

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 Political Action Committee of the American Association of Orthopaedic Surgeons

ADDRESS (number and street) 317 Massachusetts Avenue NE 1st  
 Check if different than previously reported. (ACC) Washington DC 20002

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00343137 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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

Type or Print Name of Treasurer James G Davis MD  
 Signature of Treasurer Electronically Filed by James G Davis MD Date 10 11 2002

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name  
Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2002 To: <sup>h</sup>09 <sup>D</sup>30 <sup>v</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2002		52894.88
(b) Cash on Hand at Beginning of Reporting Period .....	182405.37	
(c) Total Receipts (from Line 19) .....	69107.19	379677.23
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	251512.56	432572.11
7. Total Disbursements (from Line 30) .....	144680.74	325740.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	106831.82	106831.82
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Political Action Committee of the American Association of Orthopaedic Surgeons

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>09 <sup>DD</sup>30 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	60150.00	
(ii) Unitemized .....	7438.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	67588.00	375183.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	67588.00	375183.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	1519.19	4494.23
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	69107.19	379677.23
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	69107.19	379677.23

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1321.80	4536.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1321.80	4536.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102458.94	229229.19
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	900.00	975.05
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	900.00	975.05
29. Other Disbursements.....	40000.00	91000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	144680.74	325740.29
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	144680.74	325740.29
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	67588.00	375183.00
33. Total Contribution Refunds (from Line 28(d)).....	900.00	975.05
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	66688.00	374207.95
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1321.80	4536.05
36. Offsets to Operating Expenditures (from Line 15, page 3).....	1519.19	4494.23
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	-197.39	41.82

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Delores K Kirkpatrick, MD

Mailing Address  
5671 Peachtree-Dunwoody Rd Suite 700  
City State Zip Code  
Atlanta GA 30342

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Resurgens Orthopaedics

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000457600002

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey L Lovello, MD

Mailing Address  
1411 Woodhurst Blvd.  
City State Zip Code  
Mc Lean VA 22102

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer  
Anderson Orthopaedic Clinic

Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1500.00

Transaction ID: 10000000457800003

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

Mailing Address  
3104 E Indian School Rd, #100  
City State Zip Code  
Phoenix AZ 85016-6873

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Self Employed

Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000457800004

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Gary M Zatzman, MD

Mailing Address

231 Granite Run

City

Lancaster

State

PA

Zip Code

17601-6823

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Lancaster Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000458000005

Full Name (Last, First, Middle Initial)

B. Dr. Stephen E Blythe, MD

Mailing Address

1403 N Green Way Dr

City

Coral Gables

State

FL

Zip Code

33134

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000458100008

Full Name (Last, First, Middle Initial)

C. Dr. Bruce Wolock, MD

Mailing Address

8564 Leisure Hill Dr

City

Baltimore

State

MD

Zip Code

21208

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000458200007

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

**750.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. William F Garvin, MD

Mailing Address

6840 Van Dom, #201

City

State

Zip Code

Lincoln

NE

68506-2858

Date of Receipt

N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Nebraska Orthopaedic & Sports Med-  
icine

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000458300008

Full Name (Last, First, Middle Initial)

B. Dr. Thomas J Ditloff, MD

Mailing Address

6900 Orchard Lake Rd #103

City

State

Zip Code

West Bloomfield

MI

48322

Date of Receipt

N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000458400009

Full Name (Last, First, Middle Initial)

C. Dr. Jan Mare Kadyk, MD

Mailing Address

North Carolina Ortho Society

194 Doctors Dr

City

State

Zip Code

Boone

NC

28607-5000

Date of Receipt

N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period

300.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Boone Orthopaedic Assoc. PA

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: 10000000458500010

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

**800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Michael Alan Hinton, MD**

Mailing Address  
1717 Oak Park Blvd 3rd Fl  
City State Zip Code  
Lake Charles LA 70601-8990

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Center for Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000458700011

Full Name (Last, First, Middle Initial)  
**B. Dr. Samuel E Smith, MD**

Mailing Address  
Front Range Orthopedic Surgery 1551 Professional Ln  
City State Zip Code  
Longmont CO 80501-6962

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Front Range Orthopedic Orthopaedic Surgeon

