

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue NE 1st  
 Check if different than previously reported. (ACC) Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00343137 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

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

5. Covering Period 11 26 2002 through 12 31 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James G Davis MD

Signature of Treasurer Electronically Filed by James G Davis MD Date 01 20 2003

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>Month</sup> 11 <sup>Day</sup> 26 <sup>Year</sup> 2002 To: <sup>Month</sup> 12 <sup>Day</sup> 31 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		52894.88
(b) Cash on Hand at Beginning of Reporting Period .....	62476.56	
(c) Total Receipts (from Line 19) .....	22896.05	453965.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	85372.61	506960.36
7. Total Disbursements (from Line 30) .....	-343.49	421144.26
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	85716.10	85716.10
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>MM</sup>11 <sup>DD</sup>26 <sup>YYYY</sup>2002 To: <sup>MM</sup>12 <sup>DD</sup>31 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	18850.00	
(ii) Unitemized .....	3900.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	22750.00	446762.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	22750.00	446762.01
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	146.05	4977.75
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2225.72
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	22896.05	453965.48
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	22896.05	453965.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	156.51	5214.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	156.51	5214.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-500.00	322954.91
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	975.05
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	975.05
29. Other Disbursements.....	0.00	92000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	-343.49	421144.26
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	-343.49	421144.26
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	22750.00	446762.01
33. Total Contribution Refunds (from Line 28(d)).....	0.00	975.05
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	22750.00	445786.96
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	156.51	5214.30
36. Offsets to Operating Expenditures (from Line 15, page 3).....	146.05	4977.75
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	10.46	236.55

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Craig T. Amtz, MD

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2002

Mailing Address  
4D11 Talbot Rd S, #300

City State Zip Code  
Renton WA 98055-5791

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Valley Orthopaedic Associates

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000510000002

**B.** Full Name (Last, First, Middle Initial)  
Dr. William P. Barrett, MD

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2002

Mailing Address  
4D11 Talbot Rd S, #300

City State Zip Code  
Renton WA 98055-5791

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Valley Orthopaedic Associates

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000510100003

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert Gordon Velth, MD

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2002

Mailing Address  
4D11 Talbot Rd S, #300

City State Zip Code  
Renton WA 98055-5791

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Valley Orthopaedic Associates

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000510200004

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 21	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Fredrick Huang, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2002

Mailing Address  
Valley Orthopaedic Associates 4011 Talbot Road S.  
City State Zip Code  
Renton WA 98055

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon
---	-----------------------------------

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

Transaction ID: 1000000510300005

Full Name (Last, First, Middle Initial)  
**B. Dr. Mark C Remington, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2002

Mailing Address  
4011 Talbot Rd South #300  
City State Zip Code  
Renton WA 98055-5791

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1000.00

Name of Employer Valley Orthopaedic Associates	Occupation Orthopaedic Surgeon
---	-----------------------------------

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

Transaction ID: 1000000510400008

Full Name (Last, First, Middle Initial)  
**C. Dr. Rocco V Trumper, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2002

Mailing Address  
2500 E Prospect Rd  
City State Zip Code  
Fort Collins CO 80525-5773

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Orthopedic Center of the Rockies	Occupation Orthopaedic Surgeon
--	-----------------------------------

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

Transaction ID: 1000000510800007

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 / 21

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Constantine T Nicholes, MD**

Mailing Address  
4029 W Main St

City State Zip Code  
Kalamazoo MI 49006-2746

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000510900008

Full Name (Last, First, Middle Initial)  
**B. Dr. Bertram Zeins, MD**

Mailing Address  
Massachusetts Gen Hosp 15 Parkman St Ste 514

City State Zip Code  
Boston MA 02114

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Massachusetts General Hospital Orthopaedic Surgeon

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

Transaction ID: 1000000511000009

Full Name (Last, First, Middle Initial)  
**C. Dr. Anthony E Melonkos, MD**

Mailing Address  
1420 North Monroe Street

City State Zip Code  
Monroe MI 48162-4211

Date of Receipt  
N M / D E / Y Y Y Y  
11 / 27 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000511500010

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

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 21

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Susan Cera, MD

Mailing Address

4D11 Talbot Road South

Suite 300

City

State

Zip Code

Renton

WA

98055

Date of Receipt

N M / D E / Y Y Y Y  
11 / 27 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1000000511600011

