees deducted from account 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 |
|--|---|-------------------------|---|
| Northern Trust Company 50 S LaSalle St Chicago, IL 60675 | Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/05/00 | 217.82 |
| Northern Trust Company 50 S LaSalle St Chicago, IL 60675 | Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/24/00 | 5.86 |
| Northern Trust Company 50 S LaSalle St Chicago, IL 60675 | Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06/02/00 | 30.00 |
| Northern Trust Company 50 S LaSalle St Chicago, IL 60675 | Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 06/24/00 | 17.88 |
| Northern Trust Company 50 S LaSalle St Chicago, IL 60675 | Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/05/00 | 38.12 |
| Northern Trust Company 50 S LaSalle St Chicago, IL 60675 | Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 09/20/00 | 47.88 |
| 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)

358.56

TOTAL This Period (last page this line number only)

358.56

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 9
FOR LINE NUMBER 23

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 | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Re-Elect Brian Bilbray For Congress 970 Seacoast Dr #7 Imperial Beach, CA 91932 | Brian P. Bilbray, U.S. HOUSE 48th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code Dave Camp For Congress PO Box 723 Midland, MI 48640 | Purpose of Disbursement Dave Camp, U.S. HOUSE 4th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code John Lewis For Congress Committee PO Box 2323 Atlanta, GA 30301 | Purpose of Disbursement John Lewis, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 1,000.00 |
| D. Full Name, Mailing Address and ZIP Code John Lewis For Congress Committee PO Box 2323 Atlanta, GA 30301 | Purpose of Disbursement John Lewis, U.S. HOUSE 5th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 2,000.00 |
| E. Full Name, Mailing Address and ZIP Code Citizens For Ron Klink PO Box 15491 Pittsburgh, PA 15237 | Purpose of Disbursement Ron Klink, U.S. HOUSE 4th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code Friends Of Sam Johnson PO Box 880096 Plano, TX 75086-0096 | Purpose of Disbursement Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Chambless For Congress PO Box 4054 Macon, GA 31208 | Purpose of Disbursement Saxby Chambless, U.S. HOUSE 8th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 1,000.00 |
| H. Full Name, Mailing Address and ZIP Code Fossella for Congress 2016 Mount Vernon Ave Alexandria, VA 22301 | Purpose of Disbursement Vito J. Fossella, U.S. HOUSE 13th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 1,000.00 |
| I. Full Name, Mailing Address and ZIP Code John Lewis For Congress Committee PO Box 2323 Atlanta, GA 30301 | Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | -2,000.00 |

SUBTOTAL of Disbursements This Page (optional)

6,500.00

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

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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 |
|--|---|-------------------------|---|
| People For English PO Box 1840 Erie, PA 16507 | PHIL English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 2,000.00 |
| Friends Of Rosa DeLauro 49 Huntington Street New Haven, CT 06511 | Rosa L. DeLauro, U.S. HOUSE 3rd CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/18/00 | 1,000.00 |
| Committee To Reelect Ed Towns 360 Clinton Avenue Suite 6R Brooklyn, NY 11238 | Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/18/00 | 2,000.00 |
| Ellen Tauscher For Congress 20 Park Road Suite E Burlingame, CA 94010 | Ellen O. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/21/00 | 1,000.00 |
| Friends Of Ernest Istook 3501 NW 63rd Street Suite 404 Oklahoma City, OK 73123 | Ernest J. Istook, U.S. HOUSE 5th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/21/00 | 1,000.00 |
| Committee to Elect Ed O'Brien PO Box 447 Bethlehem, PA 18018 | Ed O'Brien, U.S. HOUSE 15th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 500.00 |
| Lazio 2000 Inc 72 East Main St, Ste 4 C/O Piccirillo & Lamont LLP Babylon, NY 11702 | Rick Lazio, U.S. SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 1,000.00 |
| Kate for Congress 267 Gleaner Chapel Road N Schuata, RI 02857 | Kate Coyne-McCoy, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 500.00 |
| Oxley For Congress PO Box 1888 Findlay, OH 45838 | Michael G. Oxley, U.S. HOUSE 4th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

