

**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) | X | General (12G) | Runoff (12R) |
| October 15 Quarterly Report(Q3) | | Convention (12C) | | Special (12S) | |
| January 31 Quarterly Report(YE) | Election on | 11 | 05 | 2002 | 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 10 01 2002 through 10 18 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 10 17 2002

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: ^h10 ^D01 ^v2002 To: ^h10 ^D16 ^v2002

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 ^v 2002 | | 52894.88 |
| (b) Cash on Hand at Beginning of Reporting Period | 106831.82 | |
| (c) Total Receipts (from Line 19) | 14329.01 | 394006.24 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 121160.83 | 446901.12 |
| 7. Total Disbursements (from Line 30) | 41184.27 | 366924.56 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 79976.56 | 79976.56 |
| 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: ^W10 ^D01 ^Y2002 To: ^W10 ^D16 ^Y2002

| 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) | 13129.01 | |
| (ii) Unitemized | 1200.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 14329.01 | 389512.01 |
| (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) | 14329.01 | 389512.01 |
| 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) | 0.00 | 4494.23 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 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) | 14329.01 | 394006.24 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) | 14329.01 | 394006.24 |

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..... | 184.27 | 4720.32 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 184.27 | 4720.32 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 41000.00 | 270229.19 |
| 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 | 91000.00 |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶ | 41184.27 | 366924.56 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶ | 41184.27 | 366924.56 |
| <hr/> | | |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3)..... | 14329.01 | 389512.01 |
| 33. Total Contribution Refunds (from Line 28(d))..... | 0.00 | 975.05 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32)..... | 14329.01 | 388536.96 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶ | 184.27 | 4720.32 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 4494.23 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶ | 184.27 | 226.09 |

**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 / 24 | |
| | <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. Clifford W Colevel, Jr. MD

Mailing Address
11025 N Tarrey Pines Rd Ste 140
City State Zip Code
La Jolla CA 92037-1027

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Scripps Clinic

Occupation
Orthopaedic Surgeon

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

Transaction ID: 1000000480000002

B. Full Name (Last, First, Middle Initial)
Dr. William J Hazack, MD

Mailing Address
Rothman Inst at Jefferson 925 Chestnut St 5th Floor
City State Zip Code
Philadelphia PA 19107-4216

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Rothman Institute Orthopedic

Occupation
Orthopaedic Surgeon

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

Transaction ID: 1000000480100003

C. Full Name (Last, First, Middle Initial)
Dr. Joseph E Skoppey, Jr, MD

Mailing Address
1600 Forsyth St
City State Zip Code
Macon GA 31201-1408

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Forsyth Street Ortho Surg & Rehab.

Occupation
Orthopaedic Surgeon

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

Transaction ID: 1000000480200004

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 / 24 | |
| | <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. Yves Boudreau, MD

Mailing Address
Shelby Bone & Joint Clinic 202 E Grover St
City State Zip Code
Shelby NC 28150-3918

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Shelby Bone & Joint Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000480300005

B. Full Name (Last, First, Middle Initial)
Dr. Fred G Carley, MD

Mailing Address
Dept of Ortho Univ of Texas Health Science C
City State Zip Code
San Antonio TX 78284-7774

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 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: 1000000480400008

C. Full Name (Last, First, Middle Initial)
Dr. Alan L Whitney, MD

Mailing Address
2699 N 17th St
City State Zip Code
Coos Bay OR 97420-2134

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 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: 1000000480500007

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 7 / 24 | |
| | <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. Steven E Casey, MD

Mailing Address
711 Lawn Ave Bldg 3
City State Zip Code
Sellersville PA 18860

Date of Receipt
N M / D E / Y Y Y Y
10 / 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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000000480600008

B. Full Name (Last, First, Middle Initial)
Dr. John Duncan McKeever, MD

Mailing Address
5920 Saratoga Blvd Ste 600B
City State Zip Code
Corpus Christi TX 78414

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 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: 10000000480700009

C. Full Name (Last, First, Middle Initial)
Dr. Raju Venappalli, MD

Mailing Address
6635 Lake Dr
City State Zip Code
Morrow GA 30260-2354

Date of Receipt
N M / D E / Y Y Y Y
10 / 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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 10000000480800010

| | | |
|--|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| 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 / 24 | |
| | <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. John P Lyden, MD

Mailing Address
Hosp for Special Surgery 535 E 70th St
City State Zip Code
New York NY 10021-4892

