

**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)
X 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)	
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 01 01 2002 through 03 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 04 12 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: ^{Month} 01 ^{Day} 01 ^{Year} 2002 To: ^{Month} 03 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		52894.88
(b) Cash on Hand at Beginning of Reporting Period	52894.88	
(c) Total Receipts (from Line 19)	120198.12	120198.12
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173093.00	173093.00
7. Total Disbursements (from Line 30)	73687.89	73687.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	99405.11	99405.11
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: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}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)	80050.00	
(ii) Unitemized	39305.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	119355.00	119355.00
(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)	119355.00	119355.00
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)	843.12	843.12
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)	120198.12	120198.12
20. Total Federal Receipts (subtract Line 18 from Line 19)	120198.12	120198.12

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.....	1112.84	1112.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1112.84	1112.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62500.00	62500.00
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.....	75.05	75.05
(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))..... ▶	75.05	75.05
29. Other Disbursements.....	10000.00	10000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	73687.89	73687.89
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	73687.89	73687.89
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	119355.00	119355.00
33. Total Contribution Refunds (from Line 28(d)).....	75.05	75.05
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	119279.95	119279.95
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1112.84	1112.84
36. Offsets to Operating Expenditures (from Line 15, page 3).....	843.12	843.12
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	269.72	269.72

**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 / 74	
	<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. John N Calender, MD

Mailing Address
2540 Filbert St

City State Zip Code
San Francisco CA 04123-3318

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
California Pacific Ortho & Sports Med Orthopaedic Surgeon

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

Transaction ID: 10000000333700002

B. Full Name (Last, First, Middle Initial)
Dr. Ron Clark, MD

Mailing Address
4805 Lakeridge Ct

City State Zip Code
Valparaiso IN 46383

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Valparaiso Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000333800003

C. Full Name (Last, First, Middle Initial)
Dr. Robert M Dimick, MD

Mailing Address
3901 Central Pike Ste 351

City State Zip Code
Hermitage TN 37076

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midsouth Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000334200004

SUBTOTAL of Receipts This Page (optional) ▶ **2300.00**

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 / 74	
	<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. Thomas M Green, MD

Mailing Address
Virginia Mason Medical Center 110D 9th Avenue
City State Zip Code
Seattle WA 98101-2756

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Virginia Mason Orthopaedic Surgeon

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

Transaction ID: 10000000334800005

B. Full Name (Last, First, Middle Initial)
Dr. Shepard R Hurwitz, MD

Mailing Address
Univ of Virginia Med Ctr Department of Orthopaedics
City State Zip Code
Charlottesville VA 22908-0159

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Health Services Foundation Orthopaedic Surgeon

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

Transaction ID: 10000000335300008

C. Full Name (Last, First, Middle Initial)
Dr. Alan R McCall, MD

Mailing Address
7447 W Talcott Ave, #500
City State Zip Code
Chicago IL 60631-3745

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 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: 10000000336100007

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 / 74

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. William J Robb, III, MD

Mailing Address

2401 Ravine Way

City

State

Zip Code

Glenview

IL

60025

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Illinois Bone & Joint Institute

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000337400008

Full Name (Last, First, Middle Initial)

B. Dr. John Thomas Bolger, MD

Mailing Address

1111 Delafield St, #12D

City

State

Zip Code

Waukesha

WI

53188-3402

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Orthopaedic Associates of Waukesha

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000337900009

Full Name (Last, First, Middle Initial)

C. Dr. Charles C Craig, MD

Mailing Address

3 Hawthorne Ct

City

State

Zip Code

Newton

KS

67114

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 0 3 / 2 0 0 2

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: 10000000338200010

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 8 / 74

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. Leslie P Dean, MD

Mailing Address

3280 Providence Dr #200

City

State

Zip Code

Anchorage

AK

99508-4603

Date of Receipt

MM / DD / YYYY
01 / 03 / 2002

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000338300011

Full Name (Last, First, Middle Initial)

B. Dr. Bruce T Henderson, MD

Mailing Address

44555 Woodward Ste 407

City

State

Zip Code

Pontiac

MI

48341-2965

Date of Receipt

MM / DD / YYYY
01 / 03 / 2002

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000338800012

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey L Lovato, MD

Mailing Address

1411 Woodhurst Blvd.

City

State

Zip Code

Mc Lean

VA

22102

Date of Receipt

MM / DD / YYYY
01 / 03 / 2002

FEC ID number of contributing
federal political committee.

500.00

Name of Employer
Anderson Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000339000013

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 9 / 74	
	<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. Kenneth C Spengler, Jr, MD

Mailing Address
1 Hampton Rd

City State Zip Code
Exeter NH 03833-4816

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Access Orthopaedics

Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000339600014

B. Full Name (Last, First, Middle Initial)
Dr. Bernard N Skuberg, MD

Mailing Address
1730 W 25th St

City State Zip Code
Cleveland OH 44113

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 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: 10000000339900015

C. Full Name (Last, First, Middle Initial)
Dr. William O Samuelson, MD

Mailing Address
2800 Pierce St, #101

City State Zip Code
Sioux City IA 51104-3707

Date of Receipt
M M / D D / Y Y Y Y
01 / 03 / 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: 10000000340300016

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 10 / 74	
	<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

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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. Alan E Freeland, MD

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 2

Mailing Address
2500 N State St University of Mississippi Medi
City State Zip Code
Jackson MS 39216-4500

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000342400017

B. Full Name (Last, First, Middle Initial)
Dr. James Spiegel, MD

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 2

Mailing Address
1862 Dominican Way
City State Zip Code
Santa Cruz CA 95065-1522

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: 10000000342800018

C. Full Name (Last, First, Middle Initial)
Dr. Randall J Lewis, MD

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 2

Mailing Address
2021 K St NW Ste 400
City State Zip Code
Washington DC 20006-1003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Doctors Lewis, Unger and Barth Orthopaedic Surgeon

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

Transaction ID: 10000000342700019

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 11 / 74	
	<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. Jacob M O'Neil, MD

Mailing Address
471 Klutzy Park Plaza Dr

City State Zip Code
Henderson KY 42420-3347

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Henderson Orthopaedic Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000343400020

B. Full Name (Last, First, Middle Initial)
Dr. Thomas P Schmalzried, MD

Mailing Address
Joint Replacement Inst 2400 S Flower St

City State Zip Code
Los Angeles CA 90007-2629

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 1000.00

Transaction ID: 10000000343700021

C. Full Name (Last, First, Middle Initial)
Dr. Jerold P Waldman, MD

Mailing Address
26401 Crown Valley Prkwy, #101

City State Zip Code
Mission Viejo CA 92691-6350

Date of Receipt
M M / D D / Y Y Y Y
01 / 08 / 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: 10000000344100022

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 / 74	
	<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. Michael Archibeck, MD

Mailing Address
New Mexico Orthopaedics 201 Cedar SE, Ste 6600
City State Zip Code
Albuquerque NM 87106

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Mexico Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 1000000344800023

Full Name (Last, First, Middle Initial)
B. Dr. Edward W Younger, III, MD

Mailing Address
6403 Coyle Ave, #170
City State Zip Code
Carmichael CA 95608-0311

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern California Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 1000000344900024

Full Name (Last, First, Middle Initial)
C. Dr. Richard W Gamer, MD

Mailing Address
3260 Providence Dr, #200
City State Zip Code
Anchorage AK 99508-4803

Date of Receipt
M M / D D / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Anchorage Fracture & Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 1000000345000025

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 / 74	
	<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

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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. J Andy Sullivan, MD

Mailing Address
940 NE 13th St 2MR2000D

City State Zip Code
Oklahoma City OK 73126-0307

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
University of Oklahoma Orthopaedic Surgeon

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

Transaction ID: 10000000345300026

B. Full Name (Last, First, Middle Initial)
Dr. Lawrence R Hausman, MD

Mailing Address
2424 N Wyatt Dr, #250

City State Zip Code
Tucson AZ 85712-6109

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Tucson Orthopaedic Institute PC Orthopaedic Surgeon

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

Transaction ID: 10000000345800027

C. Full Name (Last, First, Middle Initial)
Dr. Robert A Kaye, MD

Mailing Address
418 N 19th St

City State Zip Code
Phoenix AZ 85006

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Med Pro Orthopaedic Surgeon

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

Transaction ID: 10000000345800028

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: PAGE 14 / 74

(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. Andrew H Borom, MD

Mailing Address
2200 S. Linmar Ct.

