

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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2000 OCT 24 A 9:53

USE FEC MAILING LABEL OR TYPE OR PRINT

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

## 4. TYPE OF REPORT

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

### Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding General (Type of Election)  
 election on 11/07/00 in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <u>29.00</u>		\$ 177,919.87
(b) Cash on Hand at Beginning of Reporting Period	\$ 99,456.71	
(c) Total Receipts (from Line 19)	\$ 17,975.00	\$ 239,960.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 117,441.71	\$ 417,879.87
7. Total Disbursements (from Line 30)	\$ 29,500.00	\$ 323,937.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 87,941.71	\$ 83,941.71
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 900 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name of Treasurer James G. Davis, MD	Date 10-20-00
Signature of Treasurer 	

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

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**FEC FORM 3X**  
(revised 9/99)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <b>Political Action Committee of the American Association of Orthopaedic Surgeons</b>		REPORT COVERING PERIOD		
		FROM	TO	
		10/01/00	10/18/00	
		COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	11,950.00	116,800.00	11(b)(1)
ii.	Unitemized	5,025.00	123,360.00	11(b)(2)
iii.	Total (add i and ii) >	17,975.00	239,960.00	11(b)(3)
b.	Political Party Committees	0.00	0.00	11(c)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(d)
d.	Total Contributions (add a ii, b and c) >	17,975.00	239,960.00	12
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	13
13.	All Loans Received	0.00	0.00	14
14.	Loan Repayments Received	0.00	0.00	15
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	16
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	17
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	18
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	19
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	17,975.00	239,960.00	20
20.	Total Federal Receipts (subtract line 16 from line 19) >	17,975.00	239,960.00	
<b>II. Disbursements</b>				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4):			
i.	Federal Share	0.00	0.00	21(a)(1)
ii.	Non-Federal Share	0.00	0.00	21(a)(2)
b.	Other Federal Operating Expenditures	0.00	1,838.61	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	1,838.61	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	18,500.00	258,039.35	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	6,000.00	64,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	23,500.00	323,837.96	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	23,500.00	323,837.96	31
<b>III. Net Contributions/Operating Expenditures</b>				
32.	Total Contributions (other than loans)(from line 11d)	17,975.00	239,960.00	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	17,975.00	239,960.00	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	1,838.61	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	1,838.61	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 5  
FOR LINE NUMBER 11 a 1

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

**NAME OF COMMITTEE (In Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul A Beck, MD 725 W LaVeta Ave. #260 Orange, CA 92668-4448	Self Employed	10/04/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John F Crowe, MD 6 Greenwich Office Park Greenwich, CT 06831	Orthopaedic & Neurological Surgical Specialists	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert M Dimick, MD 3901 Central Pike Ste 351 Hermitage, TN 37078	Nashville Orthopaedic & Spine Surgery	10/04/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David M Henneghan, MD 2111 Shadow View Circle Flover, WI 54467	Self Employed	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berton R Moed, MD Dept of Ortho Surg Univ Health Cntr 7C Detroit, MI 48201	Self Employed	10/04/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John R Rowall Jr, MD Piedmont Ortho Assoc 35 International Dr Greenville, SC 29615-4816	Self Employed	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard D Schmidt, MD 6363 France Ave S, #500 Edina, MN 55435-2143	Self Employed	10/04/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	

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

2,000.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 5  
FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas P Sculco, MD Hosp for Special Surgery 535 E 70th St New York, NY 10021-4892	Self Employed	10/04/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Russell A Wagner, MD 956 8th Ave Fort Worth, TX 76104-2010	Self Employed	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Allen F Anderson, MD 4230 Harding Rd, #1000 Nashville, TN 37208-2098	TOA	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Joshua J Jacobs, MD 1725 W Harrison St, #1063 Chicago, IL 60612-3828	Midwest Orthopaedics	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	800.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jan Marc Kadyk, MD 194 Doctors Dr Boone, NC 28607-5000	Self Employed	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Cameron More, MD PO Box 4851 Clinton, NJ 08809-0951	Hunterdon Orthopaedics	10/04/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martin E Wolpin, MD 1301 37th St Brooklyn, NY 11219-4836	Self Employed	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	400.00	

**SUBTOTAL** of Receipts This Page (optional) ..... **1,700.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 5  
FOR LINE NUMBER 11 a i

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**NAME OF COMMITTEE (in Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Berkowitz, MD 2040 Sixth Ave Neptune City, NJ 07763-6101	Seaview Orthopaedics	10/10/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J Berck, MD 1446 Raritan Rd Clark, NJ 07066-1230	Self Employed	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth E DeHaven, MD 601 Elmwood Ave Box 865 Rochester, NY 14642-0001	Univ. Rochester Sch. Med./Dent.	10/10/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nick M DiGiovine, MD Butte Ortho & Fracture Clinic 225 S Clark St Butte, MT 59701-1615	Butte Ortho & Fracture Clinic	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert M Dimick, MD 3901 Central Pike Ste 351 Hermitage, TN 37076	Nashville Orthopaedic & Spine Surgery	10/10/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 2,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cyrus Ghavam, MD 2422 Danville Rd, Suite H Decatur, AL 35603	Self Employed	10/10/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Forney Hutchinson, MD 1001 Blythe Blvd, #200 Charlotte, NC 28203-8886	The Miller Orthopaedic Clinic	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 3,360.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 5  
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Peter Kant, MD 17270 Red Oak Dr, #200 Houston, TX 77060-2818	Self Employed	10/10/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William C McMaster, MD 1310 W Stewart Dr, #508 Orange, CA 92668-3856	Self Employed	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E Mullen, MD 24563 Paseo De Valencia, 20-A Laguna Hills, CA 92653-4338	Self Employed	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L Nelson, MD 900 S Eliseo Dr, #202 Greenbrae, CA 94904-2163	Self Employed	10/10/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randolph Hill Taylor, MD PO Box 2888 Morriss, LA 71207-2888	Self Employed	10/11/00	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne P Campbell, MD 1717 North E St, #534 Pensacola, FL 32501-6342	Southern Orthopaedics	10/17/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel P Dure, MD Sports Med & Rehab Clinic 1 Medical Plaza Dr Vicksburg, MS 39180-5187	Sports Medicine & Rehab Clinic	10/17/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	