Full Name (Last, First, Middle Initial)

B. Dr. Paul J Berca, MD

Mailing Address

1100 Ninth Ave

City

State

Zip Code

Seattle

WA

98101-2756

Date of Receipt

N M / D E / Y Y Y Y  
12 / 09 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000512000012

Full Name (Last, First, Middle Initial)

C. Dr. Richard M Wilk, MD

Mailing Address

Lahey Clinic Medical Cntr

41 Mall Rd

City

State

Zip Code

Burlington

MA

01805-0001

Date of Receipt

N M / D E / Y Y Y Y  
12 / 09 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1000000512200013

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

**1450.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 21

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Benjamin E Bierbaum, MD

Mailing Address

91 Parker Hill Ave

City

Boston

State

MA

Zip Code

02120-2847

Date of Receipt

12 / 09 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Longwood Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Transaction ID: 1000000512300014

Full Name (Last, First, Middle Initial)

B. Dr. John Martin Handrickson, MD

Mailing Address

4011 Talbot Rd S, #300

City

Renton

State

WA

Zip Code

98055-5791

Date of Receipt

12 / 09 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Valley Orthopedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1000000512400015

Full Name (Last, First, Middle Initial)

C. Dr. Ray Payne, MD

Mailing Address

290 Clearfield Ave Ste 124

City

Virginia Beach

State

VA

Zip Code

23462-1832

Date of Receipt

12 / 10 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Atlantic Orthopedic Specialists

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000512700016

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

**1750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 10 / 21		
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Dr. James P Crutcher, Jr. MD**

Mailing Address  
1229 Madisan St. #1600

City State Zip Code  
Seattle WA 98104-1357

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic Physician Associates Orthopaedic Surgeon

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

Transaction ID: 10000000512800017

Full Name (Last, First, Middle Initial)  
**B. Dr. John Gary Slater, Jr. MD**

Mailing Address  
10301 Kanis Rd

City State Zip Code  
Little Rock AR 72205-6205

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000512900018

Full Name (Last, First, Middle Initial)  
**C. Dr. Richard Watkins, MD**

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

City State Zip Code  
Pocatello ID 83201-3358

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000513200019

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2000.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jefferson J. Keye, MD

Mailing Address  
1514 Jefferson Hwy LT-7

City State Zip Code  
Jefferson LA 70121-2429

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 100000051340020

**B.** Full Name (Last, First, Middle Initial)  
Dr. Nicholas J. Yakan, MD

Mailing Address  
Van Demark Orthopaedic Special North Center

City State Zip Code  
Sioux Falls SD 57105

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Van Demark Orthopedic Specialists Orthopaedic Surgeon

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

Transaction ID: 100000051380021

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph T. Mostal, MD

Mailing Address  
4064 Postal Dr, SW PO Box 21989

City State Zip Code  
Roanoke VA 24018-0548

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Roanoke Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 100000051370022

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael Lee Granberry, MD

Mailing Address  
271 Azalea Rd

City State Zip Code  
Mobile AL 36609-1901

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000513800023

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

Mailing Address  
2950 S Elm Pl Ste 415

City State Zip Code  
Broken Arrow OK 74012-7863

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Broken Arrow Bone & Joint

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000513900024

**C.** Full Name (Last, First, Middle Initial)  
Dr. Harvey E Smiles, Jr. MD

Mailing Address  
Princeton Ortho Associates 325 Princeton Ave

City State Zip Code  
Princeton NJ 08540-1817

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
Princeton Ortho Associates

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000514000025

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 21

11a  11b  11c  12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Arnold D Scheller, MD

Mailing Address

830 Boylston St, #113

City

State

Zip Code

Chestnut Hill

MA

02167-2502

Date of Receipt

N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Pro Sports Orthopaedics Inc.