City State Zip Code
Flagstaff AZ 86001

Date of Receipt
N M / D E / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Northern Arizona Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 1000000034600029

Full Name (Last, First, Middle Initial)
B. Dr. Charles Rodney Bamhart, MD

Mailing Address
121 S Santa Anita St

City State Zip Code
San Gabriel CA 91776-1148

Date of Receipt
N M / D E / Y Y Y Y
01 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
San Gabriel Orthopedic Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000346300030

Full Name (Last, First, Middle Initial)
C. Dr. J Keith Troop, MD

Mailing Address
207 C St, N W

City State Zip Code
Ardmore OK 73401-6218

Date of Receipt
N M / D E / Y Y Y Y
01 / 14 / 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: 10000000347800031

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 15 / 74	
	<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. Patricia A. Kolowich, MD

Mailing Address
Henry Ford Medical Center 6777 W. Maple Road
City State Zip Code
West Bloomfield MI 48322

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Henry Ford Hospital Orthopaedic Surgeon

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

Transaction ID: 1000000347700032

Full Name (Last, First, Middle Initial)
B. Dr. Mitchell B. Shainkop, MD

Mailing Address
1725 W Harrison St #1D63
City State Zip Code
Chicago IL 60612-3828

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Midwest Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 1000000347800033

Full Name (Last, First, Middle Initial)
C. Dr. Mark N. Halms, MD

Mailing Address
1140 W La Veta Ave, #850
City State Zip Code
Orange CA 92668

Date of Receipt
N M / D E / Y Y Y Y
0 1 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Surgery Medical Group Orthopaedic Surgeon

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

Transaction ID: 1000000349100034

SUBTOTAL of Receipts This Page (optional) ▶ **1900.00**

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 / 74	
	<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. Paul K Kosmatka, MD

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 2

Mailing Address
Marshfield Clinic 2J3 100D N Oak Ave
City State Zip Code
Marshfield WI 54449

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

Name of Employer Marshfield Clinic	Occupation Orthopaedic Surgeon
---------------------------------------	-----------------------------------

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

Transaction ID: 10000000349600035

Full Name (Last, First, Middle Initial)
B. Dr. James E Mullen, MD

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 2

Mailing Address
23242 Tasmania
City State Zip Code
Dana Point CA 92629

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

Name of Employer South County Orthopedic Special- ists	Occupation Orthopaedic Surgeon
--	-----------------------------------

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

Transaction ID: 10000000350000036

Full Name (Last, First, Middle Initial)
C. Dr. Richard E White, Jr, MD

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 2

Mailing Address
201 Cedar St SE Ste 6600
City State Zip Code
Albuquerque NM 87106

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

Name of Employer New Mexico Orthopaedics	Occupation Orthopaedic Surgeon
---	-----------------------------------

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

Transaction ID: 10000000350200037

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 17 / 74	
	<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. Christopher C Kain, MD

Mailing Address
2500 Cherry Ave, #304

City State Zip Code
Bremerton WA 98310-4202

Date of Receipt
MM / DD / YYYY
01 / 22 / 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: 10000000350300038

B. Full Name (Last, First, Middle Initial)
Dr. Timothy L Keenan, MD

Mailing Address
Pacific Spine Specialists 19250 SW 85th Ave Ste 260

City State Zip Code
Tualatin OR 97062-7707

Date of Receipt
MM / DD / YYYY
01 / 22 / 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: 10000000350500039

C. Full Name (Last, First, Middle Initial)
Dr. Gregg Berkowitz, MD

Mailing Address
4247 Route 9 North Freehold Office Plaza

City State Zip Code
Freehold NJ 07728-9809

Date of Receipt
MM / DD / YYYY
01 / 29 / 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: 10000000351400040

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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 / 74

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. Russell Cecil, MD

Mailing Address

5D10 St Hwy 3D, #205

City

Amsterdam

State

NY

Zip Code

12010-7532

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Mohawk Valley Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000351500041

Full Name (Last, First, Middle Initial)

B. Dr. Jonathan L Chang, MD

Mailing Address

500 N Garfield Ave #204

City

Monterey Park

State

CA

Zip Code

91754-1242

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 9 / 2 0 0 2

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: 10000000351800042

Full Name (Last, First, Middle Initial)

C. Dr. Robert S Block, MD

Mailing Address

332 Dewey St

City

Bennington

State

VT

Zip Code

05201-2225

Date of Receipt

N M / D E / Y Y Y Y
0 1 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer
Taconic Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000351700043

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 19 / 74	
	<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. E Bruce Bynum, DO

Mailing Address
4282 SW Agate Ave

City State Zip Code
Corvallis OR 97333-1178

Date of Receipt
MM / DD / YYYY
01 / 28 / 2002

Amount of Each Receipt this Period
200.00

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: 10000000351800044

B. Full Name (Last, First, Middle Initial)
Dr. George Nelson Armstrong, Jr, MD

Mailing Address
556 Bth Ave

City State Zip Code
Fort Worth TX 76104

Date of Receipt
MM / DD / YYYY
01 / 28 / 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: 10000000351900045

C. Full Name (Last, First, Middle Initial)
Dr. Craig C Delewat, MD

Mailing Address
3600 Gaston Avenue Suite 651

City State Zip Code
Dallas TX 75246

Date of Receipt
MM / DD / YYYY
01 / 28 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000352000046

SUBTOTAL of Receipts This Page (optional) ▶ **1700.00**

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 20 / 74	
	<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. Benjamin E Bierbaum, MD

Mailing Address
91 Parker Hill Ave

City State Zip Code
Boston MA 02120-2847

Date of Receipt
N M / D E / Y Y Y Y
01 28 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Longwood Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000352100047

B. Full Name (Last, First, Middle Initial)
Dr. Richard L Worland, MD

Mailing Address
635 Walsing Dr

City State Zip Code
Richmond VA 23229-8136

Date of Receipt
N M / D E / Y Y Y Y
01 28 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Advanced Orthopedic Centers Orthopaedic Surgeon

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

Transaction ID: 10000000352800048

C. Full Name (Last, First, Middle Initial)
Dr. Robert J Hagen, MD

Mailing Address
1411 South Creasy Lane Suite 120

City State Zip Code
Lafayette IN 47905

Date of Receipt
N M / D E / Y Y Y Y
01 28 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Lafayette Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000353000049

SUBTOTAL of Receipts This Page (optional) ▶ **2500.00**

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 21 / 74	
	<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. William B Ericson, Jr, MD

Mailing Address
611 Main St

City State Zip Code
Winchester MA 01890-1900

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 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: 10000000355300050

