REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Dec 8 12 56 PM '94

1. NAME OF COMMITTEE (in full)
AZ ORTHOPAEDIC SOCIETY POLITICAL ACTION COM.

ADDRESS (number and street) ☐ Check if different than previously reported
810 W. Bethany Home Road

CITY, STATE and ZIP CODE
Phoenix, AZ 85013

2. FEC IDENTIFICATION NUMBER
C00279836

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

4. TYPE OF REPORT

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

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☒ Thirtieth day report following the General Election on 11/8/94 in the State of AZ.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/20/94 through 11/28/94		
6. (a) Cash on Hand January 1, 19 4		$ 4,282.66
(b) Cash on Hand at Beginning of Reporting Period	$ 1,407.66	
(c) Total Receipts (from Line 19)	$ 240.00	$ 8,555.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 1,647.66	$12,837.66
7. Total Disbursements (from Line 30)	$ 1,050.00	$12,240.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 597.66	$ 597.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
David M. Ott, M.D.

Signature of Treasurer [signature]

Date 11/2/94

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

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FEC FORM 3X
(revised 8/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: AZ ORTHOPAEDIC SOCIETY POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 10/20/94 TO 11/28/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	240.00	8,555.00
ii. Unitemized		
iii. Total (add i and ii) ➤		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	240.00	8,555.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤		
20. Total Federal Receipts (subtract line 18 from line 19) ➤	240.00	8,555.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	1,050.00	12,240.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	1,050.00	12,240.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	240.00	8,555.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	240.00	8,555.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

9 4 3 3 9 4 7 4 8 4 2

SCHEDULE A ITEMIZED RECEIPTS

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

FOR LINE NUMBER 17

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)

ARIZONA ORTHOPAEDIC SOCIETY POLITICAL ACTION COMMITTEE

11/3/94 $100.00

LAST NAME: Campbell FIRST NAME: Edward MI: D.
STREET ADDRESS: 3320 N. Second Street
CITY, STATE, ZIP: Phoenix, AZ 85012
OCCUPATION: M.D. Self

11/3/94 $10.00

LAST NAME: Lefowitz FIRST NAME: Rae MI:
STREET ADDRESS: 3891 Churchill Drive
CITY, STATE, ZIP: Lake Havasu City, AZ 86406
OCCUPATION: Housewife Self

11/3/94 $100.00

LAST NAME: Matthews FIRST NAME: Andre MI: C.
STREET ADDRESS: 6345 E. Baywood
CITY, STATE, ZIP: Mesa, AZ 85206
OCCUPATION: M.D. Self

11/3/94 $10.00

LAST NAME: McKeag FIRST NAME: Lucille MI:
STREET ADDRESS: 3360 Date Row Lane
CITY, STATE, ZIP: Lake Havasu City, AZ 86404
OCCUPATION: Housewife Self

11/3/94 $10.00

LAST NAME: Nunemacher FIRST NAME: Fran MI:
STREET ADDRESS: P.O. Box 242
CITY, STATE, ZIP: Lake Havasu City, AZ 86403
OCCUPATION: Housewife Self

11/3/94 $10.00

LAST NAME: Robertson FIRST NAME: Stephanie MI:
STREET ADDRESS: 186 Mescal Loop
CITY, STATE, ZIP: Lake Havasu City, AZ 86403-5831
OCCUPATION: Housewife Self

SUBTOTAL of Receipts This Page (optional)..... $ 240.00
TOTAL THIS PERIOD (last page this line number only).....

SCHEDULE B ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 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)
ARIZONA ORTHOPAEDIC SOCIETY POLITICAL ACTION COMMITTEE

NAME, ADDRESS, CITY, STATE AND ZIP
Hayworth, J.D.
P.O. Box 9207
Mesa, AZ 85214
DESCRIPTION: General Campaign
10/25/94 $400.00

NAME, ADDRESS, CITY, STATE AND ZIP
King, Ned
P. O. Box 527
Litchfield Park, AZ 85340
DESCRIPTION: Primary Campaign
Contribution made on 8/10/94, returned 1010/22/94
10/22/94 ($250.00)

NAME, ADDRESS, CITY, STATE AND ZIP
Salmon, Matt
121 W. Main
Mesa, AZ 85201
DESCRIPTION: General Campaign
10/31/94 $400.00

NAME, ADDRESS, CITY, STATE AND ZIP
Shadegg, John
P.O. Box 45444
Phoenix, AZ 85064-5444
DESCRIPTION: General campaign
10/25/94 $500.00

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SUBTOTAL of Disbursements this Page (optional).....$

TOTAL THIS PERIOD (last page this line number only).....$ 1,050.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 12/5/94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S. — PREPARER

12/8/94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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