REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

01/31/2001 11 : 41

1. NAME OF COMMITTEE (in full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1650 KING STREET SUITE 500

2. FEC IDENTIFICATION NUMBER
C00118430

CITY, STATE, and ZIP CODE
ALEXANDRIA VA 22314

3. ☒ This committee has qualified as a multi-candidate 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 _____ (election type)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election
on _____ in the State of _____

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

SUMMARY 5. Covering Period 07/01/2000 through 09/30/2000	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand, January 1, 2000		94919.22
(b) Cash on Hand at Beginning of Reporting Period	119740.64	
(c) Total Receipts (from line 19)	12399.72	48880.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	132140.36	143799.36
7. Total Disbursements (from line 30)	1057.70	12716.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131082.66	131082.66
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	

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
Electronically Filed by Ms Martha Rinker, Esq.

Signature of Treasurer

Date
01/31/2001

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

FEC FORM 3X
(revised 9/98)

4-00173

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
(PAGE 2, FEC FORM 3X) (revised 1/1/91)

NAME OF COMMITTEE
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD
FROM 07/01/2000 TO: 09/30/2000

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9950.00	41611.00	11.a.i.
ii. Unitemized	800.00	3050.00	11.a.ii.
iii. Total (add i and ii)»	10750.00	44661.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions (add a iii, b and c)»	10750.00	44661.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	1649.72	4219.14	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)»	12399.72	48880.14	19.
20. Total Federal Receipts (subtract line 18 from line 19)»	12399.72	48880.14	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	57.70	216.70	21.b.
c. Total Operating Expenditures (add a i, a ii, and b)»	57.70	216.70	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	12500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds (add a, b, and c)»	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)»	1057.70	12716.70	30.
31. Total Federal Disbursements (subtract line 21 a ii from line 30)»	1057.70	12716.70	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	10750.00	44661.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	10750.00	44661.00	34.
35. Total Federal Operating Expenditures (add 21 a i and 21 b)»	57.70	216.70	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures (subtract line 36 from 35)»	57.70	216.70	37.

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER **11A1**

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Alvin Mullenburg, CPO 402 Rancho Bauer Houston TX 77079 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Mullenburg Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 1000.00	07/06/2000	1000.00
Mr. C. Michael Schuch, CPO Box 3885 Durham NC 27710 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Duke University Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 300.00	07/12/2000	200.00
Mr. Robert Boff 10685 Knights Way North Royalton OH 44133 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PEL Supply Occupation: Manager Aggregate Year-to-Date > $ 250.00	07/13/2000	250.00
Ms. Catherine Leimkuehler 29959 Yorktown Drive Westlake OH 44145 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PEL Supply Company Occupation: Manager Aggregate Year-to-Date > $ 250.00	07/13/2000	250.00
Mr. Jon Leimkuehler, CPO 1069 Tall Trees Drive Pittsburgh PA 15241 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Union Orthotics and Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 775.00	07/13/2000	250.00
Mr. Robert Leimkuehler, CPO 4625 Detroit Avenue Cleveland OH 44102 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Leimkuehler, Inc. Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 350.00	07/13/2000	250.00
Mr. William Leimkuehler, CPO 205 North Leavitt Road Amherst OH 44001 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Leimkuehler Orthotic-Prosthetic Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 450.00	07/13/2000	250.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 7 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paulette Vaughan 27657 Bryendale Drive Westlake OH 44145 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	PEL Supply Occupation: Manager Aggregate Year-to-Date > $ 275.00	07/13/2000	250.00
Mr. Rudolf Becker, III 635 Executive Drive Troy MI 48083-4576 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Becker Orthopedic Occupation: President Aggregate Year-to-Date > $ 3000.00	07/30/2000	3000.00
Mr. Tyler Wilson, Esq. 1129 North Vermont Street Arlington VA 22201 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	AOPA Occupation: Executive Director Aggregate Year-to-Date > $ 1000.00	08/01/2000	1000.00
Mr. Tom Sanders 3303 North 75th Street Scottsdale AZ 85251 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Prosthetic Orthotic Associations Occupation: Manager Aggregate Year-to-Date > $ 300.00	08/08/2000	200.00
Mr. Thomas Gorski, CAE 13612 Eden Way Chantilly VA 20151 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	O&P Headquarters Occupation: Director Aggregate Year-to-Date > $ 230.00	09/01/2000	50.00
Mr. Alvin Muilenburg, CPO 402 Rancho Bauer Houston TX 77079 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Muilenburg Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 2000.00	09/01/2000	1000.00
Mr. Robert Tilges 1200 Junction Avenue Maplewood MN 55109 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Tilges Certified O&P Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 500.00	09/01/2000	500.00

SUBTOTALS of Receipts This Page (Optional) .....

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

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7 FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. J. Michael Wheatley, Phd. CPO 41580 Court House Drive Leonardtown MD 20650 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	MHC Orthotics Prosthetics Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 1500.00	09/01/2000	500.00
Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Romney Snell, CPO 11248 Raleigh Lagrange Road Eads TN 38028 Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	CFI Occupation: Prosthetist-Orthotist Aggregate Year-to-Date > $ 1100.00	09/20/2000	1000.00

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**9950.00**

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 7 FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suntrust Bank P.O. Box 85024 Richmond VA 23285		09/30/2000	1649.72
Receipt For: ☐ Primary ☐ General ☐ Other (specify) :	Occupation Aggregate Year-to-Date > 5 2850.77		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	**1649.72**

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 7 FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address, and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RE-ELECT NANCY JOHNSON TO CONGRESS COMMITTEE PO BOX 1986 NEW BRITAIN CT 06050	(House - CT - 06) Disbursement for: [ ] Primary [X] General [ ] Other (specify) :	09/15/2000	1000.00

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	**1000.00**