10,000.00

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

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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 |
|---|--|-------------------------|---|
| Whitfield For Congress Committee PO Box 391 Hopkinsville, KY 42241 | Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 1,000.00 |
| Chambliss For Congress PO Box 4064 Macon, GA 31208 | Saxby Chambliss, U.S. HOUSE 8th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 1,000.00 |
| Boyd for Congress PO Box 15703 Tallahassee, FL 32317 | F Allen Boyd, U.S. HOUSE 2nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 1,000.00 |
| Paul Perry for Congress Committee P.O. Box 6463 Evansville, IN 47716 | Perry, U.S. HOUSE 8th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/03/00 | 1,388.83 |
| American Express Suite 0001 Chicago, IL 60679-0001 | In-kind contribution to Paul Perry Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/23/00 | 633.07 (In-Kind) |
| Paul Perry for Congress Committee P.O. Box 5453 Evansville, IN 47716 | In-kind contribution to Paul Perry Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/23/00 | 633.07 (Memo In-Kind) |
| American Express Suite 0001 Chicago, IL 60679-0001 | In-kind contribution to Ed Towns Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/23/00 | 266.25 (In-Kind) |
| Committee To Reelect Ed Towns 360 Clinton Avenue Suite 8R Brooklyn, NY 11238 | In-kind contribution to Ed Towns Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/23/00 | 266.25 (Memo In-Kind) |
| American Express Suite 0001 Chicago, IL 60679-0001 | In-kind contribution to Joe Barton Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/23/00 | 279.00 (In-Kind) |

SUBTOTAL of Disbursements This Page (optional)

5,645.25

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 9
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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 |
|---|---|-------------------------|---|
| Congressman Joe Barton Comm. PO Box 1444 Ennis, TX 75120 | In-kind contribution to Joe Barton Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/23/00 | 278.00 (Memo In-Kind) |
| B. Full Name, Mailing Address and ZIP Code Pallone For Congress P.O. Box 3178 Long Branch, NJ 07740 | Purpose of Disbursement Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/28/00 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Bob Franks for US Senate Inc 310 W Westfield Avenue Roselle Park, NJ 07204 | Purpose of Disbursement Bob Franks, U.S. SENATE NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/01/00 | 5,000.00 |
| D. Full Name, Mailing Address and ZIP Code McDonald for Congress 8522 122nd Ave NE PO Box 275 Kirkland, WA 98033 | Purpose of Disbursement Dan McDonald, U.S. HOUSE 1st WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/01/00 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Barrett For Congress 7720 Rogers Avenue Wauwatosa, WI 53213 | Purpose of Disbursement Thomas M. Barrett, U.S. HOUSE 8th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code Berkeley 2000 PO Box 2884 Washington, DC 20013 | Purpose of Disbursement Shelley Berkley, U.S. HOUSE 1st NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 500.00 |
| G. Full Name, Mailing Address and ZIP Code Marion Berry for Congress PO Box 8084 Jonesboro, AR 72403 | Purpose of Disbursement Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 500.00 |
| H. Full Name, Mailing Address and ZIP Code Texans For Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151 | Purpose of Disbursement Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 2,000.00 |
| I. Full Name, Mailing Address and ZIP Code Friends Of Sherrod Brown 607 14th Street NW Suite 500 Washington, DC 20005 | Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 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 5 OF 9
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 |
|---|--|-------------------------|---|
| Ben Cardin For Congress 100 East Pratt Street 27th Floor Baltimore, MD 21202 | Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,600.00 |
| Mel Carnahan For Senate Committee 406 N Main St Rolla, MO 65401 | Mel Carnahan, U.S. SENATE MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Friends of Kent Conrad PO Box 812 Bismarck, ND 58502 | Kent Conrad, U.S. SENATE ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 2,000.00 |
| Friends Of Bud Cramer PO Box 2821 Huntsville, AL 35801 | Robert E. 'Bud' Cramer, U.S. HOUSE 5th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Crane For Congress Committee PO Box 8534 Rolling Meadows, IL 60008 | Philip M. Crane, U.S. HOUSE 6th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Friends Of Duke Cunningham 4710 Fourth St #100 La Mesa, CA 91941 | Randy 'Duke' Cunningham, U.S. HOUSE 51st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| John D Dingell For Congress Comm. 607 Fourteenth Street NW Washington, DC 20005 | John D. Dingell, U.S. HOUSE 18th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| John Dorsio for Congress Committee P O Box 1538 Fargo, ND 58107 | John Dorsio, U.S. HOUSE AL ND Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 500.00 |
| People For English PO Box 1940 Erie, PA 16507 | Phil English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