Full Name (Last, First, Middle Initial)
B. Dr. Frank A Cordasco, MD

Mailing Address
Hosp for Special Surgery 535 E 70th St

City State Zip Code
New York NY 10021

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation
Hospital for Special Surgery Orthopaedic Surgeon

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

Transaction ID: 10000000355400051

Full Name (Last, First, Middle Initial)
C. 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
M M / D D / Y Y Y Y
02 / 20 / 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: 10000000355800052

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 22 / 74	
	<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. Robert B Nelson, MD

Mailing Address
308 Oak St

City State Zip Code
Livingston TN 38570

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 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) ▼ 450.00

Transaction ID: 10000000356100053

B. Full Name (Last, First, Middle Initial)
Dr. James K Baker, MD

Mailing Address
8000 Patricia St Ste 202

City State Zip Code
Chalmette LA 70043

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer The Ortho Practice Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000356300054

C. Full Name (Last, First, Middle Initial)
Dr. Scott P Fleher, MD

Mailing Address
302 W La Veta St Ste 202

City State Zip Code
Orange CA 92866

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
1500.00

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) ▼ 1500.00

Transaction ID: 10000000356500055

SUBTOTAL of Receipts This Page (optional) ▶ **2050.00**

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 23 / 74

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. John T Chance, MD

Mailing Address

33 Sewall St

City

State

Zip Code

Portland

ME

04102-2603

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 2

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: 10000000356700056

Full Name (Last, First, Middle Initial)

B. Dr. Mark A Kelley, MD

Mailing Address

820 West St

City

State

Zip Code

Peru

IL

61354-2763

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

800.00

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 ▼

800.00

Transaction ID: 10000000357000057

Full Name (Last, First, Middle Initial)

C. Dr. Charles M Bitzer, MD

Mailing Address

237 Route 108, #205

City

State

Zip Code

Somersworth

NH

03876-1517

Date of Receipt

N M / D E / Y Y Y Y
0 2 / 2 0 / 2 0 0 2

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: 10000000357400058

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 24 / 74	
	<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. S Gopal Krishnan, MD

Mailing Address
1331 E 8th St

City State Zip Code
Weslaco TX 78596-6601

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Krishnan and Associates Orthopaedic Surgeon

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

Transaction ID: 10000000357500059

B. Full Name (Last, First, Middle Initial)
Dr. Louis S Halikman, MD

Mailing Address
2403 Velvet Valley Way

City State Zip Code
Owings Mills MD 21117-3035

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
350.00

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) ▼ 350.00

Transaction ID: 10000000357700060

C. Full Name (Last, First, Middle Initial)
Dr. Rodger D Diddnson, Jr, MD

Mailing Address
905 NW 8th St

City State Zip Code
Bentonville AR 72712-4568

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 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: 10000000357800061

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 25 / 74	
	<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. Timothy J Bonetus, DO

Mailing Address
77 W Forest Ave, #302

City State Zip Code
Flagstaff AZ 86001-1481

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
No AZ Ortho & Neurosurgery Orthopaedic Surgeon

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

Transaction ID: 10000000357900062

B. Full Name (Last, First, Middle Initial)
Dr. James A Shapiro, MD

Mailing Address
6308 8th Ave, #505

City State Zip Code
Kenosha WI 53143-5031

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Comprehensive Orthopaedics, SC Orthopaedic Surgeon

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

Transaction ID: 10000000358000063

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

Mailing Address
6348 Mercer

City State Zip Code
Houston TX 77035

Date of Receipt
M M / D D / Y Y Y Y
02 / 20 / 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 1000.00

Transaction ID: 10000000358200064

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 26 / 74	
	<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. Paul Calvin Collins, MD

Mailing Address
600 N Robbins Rd Ste 401

City State Zip Code
Boise ID 83702

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 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: 10000000358700065

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Anthony Navarra, MD

Mailing Address
Dept of Ortho Surgery Southern CA Permanente Med Gro

City State Zip Code
Harbor City CA 90710

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kaiser Permanente Orthopaedic Surgeon

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

Transaction ID: 10000000358800068

C. Full Name (Last, First, Middle Initial)
Dr. Joseph D Zuckerman, MD

Mailing Address
Hosp for Joint Diseases 301 E 17th St

City State Zip Code
New York NY 10003-3804

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 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: 10000000358900067

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: PAGE 27 / 74

(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. Craig P Smith, MD

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 2

Mailing Address
4140 Centennial Hills Blvd Suite A

City State Zip Code
Casper WY 82609

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Employed-Casper Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000359700068

Full Name (Last, First, Middle Initial)
B. Dr. Rodney Weller Rieger, MD

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 2

Mailing Address
HN567 Hidden Oaks Rd

City State Zip Code
Saint Charles IL 60175

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fox Valley Orthopaedic Institute Orthopaedic Surgeon

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

Transaction ID: 10000000359900069

Full Name (Last, First, Middle Initial)
C. Dr. Max R Kassek, MD

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 0 2

Mailing Address
2104 N Heritage St

City State Zip Code
Kinston NC 28501-2222

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: 10000000360100070

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 28 / 74

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. Thomas R Highland, MD

Mailing Address

400 Keene St

P O Box O

City

Columbia

State

MO

Zip Code

65201-6626

Date of Receipt

N M / D E / Y Y Y Y
02 / 21 / 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: 1000000360300071

Full Name (Last, First, Middle Initial)

B. Dr. Leonard Thomas Fleksa, MD

Mailing Address

1514 K-86 Highway

City

Great Bend

State

KS

Zip Code

67530-3012

Date of Receipt

N M / D E / Y Y Y Y
02 / 21 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Central Kansas Orthopaedics

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000360700072

Full Name (Last, First, Middle Initial)

C. Dr. John Henry Doherty, Jr. MD

Mailing Address

746 Jefferson Ave, #102

City

Scranton

State

PA

Zip Code

18510-1824

Date of Receipt

N M / D E / Y Y Y Y
02 / 21 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Professional Orthopaedic Associates, L

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000361100073

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 29 / 74	
	<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. Gautham Gondi, MD

Mailing Address
2D19 Tate Springs Road

City State Zip Code
Lynchburg VA 24501

Date of Receipt
MM / DD / YYYY
02 / 21 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central Virginia Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000361400074

Full Name (Last, First, Middle Initial)
B. Dr. D Marshall Jemison, MD

Mailing Address
Hayes Hand Center 878 E 3rd St #0820

City State Zip Code
Chattanooga TN 37403

Date of Receipt
MM / DD / YYYY
02 / 21 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hayes Hand Center Orthopaedic Surgeon

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

Transaction ID: 10000000362000075

Full Name (Last, First, Middle Initial)
C. Dr. Robert Thomas Fisher, MD

Mailing Address
52 Thomas Johnson Dr

City State Zip Code
Frederick MD 21702-4300

Date of Receipt
MM / DD / YYYY
02 / 21 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedic Specialists of Frederick Orthopaedic Surgeon

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

Transaction ID: 10000000362700076

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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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

A. Full Name (Last, First, Middle Initial)
Dr. Albert F Haas, MD

Mailing Address
6701 Airport Blvd, #D-146

City State Zip Code
Mobile AL 36608-6701

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Orthopaedics and Sports Medicine Orthopaedic Surgeon

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

Transaction ID: 10000000363100077

B. Full Name (Last, First, Middle Initial)
Dr. J Michael Moses, MD

Mailing Address
2 Celeste Dr

City State Zip Code
Johnstown PA 15805-2832

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2002

Amount of Each Receipt this Period
750.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
W.P.A Orthopaedic & Sports Med. Orthopaedic Surgeon

