



POLITICAL ACTION COMMITTEE of THE AMERICAN ASSOCIATION of ORTHOPAEDIC SURGEONS

317 Massachusetts Avenue NE Suite 100 Washington, D.C. 20002-5701 Phone 202/546-4430 Fax 202/546-1500 Internet www.aaos.org

RECEIVED
JUL 23 1 23 PM '99
COMMISSION MAIL ROOM

JUL 23 1 23 PM '99

July 21, 1999

Federal Election Commission
999 E. Street, NW
Washington DC 20463

RE: Report Filing for FEC ID# C00343137

Dear Staff:

Pursuant to the reporting requirements of the Federal Election Commission, enclosed is the mid-year report covering activity through June 30, 1999.

As evidence of timely filing, please date stamp a copy of this letter also enclosed and return in the pre-addressed stamped envelope.

Sincerely,

Ron Kaye
Director, Finance & Planning

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 23 1 23 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) Check if different than previously reported
317 Massachusetts Avenue NE 1st Floor

CITY, STATE and ZIP CODE
Washington, DC 20002

2. FEC IDENTIFICATION NUMBER
C00345137

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

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 _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	01/01/99 through 06/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 0.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 0.00	
(c) Total Receipts (from Line 19)		\$ 178,880.00	\$ 178,880.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 178,880.00	\$ 178,880.00
7. Total Disbursements (from Line 30)		\$ 8,500.00	\$ 8,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 170,380.00	\$ 170,380.00
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 20483
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

James G. Davis

Signature of Treasurer

James G. Davis

Date

7-8-99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §487g.

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Political Action Committee of the American Association of Orthopaedic Surgeons	REPORT COVERING PERIOD		
	FROM 01/01/88	TO: 06/30/88	
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)	71,500.00	71,500.00	11(a)(i)
ii. Unitemized	107,380.00	107,380.00	11(a)(ii)
iii. Total (add i and ii) >	178,880.00	178,880.00	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 ii, b and c) >	178,880.00	178,880.00	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.)	0.00	0.00	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) >	178,880.00	178,880.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	178,880.00	178,880.00	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	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,500.00	8,500.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(3)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,500.00	8,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,500.00	8,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	178,880.00	178,880.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	178,880.00	178,880.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code S Gopal Krishnan , MD 1331 E 6th St Weslaco, TX 78698-8801	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
B. Full Name, Mailing Address and ZIP Code Benedict F Maggamen , MD 2500 E Prospect RD Fort Collins, CO 80525-8773	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
C. Full Name, Mailing Address and ZIP Code David J Schuelek , MD 4307 W Tacon St Tampa, FL 33629-7733	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
D. Full Name, Mailing Address and ZIP Code Stephen A Cord , MD 3601 22nd St Lubbock, TX 79410-1309	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		500.00
E. Full Name, Mailing Address and ZIP Code Hugh A Frederick , MD 2731 Lammom Ave E, #300 Dallas, TX 75204-2838	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	05/26/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		500.00
F. Full Name, Mailing Address and ZIP Code Alan G Lewis , MD 6585 S Yale, #500 Tulsa, OK 74136-8315	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/01/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		250.00
G. Full Name, Mailing Address and ZIP Code Benzel G MacMaster , MD 9900 N Central Expy, #101 Dallas, TX 75231-4347	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/01/99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		500.00

SUBTOTAL of Receipts This Page (optional) 2,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **21**
FOR LINE NUMBER **11 a i**

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

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

A. Full Name, Mailing Address and ZIP Code Joseph P Iannoffi, MD, PhD Presbyterian Med Ctr 1 Cupp Pavilion Philadelphia, PA 19104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code K Thomas Reichard, MD 4001 Kresge Way, #100 Louisville, KY 40207-4640 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code James Spiegel, MD 1682 Dominican Way Santa Cruz, CA 95065-1522 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code J Dean Cole, MD 1118 S Orange Ave Ste 206 Orlando, FL 32808-1200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Larry D Cordell, MD 8420 Prospect, T-207 Kansas City, MO 64132-4127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Joseph C DiRaimondo, MD 501 N 10th St P O Box 907 Manitowoc, WI 54220-4039 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code Cayid A Halsey, MD 17 Bragg Hill Rd Norwich, VT 05055-8402 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 500.00