Date of Receipt
N M / D E / Y Y Y Y
10 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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 100000048100011

B. Full Name (Last, First, Middle Initial)
Dr. Christopher J Rich, MD

Mailing Address
3351 Masonic Dr
City State Zip Code
Alexandria LA 71301-3842

Date of Receipt
N M / D E / Y Y Y Y
10 09 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: 1000000481100012

C. Full Name (Last, First, Middle Initial)
Dr. Maureen A Finnegan, MD

Mailing Address
Department of Orthopaedics 5323 Harry Hines Blvd
City State Zip Code
Dallas TX 75390-8863

Date of Receipt
N M / D E / Y Y Y Y
10 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: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Transaction ID: 1000000491200013

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 / 24 | |
| | <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. John G Heller, MD

Mailing Address
2165 N Decatur Rd

City State Zip Code
Decatur GA 30033-5307

Date of Receipt
N M / D E / Y Y Y Y
10 09 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Emory Spine Center Orthopaedic Surgeon

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

Transaction ID: 1000000491300014

B. Full Name (Last, First, Middle Initial)
Dr. David B Coward, MD

Mailing Address
2801 K Street #310

City State Zip Code
Sacramento CA 95816-5119

Date of Receipt
N M / D E / Y Y Y Y
10 09 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sacramento Knee and Sports Medicine Orthopaedic Surgeon

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

Transaction ID: 1000000491800015

C. Full Name (Last, First, Middle Initial)
Dr. David M Henneghan, MD

Mailing Address
824 Illinois Ave

City State Zip Code
Stevens Point WI 54481

Date of Receipt
N M / D E / Y Y Y Y
10 09 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Rice Medical Center Orthopaedic Surgeon

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

Transaction ID: 1000000491700016

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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: PAGE 10 / 24

(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. Michael T Stovel, MD

Mailing Address

18245 Jamestown Dr

City

State

Zip Code

Hagerstown

MD

21742-1716

Date of Receipt

MM / DD / YYYY
10 / 09 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Mid Atlantic Orthopaedic Special-
ists

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000481800017

Full Name (Last, First, Middle Initial)

B. Dr. William C Jacobson, MD

Mailing Address

1801 NW 114th Street

Suite 142

City

State

Zip Code

Des Moines

IA

50325

Date of Receipt

MM / DD / YYYY
10 / 09 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Central Iowa Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000481800018

Full Name (Last, First, Middle Initial)

C. Dr. Joe Frank Fellows, MD

Mailing Address

6001 Westown Pkwy

City

State

Zip Code

West Des Moines

IA

50266-7702

Date of Receipt

MM / DD / YYYY
10 / 09 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000492100019

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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 / 24 | |
| | <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. Richard L Kreiter, MD

Mailing Address
4D1 W Locust St

City State Zip Code
Davenport IA 52803-2815

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopedic Care Orthopaedic Surgeon

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

Transaction ID: 10000000482200020

Full Name (Last, First, Middle Initial)
B. Dr. Patrick M Sullivan, MD

Mailing Address
6001 Westown Pky

City State Zip Code
West Des Moines IA 50266-7702

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DMOS Orthopaedic Surgeon

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

Transaction ID: 10000000482300021

Full Name (Last, First, Middle Initial)
C. Dr. Colin Poole, MD

Mailing Address
3412 E Rivernest Ln

City State Zip Code
Boise ID 83706

Date of Receipt
N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Intermountain Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000482500022

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 12 / 24

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. Anthony R Marino, MD

Mailing Address

23 Hemlock St

City

State

Zip Code

Londonderry

NH

03053-3767

Date of Receipt

N M / D E / Y Y Y Y
10 / 09 / 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:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000482600023

Full Name (Last, First, Middle Initial)

B. Dr. Albert R Coates, MD

Mailing Address

Physicians Clinic of Iowa

600 7th St SE

City

State

Zip Code

Cedar Rapids

IA

52401-2112

Date of Receipt

N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Physicians Clinic of Iowa

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000482800024

Full Name (Last, First, Middle Initial)

C. Dr. George A Nicola, MD

Mailing Address

206 E Elm St

City

State

Zip Code

Caldwell

ID

83805-4815

Date of Receipt

N M / D E / Y Y Y Y
10 / 09 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
West Idaho Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000482800025

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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 / 24 | |
| | <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. Sterling J Laueg, MD