10,000.00

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 8 OF 8
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 |
|--|--|-------------------------|---|
| J D Hayworth for Congress 10789 N 80th Street Suite 102 Scottsdale, AZ 85260 | J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Wally Herger For Congress Comm. PO Box 1500 Chico, CA 95927 | Wally Herger, U.S. HOUSE 2nd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Hoefl for Congress 25 West Airy Street Norristown, PA 19401 | Joseph M. Hoefel, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 2,000.00 |
| Hoyer For Congress PO Box 2884 Washington, DC 20013 | Stany H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Jesse Jackson Jr For Congress Committee 7016 S Euclid Chicago, IL 60648 | Jesse L. Jackson, U.S. HOUSE 2nd IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Jeffords for Vermont 607 Capitol Court, NE Suite 100 Washington, DC 20002 | James M. Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Chris John For Congress Comm. Inc PO Drawer 307 Crowley, LA 70627 | Christopher John, U.S. HOUSE 7th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Re-Elect Nancy Johnson To Congress Com 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20151-1652 | Nancy L. Johnson, U.S. HOUSE 5th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,500.00 |
| Kennedy for Senate 2000 426 C-Street NE Rear Bldg Washington, DC 20002 | Edward M. Kennedy, U.S. SENATE MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 2,000.00 |

SUBTOTAL of Disbursements This Page (optional)

11,600.00

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 7 OF 9
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 Jerry Kleczka 3150A S 12th St Milwaukee, WI 53215 | Gerald D. Kleczka, U.S. HOUSE 4th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/13/00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Trent Loft for Mississippi PO Box 22824 Jackson, MS 39226 | Purpose of Disbursement Trent Loft, U.S. SENATE MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 09/13/00 | Amount of Each Disbursement This Period 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code McCrary for Congress 1900 Deposit Guaranty Tower 333 Texas St. Shreveport, LA 71101 | Purpose of Disbursement Jim McCrary, U.S. HOUSE 4th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 09/13/00 | Amount of Each Disbursement This Period 2,000.00 |
| D. Full Name, Mailing Address and ZIP Code Norwood For Congress PO Box 499 Evans, GA 30809 | Purpose of Disbursement Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 08/13/00 | Amount of Each Disbursement This Period 3,000.00 |
| E. Full Name, Mailing Address and ZIP Code A Lot Of People For Dave Obey PO Box 1322 Wausau, WI 54402-1322 | Purpose of Disbursement David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 09/13/00 | Amount of Each Disbursement This Period 2,000.00 |
| F. Full Name, Mailing Address and ZIP Code Pickering For Congress PO Box 6440 Laurel, MS 39441 | Purpose of Disbursement Charles W. Chi Pickering, U.S. HOUSE 3rd MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 06/13/00 | Amount of Each Disbursement This Period 1,000.00 |
| G. Full Name, Mailing Address and ZIP Code Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite 104 Bloomington, MN 55431 | Purpose of Disbursement Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 09/13/00 | Amount of Each Disbursement This Period 1,000.00 |
| H. Full Name, Mailing Address and ZIP Code Snyder For Congress Campaign Comm. PO Box 250888 Little Rock, AR 72226 | Purpose of Disbursement Vic Snyder, U.S. HOUSE 2nd AR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 09/13/00 | Amount of Each Disbursement This Period 500.00 |
| I. Full Name, Mailing Address and ZIP Code Stenholm For Congress Comm. Box 1032 Stamford, TX 79553 | Purpose of Disbursement Charles W. Stenholm, U.S. HOUSE 17th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | Date (month, day, year) 09/13/00 | Amount of Each Disbursement This Period 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