**SUBTOTAL of Receipts This Page (optional)** ..... **3,100.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 6  
FOR LINE NUMBER 11 a 1

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**NAME OF COMMITTEE (In Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shepard R Hurwitz, MD Univ of Virginia Med Ctr Department of Orthopaedics Charlottesville, VA 22908	University of Virginia Medical Center	10/17/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 400.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth K Ishtzue, MD 12705 Corte Cordillera Sausalito, CA 94968	Self Employed	10/17/00	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald E Kendrick, MD 3556 Olentangy River Rd, #2010 Columbus, OH 43214-3910	Self Employed	10/17/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 300.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B Roble, MD 6666 Pleasanton Dr S Worthington, OH 43085-2844	Self Employed	10/17/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vernon T Tolo, MD Children's Hosp 4650 Sunset Blvd MS#69 Los Angeles, CA 90027-6062	Children's Hospital	10/17/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 300.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lewis S Sharps, MD 254 W Lancaster Ave P O Box 968 Paoli, PA 18301-1723	Orthopaedic Surgery & Sports Medicine	10/17/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Noah S Finkel, MD 205 E Main St, #1-B Huntington, NY 11743-2923	Self Employed	10/17/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$ 300.00		

**SUBTOTAL** of Receipts This Page (optional) ..... 1,800.00

**TOTAL** This Period (last page this line number only) ..... 11,950.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrews For Congress Committee 215 Fourth Avenue Suite 200 Haddon Heights, NJ 08035	Robert E. Andrews, U.S. HOUSE 1st NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	500.00
B. Full Name, Mailing Address and ZIP Code Friends Of Sherrod Brown 807 14th Street NW Suite 800 Washington, DC 20005	Sherrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends of Lois Capps PO Box 23949 Santa Barbara, CA 93121	Lois Capps, U.S. HOUSE 22nd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Friends Of Bud Cramer PO Box 2921 Huntsville, AL 35801	Robert E. "Bud" Cramer, U.S. HOUSE 5th AL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	500.00
E. Full Name, Mailing Address and ZIP Code People For English PO Box 1940 Erie, PA 16507	Phil English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Grans for Senate 2013 Second Avenue N Suite B2 Anoka, MN 55303	Rod Grans, U.S. SENATE MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Rush Holt for Congress Inc PO Box 782 Parrington, NJ 08534	Rush D. Holt, U.S. HOUSE 12th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	500.00
H. Full Name, Mailing Address and ZIP Code Indiana Democratic Congressional Victory Comm 1 North Capitol Suite 200 Indianapolis, IN 46204	2000 General Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	5,000.00
I. Full Name, Mailing Address and ZIP Code Citizens For Ron Klink PO Box 15491 Pittsburgh, PA 15237	Ron Klink, U.S. HOUSE 4th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

12,500.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Menendez For Congress PO Box 848 Union City, NJ 07087	Robert Menendez, U.S. HOUSE 13th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	12/03/00	500.00
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	William V. Roth, U.S. SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
Schweltzer For US Senate PO Box 9172 Missoula, MT 59801	Brian Schweltzer, U.S. SENATE MT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
Comm. To Re-Elect Congressman Chris Smith Po Box 3184 Hamilton, NJ 08619	Christopher H. Smith, U.S. HOUSE 4th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	500.00
Ted Strickland For Congress PO Box 580 1337 Thomas Hollow Road Lucasville, OH 45648	Ted Strickland, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
Jody Wagner for Congress PO Box 1158 Virginia Beach, VA 23451	Jody Wagner, U.S. HOUSE 2nd VA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	500.00
Dave Wu for Congress 818 SW 3rd St, #1182 Portland, OR 97205	David Wu, U.S. HOUSE 1st OR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/03/00	1,000.00
Indiana Democratic Congressional Victory Comm 1 North Capitol Suite 200 Indianapolis, IN 46204	Voted Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/06/00	-5,000.00
Byrum For Congress PO Box 28191 Lansing, MI 48908	Diana Byrum, U.S. HOUSE 8th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1,000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends Of John Conyers 300 N. Lee Street Suite 500 Alexandria, VA 22314	John Conyers, U.S. HOUSE 14th MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Reed Committee PO Box 8628 Cranston, RI 02920	Jack Reed, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	2,000.00
C. Full Name, Mailing Address and ZIP Code Bill Thomas Campaign Committee P.O. Box 396 Bakersfield, CA 93302	William M. Thomas, U.S. HOUSE 21st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Weygand Committee 155 Midway Road Cranston, RI 02920	Robert A Weygand, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

5,000.00

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

18,600.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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**NAME OF COMMITTEE (in Full)**

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Indiana Democratic Congressional Victory Comm 1 North Capitol Suite 200 Indianapolis, IN 46204	Purpose of Disbursement <b>Non-Federal Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	Date (month, day, year) 10/08/00	Amount of Each Disbursement This Period 5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

5,000.00

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

5,000.00

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/24/02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	

  
PREPARER

*10/24/02*  
DATE PREPARED