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

Transaction ID: 10000000458800012

Full Name (Last, First, Middle Initial)  
**C. Dr. David P Rouben, MD**

Mailing Address  
9822 Old Third Street Rd Ste 105  
City State Zip Code  
Louisville KY 40272

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
River City Orthopedic Orthopaedic Surgeon

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

Transaction ID: 10000000458900013

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Christopher M Bieriak, MD

Mailing Address  
PO Box 935  
City Hannibal State MO Zip Code 63401-0935

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Midwest Orthopaedic Specialists Occupation Orthopaedic Surgeon

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

Transaction ID: 10000000459000014

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert A Shirely, MD

Mailing Address  
Department of Orthopaedic Surg 1 Barnes-Jewish Hospital Plaza  
City Saint Louis State MO Zip Code 63110

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Washington University Occupation Orthopaedic Surgeon

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

Transaction ID: 10000000459100015

**C.** Full Name (Last, First, Middle Initial)  
Dr. Norberto Baez-Riba, MD

Mailing Address  
Post Office Box 365067 Medical Sciences Campus  
City San Juan State PR Zip Code 00936-5067

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation Orthopaedic Surgeon

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

Transaction ID: 10000000459200016

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. George Ritz, MD**

Mailing Address  
314 Deer Run Drive  
City State Zip Code  
Mountain Top PA 18707

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000459500017

Full Name (Last, First, Middle Initial)  
**B. Dr. William G Richaimer, MD**

Mailing Address  
2 Clinic Dr  
City State Zip Code  
Norwich CT 06360-2916

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Norwich Orthopedic Group Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000459700018

Full Name (Last, First, Middle Initial)  
**C. Dr. Robert Mark Hazel, MD**

Mailing Address  
92 Chestnut St  
City State Zip Code  
Brevard NC 28712

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000459800019

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David R Olson, MD

Mailing Address  
920 E 28th St, #60D

City State Zip Code  
Minneapolis MN 55407-1139

Date of Receipt  
N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic Medicine & Surgery LTD Orthopaedic Surgeon

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

Transaction ID: 10000000460100020

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory G Olson, MD

Mailing Address  
4816 Timberline Dr S

City State Zip Code  
Fargo ND 58104

Date of Receipt  
N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Merit Care Health System Orthopaedic Surgeon

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

Transaction ID: 10000000460400021

**C.** Full Name (Last, First, Middle Initial)  
Dr. Timothy J Bopp, MD

Mailing Address  
3505 Overlook

City State Zip Code  
Bismarck ND 58503

Date of Receipt  
N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Bone and Joint Center Orthopaedic Surgeon

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

Transaction ID: 10000000460700022

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Kathleen Weaver, MD**

Mailing Address  
628 Summit Avenue Suite B  
City State Zip Code  
Mexico MO 65265

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Auchain Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 100000046100023

Full Name (Last, First, Middle Initial)  
**B. Dr. Jeffrey J Lazarus, MD**

Mailing Address  
31 S River Rd  
City State Zip Code  
Stuart FL 34996-6723

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000461300024

Full Name (Last, First, Middle Initial)  
**C. Dr. Michael Dean, MD**

Mailing Address  
17270 Red Oak Dr, #200  
City State Zip Code  
Houston TX 77090-2818

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
FSF Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 1000000461800025

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
38880 Stivers St, #A

City State Zip Code  
Fremont CA 94536-5336

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Fremont Orthopaedic Medical Group Orthopaedic Surgeon

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

Transaction ID: 10000000461900026

Full Name (Last, First, Middle Initial)  
**B. Dr. Christopher B Michelsen, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
5141 Broadway Room #107

City State Zip Code  
New York NY 10034-1159

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000462100027

Full Name (Last, First, Middle Initial)  
**C. Dr. Ramon L Jimenez, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
71 Corral de Tierra Rd

City State Zip Code  
Salinas CA 93906

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopaedic and Fracture Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000462200028

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. David Blaine Clause, MD

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
180-B DeBuys Rd, #101

City State Zip Code  
Biloxi MS 39531-4423

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000462300029

**B.** Full Name (Last, First, Middle Initial)  
Dr. William J Williams, MD

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
833 Alpine Ave

City State Zip Code  
Boulder CO 80304-3305

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Boulder Orthopedic, PC Orthopaedic Surgeon