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

Transaction ID: 10000000363200078

C. Full Name (Last, First, Middle Initial)
Dr. Neil J Mall, MD

Mailing Address
525 St Mary St

City State Zip Code
Thibodaux LA 70301-2827

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2002

Amount of Each Receipt this Period
400.00

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) ▼ 400.00

Transaction ID: 10000000363400079

SUBTOTAL of Receipts This Page (optional) ▶ **1400.00**

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 31 / 74	
	<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. Stephen F Emery, MD

Mailing Address
728 Allen St

City State Zip Code
Cody WY 82414-3402

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 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: 10000000363600080

Full Name (Last, First, Middle Initial)
B. Dr. Robert E Bayless, MD

Mailing Address
2120 N. MacArthur #100

City State Zip Code
Irving TX 75061-2255

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 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: 10000000363700081

Full Name (Last, First, Middle Initial)
C. Dr. Neal L Rockowitz, MD

Mailing Address
3104 E Indian School Rd, #100

City State Zip Code
Phoenix AZ 85016-6873

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 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: 10000000363800082

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 32 / 74	
	<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. Mitchell B Sheinkop, MD

Mailing Address
1725 W Harrison St, #1D63
City: Chicago State: IL Zip Code: 60612-3828

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 2002

Amount of Each Receipt this Period
2000.00

FEC ID number of contributing federal political committee.

Name of Employer: Midwest Orthopaedics Occupation: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 3000.00

Transaction ID: 10000000364100083

Full Name (Last, First, Middle Initial)
B. Dr. Andrew Peter Kark, MD

Mailing Address
17270 Red Oak Dr, #200
City: Houston State: TX Zip Code: 77090-2618

Date of Receipt
M M / D D / Y Y Y Y
02 / 26 / 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: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 10000000364200084

Full Name (Last, First, Middle Initial)
C. Dr. J Mark Melhorn, MD

Mailing Address
625 N Carriage Parkway, #125
City: Wichita State: KS Zip Code: 67208-4510

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer: The Hand Center Occupation: Orthopaedic Surgeon

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

Transaction ID: 1000000036500085

SUBTOTAL of Receipts This Page (optional) ▶ **3200.00**

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 33 / 74

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

A. Full Name (Last, First, Middle Initial)
Dr. Henry G Chambers, MD

Mailing Address
3030 Children's Way, #410

City State Zip Code
San Diego CA 92123-4228

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Children's Specialists of San Diego Occupation Orthopaedic Surgeon

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

Transaction ID: 10000000365600086

B. Full Name (Last, First, Middle Initial)
Dr. Kevin Jon Lawson, MD

Mailing Address
2862 Edith Ave

City State Zip Code
Redding CA 96001-3043

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 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: 10000000366000087

C. Full Name (Last, First, Middle Initial)
Dr. David G Baker, MD

Mailing Address
19 Brookwood Ave Ste 104

City State Zip Code
Carlisle PA 17015

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
400.00

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) ▼ 400.00

Transaction ID: 10000000366300088

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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 34 / 74	
	<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. James William Serene, MD

Mailing Address
520 Brookdale Dr

City State Zip Code
Statesville NC 28677-4108

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 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: 10000000366400089

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

Mailing Address
6308 8th Ave #505

City State Zip Code
Kenosha WI 53143

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 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: 10000000366500090

Full Name (Last, First, Middle Initial)
C. Dr. Jan Mare Kadyk, MD

Mailing Address
194 Doctors Dr

City State Zip Code
Boone NC 28607-5000

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Boone Orthopaedic Assoc. PA Orthopaedic Surgeon

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

Transaction ID: 10000000366600091

SUBTOTAL of Receipts This Page (optional) ▶ **1800.00**

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 35 / 74	
	<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. Tye Ouzounian, MD

Mailing Address
5620 Wilbur Ave, #216
City: Tarzana State: CA Zip Code: 91356-1351

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon

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

Transaction ID: 10000000366700092

Full Name (Last, First, Middle Initial)
B. Dr. Stephen R Southworth, MD

Mailing Address
North Mississippi Sports Med Longtown Medical Park
City: Tupelo State: MS Zip Code: 38801

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon

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

Transaction ID: 10000000366800093

Full Name (Last, First, Middle Initial)
C. Dr. Richard Mills Roberts, MD

Mailing Address
2120 N MacArthur Blvd Ste 100
City: Irving State: TX Zip Code: 75061

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon

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

Transaction ID: 10000000366900094

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 36 / 74	
	<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. Brian C Brenner, MD

Mailing Address
1821 18th St

City State Zip Code
Bakersfield CA 93301-4205

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kern Bone & Joint Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000367000095

Full Name (Last, First, Middle Initial)
B. Dr. Niels J Linschoten, MD

Mailing Address
828 Woodleigh Dr

City State Zip Code
Baton Rouge LA 70810

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 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: 10000000367300096

Full Name (Last, First, Middle Initial)
C. Dr. Thomas J Dowling, Jr. MD

Mailing Address
2171 Jericho Turnpike, #304

City State Zip Code
Commack NY 11725-2900

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Long Island Spine Specialists PC Orthopaedic Surgeon

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

Transaction ID: 10000000367500097

SUBTOTAL of Receipts This Page (optional) ▶ **1300.00**

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 37 / 74	
	<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. Timothy Charles Fitzgibbons, MD

Mailing Address
7710 Mercy Rd, #224

City State Zip Code
Omaha NE 68124-2346

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 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: 10000000367600098

B. Full Name (Last, First, Middle Initial)
Dr. Floyd R. Jaggars, MD

Mailing Address
3107 O'Brien Drive

City State Zip Code
Tallahassee FL 32309

Date of Receipt
M M / D D / Y Y Y Y
03 / 01 / 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: 10000000367700099

C. Full Name (Last, First, Middle Initial)
Dr. Gregory P Duff, MD

Mailing Address
2600 Wheaton Way #311

City State Zip Code
Bremerton WA 98310-3319

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 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: 10000000368900100

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 38 / 74	
	<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

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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. Stephen F Emery, MD

Mailing Address
726 Allen St

City State Zip Code
Cody WY 82414-3402

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 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) ▼ 2000.00

Transaction ID: 10000000369000101

Full Name (Last, First, Middle Initial)
B. Dr. Jimmie G Biles, MD

Mailing Address
726 Allen St

City State Zip Code
Cody WY 82414-3402

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 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: 10000000369100102

Full Name (Last, First, Middle Initial)
C. Dr. Frank H Schmidt, MD

Mailing Address
726 Allen Ave

City State Zip Code
Cody WY 82414-3402

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 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: 10000000369200103

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 39 / 74	
	<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. Ward Sayre Oakley, Jr, MD

Mailing Address
PO Box 2000
City State Zip Code
Pinehurst NC 28374-2000

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 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: 10000000369300104

B. Full Name (Last, First, Middle Initial)
Dr. John McArthur Harris, III, MD

Mailing Address
Boston VA Medical Ctr 150 S Huntington Ave
City State Zip Code
Boston MA 02130-4817

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2002

Amount of Each Receipt this Period
350.00

FEC ID number of contributing federal political committee.