BUSTOTAL of Receipts This Page (optional) **4,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 21
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code Vincent J Russo, MD 10290 N 82nd St, #103 Scottsdale, AZ 85258-4808	Name of Employer Occupation Aggregate Year-to-Date > 6 400.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Gary David Bolmar, MD 13753 Locust Ln Nampa, ID 83856-9109	Name of Employer Occupation Aggregate Year-to-Date > 4 600.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Richard A Saunders, MD PO Box 745 50 Elm St Glens Falls, NY 12801-3535	Name of Employer Occupation Aggregate Year-to-Date > 3 500.00	Date (month, day, year) 08/01/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code John H Fairbanks Jr, MD 131 B Jefferson Davis Blvd Natchez, MS 38120-8519	Name of Employer Occupation Aggregate Year-to-Date > 3 250.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Robert R Madigan, MD PO Box 61880 Knoxville, TN 37950-1090	Name of Employer Occupation Aggregate Year-to-Date > 3 250.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Guy Leslie Rutledge III, MD 1761 Springhill Ave Mobile, AL 36607-3607	Name of Employer Occupation Aggregate Year-to-Date > 6 500.00	Date (month, day, year) 06/01/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Suzanne White-Spunner, MD 3421 Medical Park Dr Mobile, AL 36683-3330	Name of Employer Occupation Aggregate Year-to-Date > 5 500.00	Date (month, day, year) 08/01/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 21
FOR LINE NUMBER 11 of 1

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Jeffrey K Evans , MD 1809 S 70th St Fort Smith, AR 72903-2760 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/01/99	
Aggregate Year-to-Date		\$ 600.00	500.00
B. Full Name, Mailing Address and ZIP Code Gary Glabstein , MD 35 Gilbert St S Red Bank, NJ 07701-4917 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/01/99	
Aggregate Year-to-Date		\$ 500.00	500.00
C. Full Name, Mailing Address and ZIP Code Kenneth R Zaslav , MD 7650 Parham Rd Richmond, VA 23294-4300 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/01/99	
Aggregate Year-to-Date		\$ 350.00	350.00
D. Full Name, Mailing Address and ZIP Code Jeffrey A Baum , MD 200 Delarfield Rd Ste 1040 Pittsburgh, PA 15216 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/01/99	
Aggregate Year-to-Date		\$ 500.00	500.00
E. Full Name, Mailing Address and ZIP Code Wayne P Campbell , MD 1717 North E St, #634 Pensacola, FL 32501-6342 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	06/01/99	
Aggregate Year-to-Date		\$ 600.00	500.00
F. Full Name, Mailing Address and ZIP Code D Marshall Jenkinson , MD 879 E 3rd St, #900 Chattanooga, TN 37403-2117 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/01/99	
Aggregate Year-to-Date		\$ 250.00	250.00
G. Full Name, Mailing Address and ZIP Code Charles H Alexander , MD 5549 Green Oak Dr Los Angeles, CA 90068-2901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	08/02/99	
Aggregate Year-to-Date		\$ 500.00	500.00

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

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 21
FOR LINE NUMBER 11 a 1

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

<p>A. Full Name, Mailing Address and ZIP Code J Olla Edmunds Jr, MD Tidewater Pl 1445 Canal St, #1500 New Orleans, LA 70112-2716</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/02/99</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code William B LaSalle, MD 6060 N Clinton St Fort Wayne, IN 46825-6622</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/02/99</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Kenneth B Merriman, MD 1008 W Green St Hastings, MI 48058-1712</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/02/98</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code David P Mesna, MD 3704 Camino Codorniz Calabasas, CA 91302-3043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/02/99</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Helmut W Trueschmann, MD 761 J Clyde Morris Blvd Newport News, VA 23601-1638</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 06/02/99</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Charles M Younger, MD 2000 W Cuthbert Midland, TX 79701-8728</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 06/02/99</p>	<p>Amount of Each Receipt This Period 1,000.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Craig C Callaway, MD Orthopaedic Associates 411 N Washington, #7000 Dallas, TX 75246-1777</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 05/02/98</p>	<p>Amount of Each Receipt This Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) 4,050.00

TOTAL This Period (last page this line number only) 4,050.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 21
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code James G Davis, MD Alabama Orthopaedic Society 2700 10th Ave S Ste 509 Birmingham, AL 36205-1251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Albert F Hays, MD 6701 Airport Blvd, #D-146 Mobile, AL 36608-6701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Robert J Hagan, MD 2528 South St Lafayette, IN 47904-3028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Bahrooz Heshmatpour, MD 701 W Temple Ave Effingham, IL 62401-2166 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Thomas P McKenzie, MD 651 Tilden Dr Lodi, CA 95242-3717 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/02/99	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code E Michael Okin, MD 9140 A Academy Rd Philadelphia, PA 19114-2853 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 06/09/99	Amount of Each Receipt this Period 350.00
G. Full Name, Mailing Address and ZIP Code David R Mauerhan, MD Miller Orthopaedic Clinic 1001 Blythe Blvd, #200 Charlotte, NC 28203-5866 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/09/99	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) **4,400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a 1