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

Transaction ID: 10000000462400030

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Edward Garrothers, MD

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
2831 New Hartford Road

City State Zip Code  
Owensboro KY 42303-1320

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopedics & Sports Med Orthopaedic Surgeon

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

Transaction ID: 10000000462700031

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 95

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Lynn David Olson, MD

Mailing Address

1777 Ashley Cir

City

State

Zip Code

Bowling Green

KY

42104-3339

Date of Receipt

N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000462800032

Full Name (Last, First, Middle Initial)

B. Dr. J Steven Shockey, MD

Mailing Address

Kentucky Orthopaedic Society

108 N. Auxier Ave

City

State

Zip Code

Pikeville

KY

41501-1201

Date of Receipt

N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000462900033

Full Name (Last, First, Middle Initial)

C. Dr. Michael Holand, MD

Mailing Address

1907 Crawley-Rayne Hwy Ste D

City

State

Zip Code

Crowley

LA

70526-8210

Date of Receipt

N M / D E / Y Y Y Y  
07 / 19 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000463000034

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dennis Martin Walker, MD

Mailing Address  
1717 Oak Park Blvd, 3rd Fl

City State Zip Code  
Lake Charles LA 70601-8990

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Center for Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000463100035

**B.** Full Name (Last, First, Middle Initial)  
Dr. Philip R Bacilla, Jr, MD

Mailing Address  
6424 Taylor Oaks

City State Zip Code  
Alexandria LA 71301

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mid-State Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000463200036

**C.** Full Name (Last, First, Middle Initial)  
Dr. Bruce S Senter, MD

Mailing Address  
PO Box 9328

City State Zip Code  
Jackson MS 39286-9328

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000463500037

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Thomas D Matthews, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
MC Orthopedics Inc 851 E 5th St Ste 108  
City State Zip Code  
Washington MO 63090-3129

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000463600038

Full Name (Last, First, Middle Initial)  
**B. Dr. David E Chalk, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
MC Orthopedics Inc 851 E 5th St Ste 108  
City State Zip Code  
Washington MO 63090-3129

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000463700039

Full Name (Last, First, Middle Initial)  
**C. Dr. Douglas W Kurz, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Mailing Address  
2901 South Ingram  
City State Zip Code  
Sedalia MO 65301-8121

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

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000463800040

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. John D Miles, MD

Mailing Address  
PO Box 085205 400 Keene St  
City State Zip Code  
Columbia MO 65201

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000463900041

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael R Moore, MD

Mailing Address  
310 N 9th Str  
City State Zip Code  
Bismarck ND 58502

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Bone & Joint Center Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000464200042

**C.** Full Name (Last, First, Middle Initial)  
Dr. Morton Farber, MD

Mailing Address  
71 Taylor Road  
City State Zip Code  
Short Hills NJ 07078

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

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2000.00

Transaction ID: 10000000465900043

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. David Buchalter, MD**

Mailing Address  
4800 Linton Blvd Bldg A-2D1  
City State Zip Code  
Delray Beach FL 33445-6506

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
South Palm Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000466100044

Full Name (Last, First, Middle Initial)  
**B. Dr. John Vitale, MD**

Mailing Address  
P O Box 1099 Rt 94 Vernon Colonial Plaza  
City State Zip Code  
Mc Afee NJ 07428-1099

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000466200045

Full Name (Last, First, Middle Initial)  
**C. Dr. Frederick C Bakuni, MD**

Mailing Address  
860 Rte 168 Ste 100  
City State Zip Code  
Turnersville NJ 08012-3215

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000466300046

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Stanley G Hopp, MD

Mailing Address  
301 21st Ave, N

City State Zip Code  
Nashville TN 37203-1821

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Orthopaedic Alliance Orthopaedic Surgeon