Name of Employer
Dept. of Veterans Affairs, Boston VAMC
Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000369400105

C. Full Name (Last, First, Middle Initial)
Dr. Steven Berkowitz, MD

Mailing Address
2040 Sixth Ave
City State Zip Code
Neptune NJ 07753

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Seaview Orthopaedics
Occupation
Orthopaedic Surgeon

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

Transaction ID: 10000000369500106

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 40 / 74	
	<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. Edward F Quinn, MD

Mailing Address
800 N DuPont Hwy

City State Zip Code
Milford DE 19663-1091

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Delaware Bone & Joint Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000369800107

B. Full Name (Last, First, Middle Initial)
Dr. Daniel D Morgan, Jr, MD

Mailing Address
38680 Stivers St, #A

City State Zip Code
Fremont CA 94536-5336

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fremont Orthopaedic Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000370300108

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

Mailing Address
3737 Moraga Ave Ste A108

City State Zip Code
San Diego CA 92117-5405

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 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: 10000000370400109

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 41 / 74	
	<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. Archie Kent Whittemore, MD

Mailing Address
630 W 34th St, #302

City State Zip Code
Austin TX 78705-1229

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Orthopaedic Group Orthopaedic Surgeon

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

Transaction ID: 10000000370600110

B. Full Name (Last, First, Middle Initial)
Dr. Robert Hall, MD

Mailing Address
3340 Providence Dr, #564

City State Zip Code
Anchorage AK 99508

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
300.00

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: 10000000370700111

C. Full Name (Last, First, Middle Initial)
Dr. Robert A Pruner, MD

Mailing Address
PO Box 21369 4064 Postal Dr, SW

City State Zip Code
Roanoke VA 24016-6438

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
250.00

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) ▼ 250.00

Transaction ID: 10000000370800112

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 42 / 74	
	<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. Stephen G Taylor, MD

Mailing Address
6001 Westown Pkwy
City: West Des Moines State: IA Zip Code: 50266-7702

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Des Moines Orthopaedic Surgeons Occupation: Orthopaedic Surgeon

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

Transaction ID: 1000000371000113

Full Name (Last, First, Middle Initial)
B. Dr. Richard W Gamer, MD

Mailing Address
3260 Providence Dr, #200
City: Anchorage State: AK Zip Code: 99508-4603

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: Anchorage Fracture & Orthopaedic Clinic Occupation: Orthopaedic Surgeon

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

Transaction ID: 1000000371100114

Full Name (Last, First, Middle Initial)
C. Dr. James C Valas, MD

Mailing Address
Orthopaedic Center 35 Kosciuszko St
City: Manchester State: NH Zip Code: 03101

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer: The Orthopaedic Center Occupation: Orthopaedic Surgeon

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

Transaction ID: 1000000371200115

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 43 / 74	
	<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. James L. Scales, MD

Mailing Address
280 Newton Sparta Rd, #4

City State Zip Code
Newton NJ 07860-2775

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Andover Orthopaedic Surgery Orthopaedic Surgeon

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

Transaction ID: 10000000371300116

Full Name (Last, First, Middle Initial)
B. Dr. James G. Wambrod, Jr, MD

Mailing Address
616 W Forest Ave

City State Zip Code
Jackson TN 38301-3902

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Jackson Clinic Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 700.00

Transaction ID: 10000000371500117

Full Name (Last, First, Middle Initial)
C. Dr. Ted J. Weller, MD

Mailing Address
194 Doctors Dr

City State Zip Code
Boone NC 28607-5000

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
300.00

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) ▼ 300.00

Transaction ID: 10000000373800118

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 44 / 74

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

A. Full Name (Last, First, Middle Initial)
Dr. Stewart Shanfield, MD

Mailing Address
101 Laguna Rd, #A

City State Zip Code
Fullerton CA 92835-3613

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fullerton Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000373700119

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

Mailing Address
501 Midwestern Pkwy E P.O. Box 87521

City State Zip Code
Wichita Falls TX 76302-2302

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
1500.00

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) ▼ 1500.00

Transaction ID: 10000000373900120

C. Full Name (Last, First, Middle Initial)
Dr. Leroy H Cooley, MD

Mailing Address
1903 Sunset Ave

City State Zip Code
Utica NY 13502-5817

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mohawk Valley Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000374100121

SUBTOTAL of Receipts This Page (optional) ▶ **2800.00**

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 45 / 74	
	<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. Stephen M Norwood, MD

Mailing Address
Ste 100 1305 Wander World Dr
City State Zip Code
San Marcos TX 78666

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Hill Country Sports Medicine Orthopaedic Surgeon

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

Transaction ID: 10000000374200122

Full Name (Last, First, Middle Initial)
B. Dr. George S Miz, MD

Mailing Address
5540 West 111th St
City State Zip Code
Oak Lawn IL 60453-5035

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 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: 10000000374400123

Full Name (Last, First, Middle Initial)
C. Dr. Cyrus Ghavami, MD

Mailing Address
2506 Darville Rd Ste 201
City State Zip Code
Decatur AL 35603

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sportsmed, PC Orthopaedic Surgeon

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

Transaction ID: 10000000374500124

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 46 / 74	
	<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. Thomas Edward Sikes, MD

Mailing Address
354 Copperfield Blvd

City State Zip Code
Concord NC 28025-2402

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 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: 10000000374600125

B. Full Name (Last, First, Middle Initial)
Dr. Edward Toriello, MD

Mailing Address
7B-15 Eliot Ave

City State Zip Code
Middle Village NY 11379-1300

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 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: 10000000374700126

C. Full Name (Last, First, Middle Initial)
Dr. John Kirk Drake, MD

Mailing Address
3635 Bienville Blvd

City State Zip Code
Ocean Springs MS 39564-5711

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Bienville Orthopaedic Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000374800127

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 47 / 74	
	<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

Full Name (Last, First, Middle Initial)
A. Dr. Michael H Gordon, MD

Mailing Address
1608 Rte B8 W Ste 103

City State Zip Code
Brick NJ 08724

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gordon Consulting Orthopaedic Surgeon

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

Transaction ID: 10000000375100128

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

Mailing Address
824 Illinois Ave

City State Zip Code
Stevens Point WI 54481

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 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) ▼ 500.00

Transaction ID: 10000000375300129

Full Name (Last, First, Middle Initial)
C. Dr. Bruce Jay Rudin, MD

Mailing Address
Medical Arts Pavilion, #225

City State Zip Code
Newark DE 19713-2067

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
First State Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000376000130

SUBTOTAL of Receipts This Page (optional) ▶ **1200.00**

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 48 / 74	
	<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. William E Schreiber, MD

Mailing Address
700 Olympic Plaza Cir #70D

City State Zip Code
Tyler TX 75701-1954

Date of Receipt
N M / D E / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Azalea Orthopaedic & Sports Medicine, P Orthopaedic Surgeon

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

Transaction ID: 10000000376100131

B. Full Name (Last, First, Middle Initial)
Dr. Timothy J Collard, MD

Mailing Address
1515 Kensington Ave

City State Zip Code
Buffalo NY 14215

Date of Receipt
N M / D E / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Western Orthopaedic Group Orthopaedic Surgeon

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

Transaction ID: 10000000376300132

C. Full Name (Last, First, Middle Initial)
Dr. Steven L Bueldey, MD

Mailing Address
6007 Macon Court

City State Zip Code
Huntsville AL 35802

Date of Receipt
N M / D E / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Sports Med Orthopaedic Surgeon

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

Transaction ID: 10000000376400133

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 49 / 74	
	<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. Rife M News, MD

Mailing Address
312 Grammont, #200

City State Zip Code
Monroe LA 71201-7403

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 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: 10000000376500134

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

Mailing Address
1514 Jefferson Hwy

City State Zip Code
New Orleans LA 70121-2429

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
750.00

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) ▼ 750.00

Transaction ID: 10000000376800135

C. Full Name (Last, First, Middle Initial)
Dr. Cooper L Terry, MD

Mailing Address
1106 S Lamar Blvd

City State Zip Code
Oxford MS 38855-4732

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

Amount of Each Receipt this Period
750.00

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) ▼ 750.00

Transaction ID: 10000000377200136

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 50 / 74	
	<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. Michael B Haynes, MD