12,500.00

TOTAL This Period (last page this line number of)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 8 OF 9
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 |
|--|--|-------------------------|---|
| Ted Strickland For Congress PO Box 590 1337 Thomas Hollow Road Lucasville, OH 45648 | Ted Strickland, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 2,000.00 |
| Friends Of John Tanner Post Office Box 1994 Union City, TN 38281 | John S. Tanner, U.S. HOUSE 8th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/13/00 | 500.00 |
| Ellen Tauscher For Congress 20 Park Road Suite E Burlingame, CA 94010 | Ellen O. Tauscher, U.S. HOUSE 10th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Billy Tauzin Congressional Committee 550 South Van Houma, LA 70361 | W.J. 'Billy' Tauzin, U.S. HOUSE 3rd LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Upton For All Of Us PO Box 490 St Joseph, MI 48065 | Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| Friends Of Roger Wicker 2000 PO Box 874 Tupelo, MS 38802 | Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/13/00 | 1,000.00 |
| Friends Of Dave Weldon PO Box 968 Melbourne, FL 32902 | Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/13/00 | 1,000.00 |
| People for Ganske 521 E Locust 2nd Floor Des Moines, IA 50309-1938 | Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/14/00 | 1,000.00 |
| Robert Aderholt For Congress Po Box 1168 Haleyville, AL 35565 | Robert B. Aderholt, U.S. HOUSE 4th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/27/00 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

9,000.00

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 9 OF 9
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 |
|---|---|-------------------------|---|
| Anna Eshoo For Congress 555 Capitol Mall Suite 1425 Sacramento, CA 95814 | Anna G. Eshoo, U.S. HOUSE 14th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/27/00 | 500.00 |
| B. Full Name, Mailing Address and ZIP Code Ferguson for Congress PO Box 4206 Warren, NJ 07059 | Mike Ferguson, U.S. HOUSE 7th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/27/00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code Gene Green Congressional Campaign PO Box 16128 Houston, TX 77222 | Gene Green, U.S. HOUSE 28th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/27/00 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Matheson For Congress 677 South 200 West Suite A Salt Lake City, UT 84101 | Jim Matheson, U.S. HOUSE 2nd UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/27/00 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Rangel For Congress 2000 PO Box 5577 Manhattanville Station New York, NY 10027 | Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/27/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code Robert W Roak for Congress 34 West Eighth Street Anderson, IN 46016 | Robert W. Roak, U.S. HOUSE 2nd IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/27/00 | 500.00 |
| G. Full Name, Mailing Address and ZIP Code Loy Sneary For Congress Comm. PO Box 187 Bay City, TX 77404 | Loy Sneary, U.S. HOUSE 14th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/27/00 | 500.00 |
| H. Full Name, Mailing Address and ZIP Code Mike Taylor For Congress P O Box 2389 Albemarle, NC 28002 | Mike Taylor, U.S. HOUSE 5th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/27/00 | 500.00 |
| I. Full Name, Mailing Address and ZIP Code Tiberl 2000 211 South Fifth St Columbus, OH 43215 | Patrick Tiberl, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 09/27/00 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

82,545.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 29

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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 |
|---|---|-------------------------|---|
| National Republican Senatorial Committee 425 Second Street NW Washington, DC 20002 | Administrative Expense for convention credentials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/12/00 | 750.00 |
| B. Full Name, Mailing Address and ZIP Code The Best Little Warehouse in Philadelphia 1150 17th St, NW Suite 201 Washington, DC 20036 | Purpose of Disbursement Administrative Expense for Republican Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 07/12/00 | 7,500.00 |
| C. Full Name, Mailing Address and ZIP Code National Republican Senatorial Committee 425 Second Street NW Washington, DC 20002 | Purpose of Disbursement Administrative Expense for convention credentials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/17/00 | 780.00 |
| D. Full Name, Mailing Address and ZIP Code National Republican Congressional Committee Contr 320 First Street, SE Washington, DC 20003 | Purpose of Disbursement Non-federal Disbursement - Food and Beverage Costs Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 07/21/00 | 5,000.00 |
| E. Full Name, Mailing Address and ZIP Code Indiana Democratic Congressional Victory Comm 1 North Capitol Suite 200 Indianapolis, IN 46204 | Purpose of Disbursement Non-federal disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 08/23/00 | 10,000.00 |
| 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)

24,000.00

TOTAL This Period (last page this line number only)

24,000.00

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 checked="" type="checkbox"/> Hand Delivered | Date of Receipt 10/14/00 |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <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 and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| CR | 10/14/00 |
| PREPARER | DATE PREPARED |