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

Transaction ID: 10000000466400047

**B.** Full Name (Last, First, Middle Initial)  
Dr. Armen S Kelikian, MD

Mailing Address  
680 N Lake Shore Dr, #1208 A

City State Zip Code  
Chicago IL 60611-4402

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000466500048

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mark Geilol, MD

Mailing Address  
4102 24th St, #300

City State Zip Code  
Lubbock TX 79410-1808

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000466600049

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas F Gleason, MD

Mailing Address  
734 Raleigh Road

City State Zip Code  
Glenview IL 60025

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000466700050

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Christoph Ayers, MD

Mailing Address  
Suny Upstate Med Univ Dept of Orthopaedics

City State Zip Code  
Syracuse NY 13202

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

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000466800051

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph G Sheehan, MD

Mailing Address  
1 Erie Court, #7120

City State Zip Code  
Oak Park IL 60302-2510

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 1000000466800052

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Preston M Wolin, MD**

Mailing Address  
711 W North Ave, #208  
City: Chicago State: IL Zip Code: 60610-1042

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon  
Occupation: Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 450.00

Transaction ID: 1000000046700053

Full Name (Last, First, Middle Initial)  
**B. Dr. Richard D Schrick, MD**

Mailing Address  
7373 France Ave S, #312  
City: Edina State: MN Zip Code: 55435-2143

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

Amount of Each Receipt this Period  
150.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Consultants PA  
Occupation: Orthopaedic Surgeon

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

Transaction ID: 10000000467100054

Full Name (Last, First, Middle Initial)  
**C. Dr. Ganett Andrew Murphy, MD**

Mailing Address  
Campbell Clinic, Inc 1400 S Germantown Rd  
City: Germantown State: TN Zip Code: 38138-2205

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed: Orthopaedic Surgeon  
Occupation: Orthopaedic Surgeon

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

Transaction ID: 10000000467200055

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Sigvard T Hansen, Jr. MD**

Mailing Address  
Harborview Medical Ctr Dept of Ortho, Box 350798  
City State Zip Code  
Seattle WA 08104-2499

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Washington Orthopaedic Surgeon

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

Transaction ID: 10000000467300056

Full Name (Last, First, Middle Initial)  
**B. Dr. Allen F Anderson, MD**

Mailing Address  
4230 Harding Rd, #1000 St. Thomas Medical Building  
City State Zip Code  
Nashville TN 37205-2098

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
TOA Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: 10000000467400057

Full Name (Last, First, Middle Initial)  
**C. Dr. David B Hahn, MD**

Mailing Address  
1601 E 19th Ave, #5000  
City State Zip Code  
Denver CO 80216-1254

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Colorado Umb Consultants Orthopaedic Surgeon

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

Transaction ID: 10000000467800058

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Mark Michael Alard, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Mailing Address  
1675 W Jefferson St Ste D PO Box B57  
City State Zip Code  
Silbarn Springs AR 72761-0857

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ozark Orthopaedic & Sports Medicine CL Orthopaedic Surgeon

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

Transaction ID: 10000000467700059

Full Name (Last, First, Middle Initial)  
**B. Dr. Douglas Murrey Campbell, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Mailing Address  
6 San Ramo Dr, #101  
City State Zip Code  
South Burlington VT 05403-6310

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Associates in Orthopaedic Surgery Orthopaedic Surgeon

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

Transaction ID: 10000000467800060

Full Name (Last, First, Middle Initial)  
**C. Dr. David S Mathews, MD**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Mailing Address  
3010 N Circle Dr Ste 100A  
City State Zip Code  
Colorado Springs CO 80909

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Colorado Springs Orthopaedic Group Orthopaedic Surgeon

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

Transaction ID: 10000000467800061

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1150.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard H Sibley, MD

Mailing Address  
500 Donnelly St, #300

City State Zip Code  
Charleston WV 25301-1611

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000468000062

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gerald R Williams, Jr, MD

Mailing Address  
1 Cupp Par-Presbyterian Hosp 39th & Market Sts

City State Zip Code  
Philadelphia PA 19104-4228

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Hospital of the Univ of Pennsylvania Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2000.00

Transaction ID: 10000000469400063

**C.** Full Name (Last, First, Middle Initial)  
Dr. Luis R Barato-Sola, MD

Mailing Address  
PO Box 1269

City State Zip Code  
Caguas PR 00726-1269

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000469500064

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas A. Carothers, MD

Mailing Address  
1D547 Montgomery Rd Ste 400

City State Zip Code  
Cincinnati OH 45242

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Tristate Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000469600065