Mailing Address
250 S Crescent Dr
City State Zip Code
Mason City IA 50401-2926

Date of Receipt
N M / D E / Y Y Y Y
10 09 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mason City Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000483000026

Full Name (Last, First, Middle Initial)
B. Dr. Leonard M Rudolf, MD

Mailing Address
129-C Mascama St
City State Zip Code
Lebanon NH 03766-2647

Date of Receipt
N M / D E / Y Y Y Y
10 09 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: 1000000483100027

Full Name (Last, First, Middle Initial)
C. Dr. Clifford K Boese, MD

Mailing Address
Miller Orthopaedic One Edmundson Place
City State Zip Code
Council Bluffs IA 51503-4843

Date of Receipt
N M / D E / Y Y Y Y
10 09 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Miller Orthopaedic Affiliates Orthopaedic Surgeon

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

Transaction ID: 1000000483200028

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 / 24 | |
| | <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 A. Rodgers, MD

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2002

Mailing Address
Des Moines Orthopaedic Surgeon 6001 Westown Parkway
City State Zip Code
West Des Moines IA 50266-7702

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

Name of Employer Occupation
DMOS Orthopaedic Surgeon

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

Transaction ID: 1000000048300029

B. Full Name (Last, First, Middle Initial)
Dr. J. Lockwood Ochsner, Jr, MD

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2002

Mailing Address
1514 Jefferson Hwy
City State Zip Code
New Orleans LA 70121-2429

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
Ochsner Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1250.00

Transaction ID: 10000000483500030

C. Full Name (Last, First, Middle Initial)
Dr. Thomas A. McEnnemy, MD

Date of Receipt
M M / D D / Y Y Y Y
10 / 09 / 2002

Mailing Address
Lovelace Medical Ctr Dept of Orthopedics
City State Zip Code
Albuquerque NM 87108-4729

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 200.00

Name of Employer Occupation
Lovelace Health Systems Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 400.00

Transaction ID: 10000000483800031

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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)

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| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <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. American Assoc of Ortho Surgeons

Mailing Address

6300 N River Road

City

Rosemont

State

IL

Zip Code

60018

Date of Receipt

MM / DD / YYYY
10 / 16 / 2002

Amount of Each Receipt this Period

229.01

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

4723.24

Transaction ID: 1000000485600032

B.

C.

| | | |
|--|---|-----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 229.01 |
| TOTAL This Period (last page this line number only) | ▶ | 13129.01 |

**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 18 / 24

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
| <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)

A. Northern Trust Company

Mailing Address

50 S LaSalle St

City

Chicago

State

IL

Zip Code

60675

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) ▼

Date of Disbursement

10th : 04 : 2002

Amount of Each Disbursement this Period

184.27

Transaction ID: 10000000485400002

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

184.27

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

184.27

**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 17 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. Pat Toomey for Congress Committee | | Date of Disbursement 10 / 02 / 2002 |
| Mailing Address 2720 Jordan Road City: Orefield State: PA Zip Code: 18069 | | Amount of Each Disbursement this Period 3000.00 |
| Purpose of Disbursement YTD:53000.00 Patrick J. Toomey, U.S. HOU | Candidate Name Patrick J. Toomey | 24K Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | |
| State: PA District: 15 | Transaction ID: 10000000489200003 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Dutch Ruppensberger for Congress | | Date of Disbursement 10 / 02 / 2002 |
| Mailing Address PO Box 5675 City: Timonium State: MD Zip Code: 21084 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:53000.00 C.A. Dutch Ruppensberger, U | Candidate Name C.A. Dutch Ruppensberger | 24K Category/ Type |
| Office Sought: <input type="checkbox"/> House Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | |
| State: MD District: 2 | Transaction ID: 10000000489300004 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. John Shadegg For Congress | | Date of Disbursement 10 / 02 / 2002 |
| Mailing Address PO Box 45444 City: Phoenix State: AZ Zip Code: 85064 | | Amount of Each Disbursement this Period 4000.00 |
| Purpose of Disbursement YTD:56394.25 John B. Shadegg, U.S. HOUSE | Candidate Name John B. Shadegg | 24K Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | |
| State: AZ District: 4 | Transaction ID: 10000000489400005 | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 8000.00 |
| TOTAL This Period (last page this line number only) | |

