

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC -6 A 11: 02

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> Political Action Committee of the American Association of Orthopaedic Surgeons	<b>2. FEC IDENTIFICATION NUMBER</b> G00343137
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 317 Massachusetts Avenue NE 1st Floor	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> 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  
11/07/00 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>10/18/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 177,919.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 93,941.71	
(c) Total Receipts (from Line 19)	\$ 10,350.00	\$ 260,310.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 104,291.71	\$ 428,229.67
7. Total Disbursements (from Line 30)	\$ 3,696.28	\$ 327,634.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 100,595.43	\$ 100,595.43
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-6590 Local 202-219-3420
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 12-1-00
Signature of Treasurer 	

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 3**  
(revised 9/99)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 7/1/91)

NAME OF COMMITTEE <b>Political Action Committee of the American Association of Orthopaedic Surgeons</b>	REPORT COVERING PERIOD		
	FROM 10/18/00	TO 11/27/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,600.00	122,200.00	11(a)(i)
ii. Unitemized	4,750.00	128,110.00	11(a)(ii)
iii. Total (add i and ii) >	10,350.00	250,310.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	10,350.00	250,310.00	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) >	10,350.00	250,310.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	10,350.00	250,310.00	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(i)(i)
ii. Non-Federal Share	0.00	0.00	21(i)(ii)
b. Other Federal Operating Expenditures	196.28	2,034.89	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	196.28	2,034.89	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	281,599.35	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 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	0.00	64,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3,696.28	327,634.24	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,696.28	327,634.24	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	10,350.00	250,310.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,350.00	250,310.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	196.28	2,034.89	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	196.28	2,034.89	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard W Barth, MD 2021 K St, #400 Washington, DC 20006-1003	Self Employed  Occupation Orthopaedic Surgeon	10/24/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Frank L Barnes, MD Twelve Oaks Tower 4128 SW Freeway, Ste 1410 Houston, TX 77027-7318	Self Employed  Occupation Orthopaedic Surgeon	10/24/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
W Grant Braly, MD 7401 S Main Houston, TX 77030-4509	Self Employed  Occupation Orthopaedic Surgeon	10/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
John N Callender, MD 2540 Filbert St San Francisco, CA 94123-3318	California Pacific Ortho & Sports Med  Occupation Orthopaedic Surgeon	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Gerald F Draher, MD Orthopaedic Clinic (112-H) VAMC - Temple Temple, TX 76704-7483	Orthopaedic Clinic VAMC Temple  Occupation Orthopaedic Surgeon	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 600.00		
Leroy Robert Fullerton Jr, MD 820 St Sebastian Way, #8A Augusta, GA 30801-2642	Orthopaedic Associates of Augusta  Occupation Orthopaedic Surgeon	10/24/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
Raymond Stanley Gruby, MD 2520 Domino Dr Bismarck, ND 58503	Self Employed  Occupation Orthopaedic Surgeon	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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

PAGE 2 OF 4  
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 John Haverbush, MD 315 E Warwick Rd Ste A Alma, MI 48801-1013	Self Employed	10/24/00	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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David M Henneghan, MD 824 Illinois Ave Stevens Point, WI 54481	Rice Medical Center	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 600.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry N Harkowitz, MD 3636 W 13 Mile Rd, #904 Royal Oak, MI 48073-6710	Self Employed	10/24/00	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles A Klein, MD 2500 N Mayfair Rd, #800 Wauwatosa, WI 53226-1415	Bauwens Klein & Misra	10/24/00	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 450.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael R McLean, MD 1300 Mound P O Box 632748 Nacogdoches, TX 76063-2748	Self Employed	10/24/00	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
John K Merson, MD 848 Miranda Creek Ct Alamo, CA 94507-1487	East Bay Sports Medicine	10/24/00	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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley H Nahlgan, MD 29001 Cedar Rd, #519 Cleveland, OH 44124-4041	Self Employed	10/24/00	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) ..... 1,250.00

**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 4  
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
Mark H Pohlman, MD 300 Carew St Springfield, MA 01104-2318	Self Employed	10/24/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 6 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David J Schuik, MD 4307 W Tacon St Tampa, FL 33628-7733	Tampa Orthopaedic Clinic	10/24/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 5 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karolyn M Senica, MD Ortho Center of Illinois Ste 150 Springfield, IL 62704	Self Employed	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 5 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin A Torch, MD 239 Taylor Station Rd Columbus, OH 43213-1445	Greater Ohio Orthopaedic Surgeons	10/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 6 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig H Rosen, MD 603 N Broad St Ste 300 Woodbury, NJ 08096-1618	Self Employed	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 5 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dampsey S Springfield, MD Mt Sinai School of Medicine 5 E 98th St New York, NY 10029	Mt Sinai School of Medicine	10/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 5 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry G Chambers, MD 3030 Children's Way, #410 San Diego, CA 92123-4228	Children's Specialists of San Diego	10/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > 6 400.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 1,600.00

**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 4  
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 Richard W Garner, MD 3260 Providence Dr, #200 Anchorage, AK 99508-4603	Name of Employer Anchorage Fracture & Orthopaedic Clinic  Occupation Orthopaedic Surgeon	Date (month, day, year) 10/24/00	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 \$ 750.00	
B. Full Name, Mailing Address and ZIP Code Steven M Sanwick, MD North 1414 Houk Rd, #102 Spokane, WA 99218-1097	Name of Employer NWUFC  Occupation Orthopaedic Surgeon	Date (month, day, year) 10/24/00	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	
C. Full Name, Mailing Address and ZIP Code Kenneth C Spangler Jr, MD 1 Hampton Rd Exeter, NH 03833-4818	Name of Employer Access Orthopaedics  Occupation Orthopaedic Surgeon	Date (month, day, year) 10/24/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code Anthony Edward Twite, MD 6404 11th Ave Vienna, WV 26105	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year) 10/24/00	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Richard M Witt, MD Lahay Clinic Medical Cntr 41 Mall Rd Burlington, MA 01805-0001	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year) 10/24/00	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	
F. Full Name, Mailing Address and ZIP Code W Dean Jameson, MD 1068 Cresthaven Rd, #400 Memphis, TN 38119-0846	Name of Employer Self Employed  Occupation Orthopaedic Surgeon	Date (month, day, year) 10/24/00	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	
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) ..... 1,150.00

**TOTAL** This Period (last page this line number only) ..... 5,600.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 210

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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 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 60 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)	10/20/00	44.70
Northern Trust Company 60 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)	10/20/00	161.58
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 (options) .....

188.28

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

196.28

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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
Steve Israel for Congress Committee 15 Ormond Street Dix Hills, NY 11746	Steve Israel, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/19/00	500.00
Ken Bentsen For Congress Comm. 5615 Morningside #301 Houston, TX 77006	Ken Bentsen, U.S. HOUSE 25th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/31/00	500.00
Oan McDonald for Congress 8522 122nd Ave NE PO Box 275 Kirkland, WA 98033	Oan McDonald, U.S. HOUSE 1st WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/31/00	500.00
Brian Schweitzer For US Senate PO Box 9172 Missoula, MT 59801	Brian Schweitzer, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/31/00	1,000.00
Lindsey O. Graham Comm. To Elect Lindsey Graham Po Box 1155 Seneca, SC 29679	Lindsey O. Graham, U.S. HOUSE 3rd SC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/06/00	1,000.00
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) .....

3,500.00

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

3,500.00