Mailing Address
22250 Providence Dr. #401

City State Zip Code
Southfield MI 48075-6212

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 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: 10000000377800137

Full Name (Last, First, Middle Initial)
B. Dr. Richard P Whitaker, MD

Mailing Address
1803 E High St

City State Zip Code
Pottstown PA 19464-5061

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 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: 10000000377800138

Full Name (Last, First, Middle Initial)
C. Dr. Peter B Salamon, MD

Mailing Address
393 E Alpine

City State Zip Code
Stockton CA 95204-3407

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
750.00

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) ▼ 750.00

Transaction ID: 10000000377800139

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: PAGE 51 / 74

(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. Daniel L Zimet, MD

Mailing Address

298 Hurley Rd

City

State

Zip Code

Coatesville

PA

19320-1525

Date of Receipt

N M / D E / Y Y Y Y
03 / 26 / 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: 1000000378000140

Full Name (Last, First, Middle Initial)

B. Dr. James Spiegel, MD

Mailing Address

1862 Dominican Way

City

State

Zip Code

Santa Cruz

CA

95065-1522

Date of Receipt

N M / D E / Y Y Y Y
03 / 26 / 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 ▼

500.00

Transaction ID: 1000000378100141

Full Name (Last, First, Middle Initial)

C. Dr. Ricardo J Rodriguez, MD

Mailing Address

4502 W Railroad

City

State

Zip Code

Gulfport

MS

39501

Date of Receipt

N M / D E / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
Gulfport Orthopaedic Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1000000378500142

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 52 / 74	
	<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 Marvin Purvis, MD

Mailing Address
1190 N State St, #204

City State Zip Code
Jackson MS 39202-2413

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
POSM Orthopaedic Surgeon

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

Transaction ID: 10000000378600143

B. Full Name (Last, First, Middle Initial)
Dr. Daniel P Dare, MD

Mailing Address
Sports Med & Rehab Clinic 1 Medical Plaza Dr

City State Zip Code
Vicksburg MS 39180-5187

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southern Orthopedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000378700144

C. Full Name (Last, First, Middle Initial)
Dr. Edward C Tanner, MD

Mailing Address
1445 Portland Ave Ste 210

City State Zip Code
Rochester NY 14621

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
1000.00

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) ▼ 1000.00

Transaction ID: 10000000378800145

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 53 / 74	
	<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

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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. John H Healey, MD

Mailing Address
Sloan-Kettering Cancer Ctr 1275 York Ave, #A342
City State Zip Code
New York NY 10021-6007

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

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

Name of Employer Memorial Hospital	Occupation Orthopaedic Surgeon
---------------------------------------	-----------------------------------

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

Transaction ID: 10000000379000146

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	80050.00

**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 54 / 74
	<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
02 / 22 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period
410.42

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 454.14

Transaction ID: 10000000365000147

Full Name (Last, First, Middle Initial)
B. 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
03 / 14 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period
388.98

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 843.12

Transaction ID: 10000000373400148

C.

SUBTOTAL of Receipts This Page (optional)	▶	799.40
TOTAL This Period (last page this line number only)	▶	799.40

**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 55 / 74

<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

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. Northern Trust Company		Date of Disbursement 02 / 04 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 334.42	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000373100002	
State: District:			

Full Name (Last, First, Middle Initial) B. Northern Trust Company		Date of Disbursement 02 / 25 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 14.80	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000373200003	
State: District:			

Full Name (Last, First, Middle Initial) C. Northern Trust Company		Date of Disbursement 03 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 374.08	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 10000000373300004	
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	723.40
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 56 / 74

<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

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. 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

03 / 25 / 2002

Amount of Each Disbursement this Period

281.64

Transaction ID: 1000000379500005

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

281.64

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

1005.04

**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 57 / 74

<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. Friends For Jim McDermott		Date of Disbursement 01 / 15 / 2002
Mailing Address PO Box 21786 City: Seattle State: WA Zip Code: 98111		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jim McDermott, U.S. HOUSE 7		24K Category/ Type
Candidate Name Jim McDermott		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000348300008
State: WA District: 7		

Full Name (Last, First, Middle Initial) B. Friends Of Rosa DeLauro		Date of Disbursement 01 / 15 / 2002
Mailing Address 48 Huntington Street City: New Haven State: CT Zip Code: 06511		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Rosa L. DeLauro, U.S. HOUSE		24K Category/ Type
Candidate Name Rosa L. DeLauro		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000348400007
State: CT District: 3		

Full Name (Last, First, Middle Initial) C. Tim Johnson For South Dakota Inc		Date of Disbursement 01 / 15 / 2002
Mailing Address PO Box 1859 City: Sioux Falls State: SD Zip Code: 57101		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Tim Johnson, U.S. SENATE SD		24K Category/ Type
Candidate Name Tim Johnson		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000348500008
State: SD District:		

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 58 / 74

<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. Christopher Cox Congressional Committee			Date of Disbursement 01 / 16 / 2002	
Mailing Address PO Box 8088-C City: Newport Beach State: CA Zip Code: 92868			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Christopher Cox, U.S. HOUSE			24K Category/ Type	
Candidate Name Christopher Cox				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 1000000034800009	
State: CA District: 47				

Full Name (Last, First, Middle Initial) B. Billy Tauzin Congressional Committee			Date of Disbursement 01 / 16 / 2002	
Mailing Address 550 South Van City: Houma State: LA Zip Code: 70361			Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement YTD:\$2500.00 W.J. 'Billy' Tauzin, U.S. H			24K Category/ Type	
Candidate Name W.J. 'Billy' Tauzin				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000348700010	
State: LA District: 3				

Full Name (Last, First, Middle Initial) C. Friends of Max Baucus 2002			Date of Disbursement 01 / 29 / 2002	
Mailing Address PO Box 586 City: Helena State: MT Zip Code: 59624			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Max Baucus, U.S. SENATE MT			24K Category/ Type	
Candidate Name Max Baucus				
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000350900011	
State: MT District:				

SUBTOTAL of Disbursements This Page (optional)	4500.00
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

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(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				

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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. Gordon Smith For Us Senate 2002 Inc		Date of Disbursement 01 / 29 / 2002
Mailing Address 228 S Washington St Ste 200 City State Zip Code Alexandria VA 22314		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Gordon H. Smith, U.S. SENAT		24K Category/ Type
Candidate Name Gordon H. Smith		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000351000012
State: OR District:		

Full Name (Last, First, Middle Initial) B. Hooley For Congress		Date of Disbursement 01 / 29 / 2002
Mailing Address 14911 S.E. 82nd Drive City State Zip Code Clackamas OR 97015		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Darlene Hooley, U.S. HOUSE		24K Category/ Type
Candidate Name Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000351100013
State: OR District: 6		

Full Name (Last, First, Middle Initial) C. Cardoza for Congress		Date of Disbursement 01 / 29 / 2002
Mailing Address 5578 Zeiner Court City State Zip Code Atwater CA 95301		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Dennis Cardoza, U.S. HOUSE 1		24K Category/ Type
Candidate Name Dennis Cardoza		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000351200014
State: CA District: 18		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

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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				

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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. Friends of Rahm Emanuel		Date of Disbursement 01 / 29 / 2002
Mailing Address PO Box 64415 City Chicago State IL Zip Code 60664		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Rahm Emanuel, U.S. HOUSE 5t		24K Category/ Type
Candidate Name Rahm Emanuel		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000351300015
State: IL District: 5		