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

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

<p>A. Full Name, Mailing Address and ZIP Code James Frank Bethca, MD 1 Rohland Med Park, #110 Columbia, SC 29203-9830</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 06/08/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Edward W Younger III, MD 8403 Coyle Ave, #170 Carmichael, CA 95808-0311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Ronald Lakatos, MD 758 Northwest Blvd #F Columbus, OH 43212-3544</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Steven Douglas Ross, MD 12885 Garden Grove Blvd, #300 Garden Grove, CA 92643-1917</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code William Robert Niedermair, MD 35 Prairie Ave, #200 Prairie Du Sac, WI 53576-1500</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Kenneth L Moore, MD 1223 1/2 Trotwood Ave Columbia, TN 38401-6438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Morris M Mitsunaga, MD 1328 Lusitana #501 Honolulu, HI 96813-2430</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General ... <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional) 3,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 21
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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

<p>A. Full Name, Mailing Address and ZIP Code Robert H Clayburgh, MD Atru Clinic 1000 S Columbia Road Grand Forks, ND 58201-4032</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code W John Bruder, MD 4045 W Royal Dr Traverse City, MI 49684-5855</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Thomas R Bielejewski, MD 1801 N California St Stockton, CA 95204-6005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Archie Kent Whittemore, MD 630 W 34th St, #302 Austin, TX 78705-1229</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code William W Tipton Jr, MD Executive Vice President, AAOS 8300 N River Rd Rosemont, IL 60018-4252</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Randolph HIE Taylor, MD P O Box 4047 Suite 3 Monroe, LA 71203-2383</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/10/99</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Mitchell B Sheinkop, MD 1726 W Harrison St, #1063 Chicago, IL 60612-3828</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 06/10/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional) 4,500.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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

NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Mitchell Seavey, MD 2151 E Commercial Blvd, #303 Fort Lauderdale, FL 33308-3807	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code William E Schreiber, MD 700 Olympic Plaza Cir #700 Tyler, TX 75701-1864	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Andrew H Schmidt, MD 3830 Rosewood Ln Plymouth, MN 55441-1126	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code John J O'Brien, MD 1000 Asylum Ave Hartford, CT 06106-1703	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Robert W Nolan, MD 111 Wakelee Ave Ansonia, CT 06401-1154	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Daniel John Nagle, MD 448 E Ontario, #500 Chicago, IL 60611-7108	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Alan H Morris, MD 622 N New Ballas Rd, #199 Saint Louis, MO 63141-8820	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 08/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 4,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard F McKay, MD 8 Medical Dr Amarillo, TX 79100-4136		06/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Herman Mayer, MD PO Box 2410 Keamoy, NE 68848-2410		06/10/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter J Mandell, MD 2299 Post St Ste 100 San Francisco, CA 94115-3443		06/10/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey L Lovello, MD 2310 Colonel Lindsay Ct Falls Church, VA 22043-2949		06/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David M Lintner, MD 6560 Fannin St, #400 Houston, TX 77030-2730		06/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William A Leone, MD 4725 N Federal Hwy Fort Lauderdale, FL 33308-4803		06/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce T Henderson, MD 888 Woodward Ave, #407 Pontiac, MI 48341-2985		06/10/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	\$ 500.00	

SUBTOTAL of Receipts This Page (optional) **3,800.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code David A Fisher, MD 1801 N Senate Blvd, #200 Indianapolis, IN 46202	Name of Employer Occupation Aggregate Year-to-Date $\$$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code William B Ericson Jr, MD 611 Main St Winchester, MA 01890-1800	Name of Employer Occupation Aggregate Year-to-Date $\$$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Bryan D Bredthauer, MD 11819 Miracle Hills Dr, #203 Omaha, NE 68154-4428	Name of Employer Occupation Aggregate Year-to-Date $\$$ 500.00	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Benjamin E Barbaum, MD 125 Parker Hill Ave Boston, MA 02120-2847	Name of Employer Occupation Aggregate Year-to-Date $\$$ 1,000.00	Date (month, day, year) 08/10/99	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Steven Barkowitz, MD 2040 Sixth Ave Neptune City, NJ 07753-8101	Name of Employer Occupation Aggregate Year-to-Date $\$$ 500.00	Date (month, day, year) 06/10/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code John Eric Winter II, MD 6020 Yellowstone Rd Cheyenne, WY 82009-4128	Name of Employer Occupation Aggregate Year-to-Date $\$$ 400.00	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Kenneth J Kress, MD 4671 Peachtree Dunwoody Rd NE #800 Atlanta, GA 30342-5000	Name of Employer Occupation Aggregate Year-to-Date $\$$ 400.00	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