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

Mailing Address  
Ortho Surgery Specialists 701 8th Ave NW Ste A

City State Zip Code  
Aberdeen SD 57401

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic Surgery Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000469700068

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard Lee Froeb, MD

Mailing Address  
40 Hart St

City State Zip Code  
New Britain CT 06052-1743

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic Surgeons of Central CT Orthopaedic Surgeon

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

Transaction ID: 10000000469800067

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Raymond Stanley Gruby, MD

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Mailing Address  
2520 Damino Dr

City State Zip Code  
Bismarck ND 58503

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bone & Joint Center Orthopaedic Surgeon

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

Transaction ID: 10000000469900068

**B.** Full Name (Last, First, Middle Initial)  
Dr. Troy D Pierce, MD

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 06 / 2002

Mailing Address  
4732 Pintail Loop SE

City State Zip Code  
Mandan ND 58554

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bone & Joint Center Orthopaedic Surgeon

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

Transaction ID: 10000000470000069

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael James Fey, MD

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Mailing Address  
Northeastern Montana Ortho 621 Second Street South

City State Zip Code  
Glasgow MT 59230

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000470100070

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Thomas M Green, MD**

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

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Virginia Mason Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 800.00

Transaction ID: 10000000470500071

Full Name (Last, First, Middle Initial)  
**B. Dr. James R Dyrekby, MD**

Mailing Address  
444 E Timber Dr P O Box 498  
City State Zip Code  
Rhinelander WI 54501-2852

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Northland Orthopaedics Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: 10000000470800072

Full Name (Last, First, Middle Initial)  
**C. Dr. Fred G McQueary, MD**

Mailing Address  
2115 S Fremont, #1000  
City State Zip Code  
Springfield MO 65804-2208

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St John's Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000470700073

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Andrew Peter Kant, MD

Mailing Address  
17270 Red Oak Dr, #200

City State Zip Code  
Houston TX 77090-2618

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 2000.00

Transaction ID: 10000000470800074

**B.** Full Name (Last, First, Middle Initial)  
Dr. Seth Kane, MD

Mailing Address  
277 FOREST AVENUE STE. 201

City State Zip Code  
Paramus NJ 07652

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000470900075

**C.** Full Name (Last, First, Middle Initial)  
Dr. William L. Hennius, Jr, MD

Mailing Address  
Children's Hosp Central Calif 9300 Valley Children's Place

City State Zip Code  
Madera CA 93838-8762

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000471000076

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Giles R Scuderi, MD

Mailing Address  
Insall Scott Kelly Inst 170 E End Ave, 4th Fl  
City State Zip Code  
New York NY 10128-7603

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000471200077

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard A Elkus, MD

Mailing Address  
1400 19th St S PO Box 55395  
City State Zip Code  
Birmingham AL 35255-5395

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000471400078

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas S Samuelson, MD

Mailing Address  
4008 W 123rd St  
City State Zip Code  
Leawood KS 66209

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kansas City Bone & Joint Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 450.00

Transaction ID: 10000000471500079

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Charles N Versteeg, Jr, MD**

Mailing Address  
840 Royal Ave #1

City State Zip Code  
Medford OR 97504-6168

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
South Oregon Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000471600080

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

Mailing Address  
2 Celeste Dr

City State Zip Code  
Johnstown PA 15805-2832

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

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

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 1250.00

Transaction ID: 10000000472000081

Full Name (Last, First, Middle Initial)  
**C. Dr. Saint Elmo Newton, III, MD**

Mailing Address  
801 Broadway 10th Fl

City State Zip Code  
Seattle WA 98122-4328

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000472100082

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Vincent E Vena, MD**

Mailing Address  
2 Celeste Dr

City State Zip Code  
Johnstown PA 15805-2832

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

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

Transaction ID: 1000000047200083

Full Name (Last, First, Middle Initial)  
**B. Dr. LeRoy Scott Atkins, Jr, MD**

Mailing Address  
305 Bryant Dr E University Orthopaedic Clinic,

City State Zip Code  
Tuscaloosa AL 35401

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer University Orthopaedics	Occupation Orthopaedic Surgeon
---	-----------------------------------