Full Name (Last, First, Middle Initial) B. Jesse Jackson Jr For Congress Committe		Date of Disbursement 01 / 29 / 2002
Mailing Address 7018 S Euclid City Chicago State IL Zip Code 60649		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Jesse L. Jackson, U.S. HOUS		24K Category/ Type
Candidate Name Jesse L. Jackson Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000353800018
State: IL District: 2		

Full Name (Last, First, Middle Initial) C. People For English		Date of Disbursement 02 / 07 / 2002
Mailing Address PO Box 194D City Erie State PA Zip Code 16507		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Phil English, U.S. HOUSE 21		24K Category/ Type
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000354000017
State: PA District: 21		

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
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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				

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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. Texas Freedom Fund		Date of Disbursement 02 / 07 / 2002
Mailing Address PO Box 6136 City: Alexandria State: VA Zip Code: 22306		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00		24K Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000354100018
State: District:		

Full Name (Last, First, Middle Initial) B. Billy Tauzin Congressional Committee		Date of Disbursement 02 / 07 / 2002
Mailing Address 550 South Van City: Houma State: LA Zip Code: 70361		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2500.00 W.J. 'Billy' Tauzin, U.S. H		24K Category/ Type
Candidate Name W.J. 'Billy' Tauzin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000354200019
State: LA District: 3		

Full Name (Last, First, Middle Initial) C. Nancy Pelosi For Congress		Date of Disbursement 02 / 07 / 2002
Mailing Address 1 Bush Street 11th Floor City: San Francisco State: CA Zip Code: 94104		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2500.00 Nancy Pelosi, U.S. HOUSE &		24K Category/ Type
Candidate Name Nancy Pelosi		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000354300020
State: CA District: 8		

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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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				

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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. Re-Elect Nancy Johnson To Congress Com		Date of Disbursement 02 / 07 / 2002
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151-1852		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$3000.00 Nancy L. Johnson, U.S. HOUS	Candidate Name Nancy L. Johnson	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: CT District: 8	Transaction ID: 10000000354400021	

Full Name (Last, First, Middle Initial) B. Fletcher for Congress		Date of Disbursement 02 / 07 / 2002
Mailing Address P.O. Box 4703 City State Zip Code Lexington KY 40544		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Ernest L. Fletcher, U.S. HO	Candidate Name Ernest L. Fletcher	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: KY District: 6	Transaction ID: 10000000354500022	

Full Name (Last, First, Middle Initial) C. Friends Of Carolyn McCarthy		Date of Disbursement 02 / 20 / 2002
Mailing Address 38 Ivy Street, SE City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Carolyn McCarthy, U.S. HOUS	Candidate Name Carolyn McCarthy	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: NY District: 4	Transaction ID: 10000000354800023	

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

**SCHEDULE B (FEC Form 3X)
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Use separate schedule(s)
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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				

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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. John D Dingell For Congress Comm.			Date of Disbursement 02 / 20 / 2002	
Mailing Address 607 Fourteenth Street NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$4000.00 John D. Dingell, U.S. HOUSE			24K Category/ Type	
Candidate Name John D. Dingell				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000354900024	
State: MI District: 16				

Full Name (Last, First, Middle Initial) B. John D Dingell For Congress Comm.			Date of Disbursement 02 / 20 / 2002	
Mailing Address 607 Fourteenth Street NW City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement YTD:\$4000.00 John D. Dingell, U.S. HOUSE			24K Category/ Type	
Candidate Name John D. Dingell				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000355000025	
State: MI District: 16				

Full Name (Last, First, Middle Initial) C. Lindsey Graham for Senate			Date of Disbursement 02 / 20 / 2002	
Mailing Address Po Box 1155 City Seneca State SC Zip Code 29679			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Lindsey O. Graham, U.S. SEN			24K Category/ Type	
Candidate Name Lindsey O. Graham				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 10000000355100026	
State: SC District:				

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)
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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				

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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. Friends of Sessions Senate Committee Inc			Date of Disbursement 02 / 20 / 2002	
Mailing Address PO Box 4278 City: Montgomery State: AL Zip Code: 36103			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Jeff Sessions, U.S. SENATE			24K Category/ Type	
Candidate Name Jeff Sessions				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary Other (specify) ▼		Transaction ID: 10000000355200027	
State: AL District:				

Full Name (Last, First, Middle Initial) B. Friends Of Sam Johnson			Date of Disbursement 02 / 27 / 2002	
Mailing Address PO Box 860098 City: Plano State: TX Zip Code: 75088-0098			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Sam Johnson, U.S. HOUSE 3rd			24K Category/ Type	
Candidate Name Sam Johnson				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary Other (specify) ▼		Transaction ID: 10000000364400028	
State: TX District: 3				

Full Name (Last, First, Middle Initial) C. New Republican Majority Fund			Date of Disbursement 02 / 27 / 2002	
Mailing Address 201 N Union Street Suite 350 City: Alexandria State: VA Zip Code: 22314			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Sen Trent Lott's Leadership			24K Category/ Type	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000364500029	
State: District:				

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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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				

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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. Devin Nunes for Congress 2002		Date of Disbursement 02 / 28 / 2002
Mailing Address PO Box 891 City State Zip Code Pixley CA 93256		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Devin Nunes, U.S. HOUSE CA		24K Category/ Type
Candidate Name Devin Nunes		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000364800030
State: CA District:		

Full Name (Last, First, Middle Initial) B. Stupak For Congress		Date of Disbursement 02 / 28 / 2002
Mailing Address 817 Bth Avenue P.O. Box 143 City State Zip Code Menominee MI 49858		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Bart Stupak, U.S. HOUSE 1st		24K Category/ Type
Candidate Name Bart Stupak		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000364700031
State: MI District: 1		

Full Name (Last, First, Middle Initial) C. Hall For Congress		Date of Disbursement 02 / 28 / 2002
Mailing Address P O Box 711 City State Zip Code Rockwall TX 75087		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Ralph M. Hall, U.S. HOUSE 4		24K Category/ Type
Candidate Name Ralph M. Hall		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000364800032
State: TX District: 4		

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)
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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				

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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. Cooksey For Senate			Date of Disbursement 02 / 28 / 2002	
Mailing Address Post Office Box 15020 City: Monroe State: LA Zip Code: 71207			Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement John Cooksey, STATE SENATE LA		24K Category/ Type		
Candidate Name John Cooksey				
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼			
State: LA District:	Transaction ID: 10000000364900033			

Full Name (Last, First, Middle Initial) B. Continuing a Majority Party Political Action Comm			Date of Disbursement 03 / 08 / 2002	
Mailing Address 5815 Eastman Avenue Suite 100 City: Midland State: MI Zip Code: 48640			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:52500.00 Rep. Dave Camp's Leadership		24K Category/ Type		
Candidate Name				
Office Sought: House Senate President	Disbursement For: 2002 Primary General X Other (specify) ▼			
State: District:	Transaction ID: 10000000367900034			

Full Name (Last, First, Middle Initial) C. Mike Rogers for Congress			Date of Disbursement 03 / 08 / 2002	
Mailing Address 1304 Quintard Avenue City: Anniston State: AL Zip Code: 36201			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:51000.00 Mike Rogers, U.S. HOUSE 3rd		24K Category/ Type		
Candidate Name Mike Rogers				
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼			
State: AL District: 3	Transaction ID: 10000000368000035			

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)
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Detailed Summary Page

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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				