3,800.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code Samuel Bernard Tacke, MD 123 W North Bear Creek Dr Marced, CA 95348-3420	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/11/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 06/11/99 Occupation Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 06/11/99 Occupation Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 06/11/99 Occupation Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 06/11/99 Occupation Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 06/11/99 Occupation Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Date (month, day, year) 06/11/99 Occupation Aggregate Year-to-Date > \$ 500.00	Amount of Each Receipt this Period 500.00	

SUBTOTAL of Receipts This Page (optional) \$ 1,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Courtney W Brown, MD 1805 Kipling St Lakewood, CO 80215-2820		06/11/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Scott Bathune, MD Stockton Ortho Med Group 1901 N California St Stockton, CA 95204-6005		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George H Thompson, MD 11100 Euclid Ave Cleveland, OH 44106-1736		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward C Tanner, MD 1425 Portland Ave Box 166 Rochester, NY 14621		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Oyven Britt Tabor, MD 6005 Park Ave, #606 Memphis, TN 38119-5216		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert B Stephenson, MD 5825 Ruebush Rd PO Box 1617 Dublin, VA 24054-1617		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Beecher Southfield, MD 333 S 3rd St Danville, KY 40422-2016		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional) **4,000.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael H Gordon, MD 1608 Rte 88 W Ste 103 Brick, NJ 08724		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris P Ethridge, MD 31 Layfair Dr Ste 210 Jackson, MS 39208		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leroy H Cooley, MD 1903 Sunset Ave Utica, NY 13502-6617		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Calvin Collins, MD 333 N 1st St, #340-C Boise, ID 83702-6132		06/11/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph G Cesare, MD 327 Washington Ave, #808 Scranton, PA 18503-1542		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Cunningham Brothers, MD 2400 Patterson, #300 Nashville, TN 37203-1868		06/11/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David C Baker, MD 850 Walnut Bottom Rd Carlisle, PA 17013-3632		06/14/99	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 3,900.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a1

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

NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Thomas H Mallory, MD 720 E Broad St Columbus, OH 43216-3947	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/14/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/18/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/16/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/18/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/16/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 21
FOR LINE NUMBER 11 a 1

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

<p>A. Full Name, Mailing Address and ZIP Code Charles M Davis III, MD 25 Waverly Dr Hammelsstown, PA 17030-8258</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 06/23/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Joshua J Jacobs, MD 1725 W Harrison St, #1063 Chicago, IL 60612-3628</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 08/25/98</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Richard H Jacobsen, MD 2500 Hospital Dr, Bldg 7 Mountain View, CA 94040-4115</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 08/23/99</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Daniel C Johnson, MD Yanilton Bone & Joint Center 1000 W 4th St Ste 1 Yanilton, SC 29778-3700</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 06/23/99</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jeffrey Einar Johnson, MD 2207 Westery Ct Cheatfield, MO 63017</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 06/23/99</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard A Morvant Jr, MD 806 Bayou Lane Thibodaux, LA 70304-4906</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 06/23/99</p>	<p>Amount of Each Receipt this Period 600.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Robert H Anschutz, MD Meridia Hillcrest Med Off Bldg 5770 Mayfield Rd, #441 Mayfield Heights, OH 44124-2299</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 06/23/99</p>	<p>Amount of Each Receipt this Period 100.00</p>

SUBTOTAL of Receipts This Page (optional) **2,050.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