**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 18 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. Anne Sumers for Congress | | | Date of Disbursement 10 / 02 / 2002 | |
| Mailing Address PO Box 624 City State Zip Code Paramus NJ 07653 | | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement YTD:\$4000.00 Anne Sumers, U.S. HOUSE 5th | | | 24K Category/ Type | |
| Candidate Name Anne Sumers | | | | |
| Office Sought: House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | | Transaction ID: 10000000489500008 | |
| State: NJ District: 5 | | | | |

| | | | | |
|---|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Mike Bilirakis For Congress | | | Date of Disbursement 10 / 02 / 2002 | |
| Mailing Address P O Box 1077 City State Zip Code Tarpon Springs FL 34688 | | | Amount of Each Disbursement this Period 4000.00 | |
| Purpose of Disbursement YTD:\$8000.00 Michael Bilirakis, U.S. HOU | | | 24K Category/ Type | |
| Candidate Name Michael Bilirakis | | | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | | Transaction ID: 10000000489600007 | |
| State: FL District: 9 | | | | |

| | | | | |
|---|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. John Cornyn for Senate Inc | | | Date of Disbursement 10 / 02 / 2002 | |
| Mailing Address 807 Brazos Street Suite 800 City State Zip Code Austin TX 78701 | | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement YTD:\$1000.00 John Cornyn, U.S. SENATE TX | | | 24K Category/ Type | |
| Candidate Name John Cornyn | | | | |
| Office Sought: House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | | Transaction ID: 10000000489700008 | |
| State: TX District: 1 | | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 19 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. Jo Banner for Congress Committee | | Date of Disbursement 10 / 02 / 2002 | |
| Mailing Address PO Box 851232 City State Zip Code Mobile AL 36685 | | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement YTD:\$3000.00 Jo Banner, U.S. HOUSE 1st A | | 24K Category/ Type | |
| Candidate Name Jo Banner | | | |
| Office Sought: House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000489800009 | |
| State: AL District: 1 | | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Wayne Allard For United States Senate Committee | | Date of Disbursement 10 / 14 / 2002 | |
| Mailing Address PO Box 32 City State Zip Code Loveland CO 80538 | | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement YTD:\$2000.00 Wayne Allard, U.S. SENATE C | | 24K Category/ Type | |
| Candidate Name Wayne Allard | | | |
| Office Sought: House X Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000489800010 | |
| State: CO District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Friends of Max Baucus 2002 | | Date of Disbursement 10 / 14 / 2002 | |
| Mailing Address PO Box 586 City State Zip Code Helena MT 59624 | | Amount of Each Disbursement this Period 2500.00 | |
| Purpose of Disbursement YTD:\$6000.00 Max Baucus, U.S. SENATE MT | | 24K Category/ Type | |
| Candidate Name Max Baucus | | | |
| Office Sought: House X Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000484000011 | |
| State: MT District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. Enzi For US Senate | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address PO Box 2775 City State Zip Code Cody WY 82414 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$3000.00 Michael B. Enzi, U.S. SENAT | | 24K Category/ Type |
| Candidate Name Michael B. Enzi | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 10000000484100012 |
| State: WY District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. Hefley For Congress | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address PO Box 82268 City State Zip Code Colorado Springs CO 80962 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1000.00 Joel Hefley, U.S. HOUSE 5th | | 24K Category/ Type |
| Candidate Name Joel Hefley | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 10000000484200013 |
| State: CO District: 5 | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Ron Kirk for US Senate Exploratory Committee | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address 2207 Commerce Street City State Zip Code Dallas TX 75201 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1000.00 Ron Kirk, U.S. SENATE TX | | 24K Category/ Type |
| Candidate Name Ron Kirk | | |
| Office Sought: House Senate President | Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 10000000484300014 |
| State: TX District: 1 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

**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 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. Lucas For Congress 2000 | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address P.O. Box 17344 City State Zip Code Covington KY 41017 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1000.00 Ken R. Lucas, U.S. HOUSE 4t | | 24K Category/ Type |
| Candidate Name Ken R. Lucas | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: 10000000484400015 |
| State: KY District: 4 | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. McConnell Senate Committee '02 | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address PO Box 1496 City State Zip Code Louisville KY 40201 | | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement YTD:\$4000.00 Mitch McConnell, U.S. SENAT | | 24K Category/ Type |
| Candidate Name Mitch McConnell | | |
| Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: 10000000484500016 |
| State: KY District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. Friends Of Scott Molniss Inc | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address P.O. Box 3157 City State Zip Code Grand Junction CO 81502 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1000.00 Scott Molniss, U.S. HOUSE 3 | | 24K Category/ Type |
| Candidate Name Scott Molniss | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | Transaction ID: 10000000484600017 |
| State: CO District: 3 | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