Occupation

Orthopaedic Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1000000514100026

Full Name (Last, First, Middle Initial)

**B.** Dr. Paul S Kenyon, MD

Mailing Address

150 S East Ave

PO Box 600

City

State

Zip Code

Jackson

MI

49204-0600

Date of Receipt

N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000514400027

Full Name (Last, First, Middle Initial)

**C.** Dr. Martin Shelton Tullus, MD

Mailing Address

4011 Talbot Rd S, #300

City

State

Zip Code

Renton

WA

98055-5791

Date of Receipt

N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1000000514800028

**SUBTOTAL** of Receipts This Page (optional) .....

**1500.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. M Bradford Herley, MD**

Mailing Address  
Orthopaedics Box 359798 325 Ninth Ave ZA-48  
City State Zip Code  
Seattle WA 98104-2498

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Washington Orthopaedic Surgeon

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

Transaction ID: 1000000514700029

Full Name (Last, First, Middle Initial)  
**B. Dr. Forney Hutchinson, MD**

Mailing Address  
1001 Blythe Blvd, #200  
City State Zip Code  
Charlotte NC 28203-5866

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Miller Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000514800030

Full Name (Last, First, Middle Initial)  
**C. Dr. William N Haller, Jr, MD**

Mailing Address  
100 Medical Dr, #101  
City State Zip Code  
Gadsden AL 35903

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000514800031

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

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey Lee Tedder, MD

Mailing Address  
2525 Bayshore Blvd, Apt D

City State Zip Code  
Tampa FL 33629-7316

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 100000051500032

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard H Gelberman, MD

Mailing Address  
Dept of Orthopaedic Surgery Sta 11300 W Pavilion

City State Zip Code  
Saint Louis MO 63110

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Washington University School of Medicine Orthopaedic Surgeon

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

Transaction ID: 100000051520033

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ralph F Rashbaum, MD

Mailing Address  
Texas Back Institute 6300 W Parker Rd

City State Zip Code  
Plano TX 75093-8100

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 100000051530034

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ronald W Lindsey, MD

Mailing Address  
6560 Fannin, #1900

City State Zip Code  
Houston TX 77030-2721

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000515400035

**B.** Full Name (Last, First, Middle Initial)  
Dr. John F Berman, Jr, MD

Mailing Address  
3465 S 4155 W

City State Zip Code  
Salt Lake City UT 84120-2013

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000516100036

**C.** Full Name (Last, First, Middle Initial)  
Dr. Christopher H Marth, MD

Mailing Address  
The Salt Lake Ortho Clinic

City State Zip Code  
Salt Lake City UT 84124

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000516400037

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 21	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address  
3485 S 4155 W, #5

City State Zip Code  
West Valley City UT 84120-2013

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000516700038

**B.** Full Name (Last, First, Middle Initial)  
Dr. J Lynn Smith, MD

Mailing Address  
5770 South 250 East, #115

City State Zip Code  
Murray UT 84107-8100

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000516800039

**C.** Full Name (Last, First, Middle Initial)  
Dr. E Marc Martini, MD

Mailing Address  
1160 East 3900 South, #5000

City State Zip Code  
Salt Lake City UT 84124-1202

Date of Receipt  
N M / D E / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000517300040

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)  
Dr. Reed E Fogg, MD

Mailing Address  
5B10 South 300 East, #300

City State Zip Code  
Salt Lake City UT 84107-5904

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000517400041

B. Full Name (Last, First, Middle Initial)  
Dr. Devon A Nelson, MD

Mailing Address  
PO Box 837

City State Zip Code  
Springville UT 84663-0837

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 12 / 2002

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000517500042

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>18850.00</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)					PAGE 19 / 21
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
A. American Assoc of Ortho Surgeons

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period  
146.05

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 5206.76

Transaction ID: 1000000517800043

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>146.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>146.05</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 21

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Date of Disbursement 11 / 26 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 56.88	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000000511800002

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		Date of Disbursement 12 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 89.37	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000000517800003

Full Name (Last, First, Middle Initial) <b>C. Northern Trust Company</b>		Date of Disbursement 12 / 24 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 10.48	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000000518100004

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>156.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>156.51</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 21

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Patsy T Mink Campaign Committee</b>		Date of Disbursement 12 / 31 / 2002	
Mailing Address 1846 Paula Drive City Honolulu State HI Zip Code 96816		Amount of Each Disbursement this Period -500.00	
Purpose of Disbursement YTD:\$0.00 Volded Check		24K Category/ Type	
Candidate Name Patsy Takemoto Mink		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID: 10000000518200005	
State: HI District: 2			

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>-500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>-500.00</b>