A. Full Name, Mailing Address and ZIP Code David Lee Cherney, MD 8865 S Hospital Dr Ste 111 Globe, AZ 85501	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Gerald F Droher, MD Orthopaedic Clinic (112-H) VAMC - Temple Temple, TX 76704-7493	Name of Employer Occupation Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Phillip R Hardy, MD 1325 San Marco Blvd Jacksonville, FL 32207-8668	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Peter R Heinzolmann, MD PO Box 1608 Fayetteville, AR 72702-1608	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 06/23/99	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Larry D Herron, MD 852 Melneck Ave, #100 San Luis Obispo, CA 93405-1721	Name of Employer Occupation Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/23/99	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Richard D Coultz, MD 7910 Frost St, #202 San Diego, CA 92123-2712	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/24/98	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Richard W Garner, MD 3280 Providence Dr, #200 Anchorage, AK 99508-4603	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/24/99	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 2,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John T Makley, MD 11100 Euclid Ave Cleveland, OH 44106-1736		06/24/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen E Blythe, MD 4560 La Jolla Rd, #G Coral Gables, FL 33146-2237		06/24/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Blair C Filler, MD 2300 S Flower St, #200 Los Angeles, CA 90007-2680		08/24/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael L Gordon, MD 201 Kings Place Newport Beach, CA 92663-3307		06/24/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Donald R Huene, MD 201 N Valeria Fresno, CA 93701-2123		06/24/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin Jon Lawson, MD 2662 Edith Ave Redding, CA 96001-3043		06/24/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James W Moore, MD 1101 E Bryan Ave Ste A Tustin, CA 92780-4401		06/24/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$	450.00	

SUBTOTAL of Receipts This Page (optional) 2,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopedic Surgeons

A. Full Name, Mailing Address and ZIP Code Richard Henry Deershaek, MD 301 W Wallace St Findlay, OH 45840-1241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 06/24/99	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Thomas Wendell Marshall, MD 940 N Merr Rd Columbus, IN 47201-8864 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Ronald A Ripps, MD 33 Hospital Ave Danbury, CT 06810-6007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 600.00
D. Full Name, Mailing Address and ZIP Code Pierre L Clothiaux, MD 1818 E Catalpa St Springfield, MO 65804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 08/28/99	Amount of Each Receipt this Period 260.00
E. Full Name, Mailing Address and ZIP Code Carlos J Lavernia, MD 1321 NW 14th St Ste 203 Miami, FL 33125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Kent S Lerner, MD 17 Jauncy Ave North Arlington, NJ 07031-4700 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 350.00
G. Full Name, Mailing Address and ZIP Code Kenneth S Merriman, MD 1005 W Green St Hastings, MI 48055-1712 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/28/99	Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional)	4,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (IN FULL)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian P Wicks, MD 12784 Silverdale Way N W Silverdale, WA 98383-7714		06/28/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John H Mahon, MD 3225 N Civic Center Plaza Scottsdale, AZ 85261-8958		06/28/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William H Irving, MD 123 Di Salvo Ave #C San Jose, CA 95128-1717		08/28/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher J Rich, MD 3351 Masonic Dr Alexandria, LA 71301-3842		06/28/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael L Gordon, MD 201 Kings Place Newport Beach, CA 92663-3307		08/30/99	800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chadwick C Prodromos, MD 143 Sheridan Rd Winnetka, IL 60093-4223		06/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rodney Walter Rieger, MD 2525 Kanaville Rd Geneva, IL 60134-2578		06/30/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

3,900.00

TOTAL This Period (last page lists line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 21 OF 21
FOR LINE NUMBER 11 of 1

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman L. Donati, MD 612 W Gordon St Thomasston, GA 30288-3416		06/30/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randall J Lewis, MD 2021 K St NW Ste 400 Washington, DC 20006-1003		06/30/99	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul E Perry, MD Tri-State Ortho Surgeons 1101 Professional Blvd Evansville, IN 47714-8001		06/30/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wilo G Siro II, MD Santa Fe Medical Plaza 501 S Santa Fe, #300 Salina, KS 67401-4188		06/30/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 1,450.00

TOTAL This Period (last page this line number only) 71,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernest L. Fletcher, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/88	1,000.00
B. Full Name, Mailing Address and ZIP Code Keep Our Majority PAC 186 W Randolph Suite 2127 Chicago, IL 60601	Dennis J. Hastert, U.S. HOUSE 14th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/88	6,000.00
C. Full Name, Mailing Address and ZIP Code Darlene Hooley For Congress 6545 Felling Street West Linn, OR 97058	Darlene Hooley, U.S. HOUSE 5th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/88	600.00
D. Full Name, Mailing Address and ZIP Code Pascrell for Congress 43 Quartz Lane Paterson, NJ 07651	Bill Pascrell, U.S. HOUSE 8th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/88	1,000.00
E. Full Name, Mailing Address and ZIP Code Thurman For Congress 450 Pleasant Grove Road Inverness, FL 34452	Karen L. Thurman, U.S. HOUSE 5th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988	06/30/88	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

6,600.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
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