**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 22 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. Mica For Congress | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address P.O. Box 181546 City: Casselberry State: FL Zip Code: 32718 | | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement YTD:\$1000.00 John L. Mica, U.S. HOUSE 7t | | 24K Category/ Type |
| Candidate Name John L. Mica | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000484700018 |
| State: FL District: 7 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Peterson For Congress | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address 205 Washington St SE City: Warroad State: MN Zip Code: 56763 | | Amount of Each Disbursement this Period 1500.00 |
| Purpose of Disbursement YTD:\$1500.00 Collin C. Peterson, U.S. HO | | 24K Category/ Type |
| Candidate Name Collin C. Peterson | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000484800019 |
| State: MN District: 7 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Stenholm For Congress Comm. | | Date of Disbursement 10 / 14 / 2002 |
| Mailing Address Box 1032 City: Stamford State: TX Zip Code: 79553 | | Amount of Each Disbursement this Period 1500.00 |
| Purpose of Disbursement YTD:\$2500.00 Charles W. Stenholm, U.S. H | | 24K Category/ Type |
| Candidate Name Charles W. Stenholm | | |
| Office Sought: <input checked="" type="checkbox"/> House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000484900020 |
| State: TX District: 17 | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 4000.00 |
| TOTAL This Period (last page this line number only) | |

**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)

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| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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 | | | | |

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

| | | | |
|---|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial) A. Thurman For Congress | | Date of Disbursement 10 / 14 / 2002 | |
| Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452 | | Amount of Each Disbursement this Period 3000.00 | |
| Purpose of Disbursement YTD:\$7140.86 Karen L. Thurman, U.S. HOUS | | 24K Category/ Type | |
| Candidate Name Karen L. Thurman | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | Transaction ID: 10000000495000021 |
| State: FL District: 5 | | | |

| | | | |
|---|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial) B. Mark Udall For Congress | | Date of Disbursement 10 / 14 / 2002 | |
| Mailing Address 8690 Wolff Court #200 City Westminster State CO Zip Code 80031 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement YTD:\$1000.00 Mark Udall, U.S. HOUSE 2nd | | 24K Category/ Type | |
| Candidate Name Mark Udall | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | Transaction ID: 10000000495100022 |
| State: CO District: 2 | | | |

| | | | |
|---|---|--|-----------------------------------|
| Full Name (Last, First, Middle Initial) C. Friends Of Dave Weldon | | Date of Disbursement 10 / 14 / 2002 | |
| Mailing Address PO Box 868 City Melbourne State FL Zip Code 32902 | | Amount of Each Disbursement this Period 1000.00 | |
| Purpose of Disbursement YTD:\$3718.08 Dave Weldon, U.S. HOUSE 15t | | 24K Category/ Type | |
| Candidate Name Dave Weldon | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ | | Transaction ID: 10000000495200023 |
| State: FL District: 15 | | | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

**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 24 / 24

| | | | | |
|------------------------------|-----------------------------|--|------------------------------|------------------------------|
| <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) A. The Blue Dog PAC | | Date of Disbursement 10 / 14 / 2002 | |
| Mailing Address 227 Massachusetts Avenue, NE Suite 101 City State Zip Code Washington DC 20002 | | Amount of Each Disbursement this Period 2500.00 | |
| Purpose of Disbursement YTD: \$2500.00 | | 24K Category/ Type | |
| Candidate Name | | | |
| Office Sought: House Senate President | Disbursement For: 2002 Primary General X Other (specify) ▼ | Transaction ID: 10000000485300024 | |
| State: District: | | | |

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|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. The Sensenbrenner Committee | | Date of Disbursement 10 / 16 / 2002 | |
| Mailing Address PO Box 575 City State Zip Code Brookfield WI 53008 | | Amount of Each Disbursement this Period 2000.00 | |
| Purpose of Disbursement YTD: \$2000.00 F. James Sensenbrenner, U.S. | | 24K Category/ Type | |
| Candidate Name F. James Sensenbrenner Jr. | | | |
| Office Sought: X House Senate President | Disbursement For: 2002 Primary X General Other (specify) ▼ | Transaction ID: 10000000485500025 | |
| State: WI District: 9 | | | |

C.

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| SUBTOTAL of Disbursements This Page (optional) | 4500.00 |
| TOTAL This Period (last page this line number only) | 41000.00 |