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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. Jim Gerlach for Congress Committee		Date of Disbursement 03 / 08 / 2002	
Mailing Address 911 Welsh Ayres Way City State Zip Code Downingtown PA 19335		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Jim Gerlach, U.S. HOUSE 8th		24K Category/ Type	
Candidate Name Jim Gerlach		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 8	Transaction ID: 10000000368100038	

Full Name (Last, First, Middle Initial) B. Pallone For Congress		Date of Disbursement 03 / 08 / 2002	
Mailing Address P.O. Box 3178 City State Zip Code Long Branch NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Frank Pallone, U.S. HOUSE 6		24K Category/ Type	
Candidate Name Frank Pallone Jr.		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	State: NJ District: 6	Transaction ID: 10000000368200037	

Full Name (Last, First, Middle Initial) C. Stenholm For Congress Comm.		Date of Disbursement 03 / 08 / 2002	
Mailing Address Box 1032 City State Zip Code Stamford TX 79553		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Charles W. Stenholm, U.S. H		24K Category/ Type	
Candidate Name Charles W. Stenholm		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	State: TX District: 17	Transaction ID: 10000000368300038	

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

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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				

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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. Redwine Congressional Committee		Date of Disbursement 03 / 08 / 2002
Mailing Address 33533 So. Ridge Road City: Sioux City State: IA Zip Code: 51108		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 John Redwine, U.S. HOUSE 5th		24K Category/ Type
Candidate Name John Redwine		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000368500039
State: IA District: 5		

Full Name (Last, First, Middle Initial) B. Friends Of Sherrod Brown		Date of Disbursement 03 / 08 / 2002
Mailing Address 807 14th Street NW Suite 800 City: Washington State: DC Zip Code: 20006		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Sherrod Brown, U.S. HOUSE 1		24K Category/ Type
Candidate Name Sherrod Brown		
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000368600040
State: OH District: 13		

Full Name (Last, First, Middle Initial) C. A Lot Of People For Dave Obey		Date of Disbursement 03 / 08 / 2002
Mailing Address PO Box 1322 City: Wausau State: WI Zip Code: 54402-1322		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 David R. Obey, U.S. HOUSE 7		24K Category/ Type
Candidate Name David R. Obey		
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000368700041
State: WI District: 7		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

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(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				

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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. Tammy Baldwin For Congress		Date of Disbursement 03 / 18 / 2002
Mailing Address P O Box 696 City Madison State WI Zip Code 53701		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement YTD:\$500.00 Tammy Baldwin, U.S. HOUSE 2n		24K Category/ Type
Candidate Name Tammy Baldwin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1000000371700042
State: WI District: 2		

Full Name (Last, First, Middle Initial) B. Friends of Max Cleland for the US Senate Inc		Date of Disbursement 03 / 18 / 2002
Mailing Address 3148 Northeast Expressway PD Box 7843 City Atlanta State CA Zip Code 30341		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Max Cleland, U.S. SENATE GA		24K Category/ Type
Candidate Name Max Cleland		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1000000371800043
State: GA District:		

Full Name (Last, First, Middle Initial) C. Cubin For Congress Inc		Date of Disbursement 03 / 18 / 2002
Mailing Address P.O.Box 4657 City Casper State WY Zip Code 82604		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Barbara Cubin, U.S. HOUSE A		24K Category/ Type
Candidate Name Barbara Cubin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 1000000371900044
State: WY District:		

SUBTOTAL of Disbursements This Page (optional)	3500.00
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				

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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. Keller for Congress			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO Box 1453 City State Zip Code Orlando FL 32802			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Ric Keller, U.S. HOUSE 8th		24K Category/ Type		
Candidate Name Ric Keller		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 8	Transaction ID: 10000000372000045		

Full Name (Last, First, Middle Initial) B. Re-Elect Nancy Johnson To Congress Com			Date of Disbursement 03 / 18 / 2002	
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151-1852			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$3000.00 Nancy L. Johnson, U.S. HOUS		24K Category/ Type		
Candidate Name Nancy L. Johnson		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 6	Transaction ID: 10000000372100046		

Full Name (Last, First, Middle Initial) C. Jean Camahan for Missouri Committee			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO Box 820 City State Zip Code Rolla MO 65402			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Jean Camahan, U.S. SENATE		24K Category/ Type		
Candidate Name Jean Camahan		Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: MO District: 1	Transaction ID: 10000000372200047		

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)
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Detailed Summary Page

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(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				

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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. Dole 2002 Committee		Date of Disbursement 03 / 18 / 2002
Mailing Address PO Box 2109 City Salisbury State NC Zip Code 28145		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Elizabeth Dole, U.S. SENATE	24K Category/ Type	
Candidate Name Elizabeth Dole		
Office Sought: House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 10000000372300048
State: NC District:		

Full Name (Last, First, Middle Initial) B. Thurman For Congress		Date of Disbursement 03 / 18 / 2002
Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Karen L. Thurman, U.S. HOUS	24K Category/ Type	
Candidate Name Karen L. Thurman		
Office Sought: X House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 10000000372400049
State: FL District: 5		

Full Name (Last, First, Middle Initial) C. Friends Of John Peterson		Date of Disbursement 03 / 18 / 2002
Mailing Address 114 W State St PO Box 295 City Pleasantville State PA Zip Code 16341		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD:\$1500.00 John E. Peterson, U.S. HOUS	24K Category/ Type	
Candidate Name John E. Peterson		
Office Sought: X House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 10000000372500050
State: PA District: 6		

SUBTOTAL of Disbursements This Page (optional)	4500.00
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

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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				

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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. Chris John For Congress Comm. Inc			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO Drawer 307 City Crawley State LA Zip Code 70527			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Christopher John, U.S. HOUS			24K Category/ Type	
Candidate Name Christopher John				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: LA District: 7			Transaction ID: 10000000372800051	

Full Name (Last, First, Middle Initial) B. Upton For All Of Us			Date of Disbursement 03 / 18 / 2002	
Mailing Address PO Box 490 City St Joseph State MI Zip Code 49086			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Fred Upton, U.S. HOUSE 6th			24K Category/ Type	
Candidate Name Fred Upton				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: MI District: 6			Transaction ID: 10000000372700052	

Full Name (Last, First, Middle Initial) C. Friends Of Dave Weldon			Date of Disbursement 03 / 18 / 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:\$1000.00 Dave Weldon, U.S. HOUSE 15t			24K Category/ Type	
Candidate Name Dave Weldon				
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼			
State: FL District: 15			Transaction ID: 10000000372800053	

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)
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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

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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. Hulshof For Congress		Date of Disbursement 03 / 18 / 2002	
Mailing Address PO Box 1621 City Columbia State MO Zip Code 65205		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Kenny C. Hulshof, U.S. HOUS		24K Category/ Type	
Candidate Name Kenny C. Hulshof			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO District: 8			Transaction ID: 10000000372900054

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	62500.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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. National Republican Senatorial Committee			Date of Disbursement 01 / 29 / 2002	
Mailing Address 425 Second Street NW City State Zip Code Washington DC 20002			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD: \$5000.00			Transaction ID: 10000000353700056	
Candidate Name				
Office Sought: House Senate President		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:				

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee			Date of Disbursement 03 / 08 / 2002	
Mailing Address 430 S Capitol St SE City State Zip Code Washington DC 20003			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD: \$5000.00 Dues			Transaction ID: 10000000368400058	
Candidate Name				
Office Sought: House Senate President		Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:				

C.

SUBTOTAL of Disbursements This Page (optional)	10000.00
TOTAL This Period (last page this line number only)	10000.00