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

Transaction ID: 1000000047200084

Full Name (Last, First, Middle Initial)  
**C. Dr. Stephen L Brenneke, MD**

Mailing Address  
3510 N E 122nd, #103

City State Zip Code  
Portland OR 97230-1500

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
500.00

Name of Employer Self Employed	Occupation Orthopaedic Surgeon
-----------------------------------	-----------------------------------

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

Transaction ID: 1000000047200085

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 95

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Steven R Myers, MD

Mailing Address

3D10 N Circle Dr Ste 100-A

City

State

Zip Code

Colorado Springs

CO

80903-3262

Date of Receipt

N M / D E / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Colorado Springs Orthopaedic Group

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000472500086

Full Name (Last, First, Middle Initial)

B. Dr. Mark C Maier, MD

Mailing Address

Idaho Orthopaedic Society

901 N Curtis #501

City

State

Zip Code

Boise

ID

83706

Date of Receipt

N M / D E / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Orthopaedic Associates

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000472800087

Full Name (Last, First, Middle Initial)

C. Dr. William S Buncick, MD

Mailing Address

1202 Louisiana Ave

Bone & Joint Clinic

City

State

Zip Code

Shreveport

LA

71101-3910

Date of Receipt

N M / D E / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Bone & Joint Clinic

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000472800088

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Neil J Maki, MD**

Mailing Address  
525 St Mary St  
City State Zip Code  
Thibodaux LA 70301-2627

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 900.00

Transaction ID: 10000000472900089

Full Name (Last, First, Middle Initial)  
**B. Dr. Mark A Dodson, MD**

Mailing Address  
3351 Masonic Dr  
City State Zip Code  
Alexandria LA 71301

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Mid-State Orthopaedics & Sports Med Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000473000090

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark Bernhardt, MD**

Mailing Address  
4320 Wornall Rd, #810  
City State Zip Code  
Kansas City MO 64111-3210

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Dickson Diveley Midwest Ortho Clinic Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000473200091

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Daniel J Martin Jr, MD

Mailing Address  
621 S New Ballas, #5015

City State Zip Code  
Saint Louis MO 63141-8200

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000473300092

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edmund Carl Landry, MD

Mailing Address  
304 Teaco Rd Ste G

City State Zip Code  
Kennett MO 63857

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000473400093

**C.** Full Name (Last, First, Middle Initial)  
Dr. Curtis Burton, MD

Mailing Address  
PO Box 935

City State Zip Code  
Hannibal MO 63401-0935

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000473800094

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael Francis Bums, MD

Mailing Address  
1027 Bellevue Ave, #25

City State Zip Code  
Saint Louis MO 63117

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Mid County Ortho. Surg. & Sports Med. Orthopaedic Surgeon

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

Transaction ID: 10000000473700095

**B.** Full Name (Last, First, Middle Initial)  
Dr. Alexandra S Kinds, MD

Mailing Address  
101 3rd Ave S W, #101

City State Zip Code  
Minot ND 58701

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Trinity Health Orthopaedic Surgeon

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

Transaction ID: 10000000473800096

**C.** Full Name (Last, First, Middle Initial)  
Dr. Walter G Robinson, Jr. MD

Mailing Address  
3550 Lutheran Pkwy W #201

City State Zip Code  
Wheat Ridge CO 80033-6014

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Woodridge Ortho & Spine Center Orthopaedic Surgeon

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

Transaction ID: 10000000473800097

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert S Kramer, MD

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Mailing Address  
234 Brooktrail Ct

City State Zip Code  
Saint Louis MO 63141-8303

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Metropolitan Orthopedics LTD Orthopaedic Surgeon

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

Amount of Each Receipt this Period 500.00

Transaction ID: 10000000474000098

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kristen Lee Carroll, MD

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Mailing Address  
Shriner's Hospital Intermounta Fairfax at Virginia St

City State Zip Code  
Salt Lake City UT 84103

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Amount of Each Receipt this Period 250.00

Transaction ID: 10000000474200099

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ronald W Smith, MD

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Mailing Address  
2651 Elm Ave Suite 205

City State Zip Code  
Long Beach CA 90806-1805

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Balance Orthopaedic Foot & Ankle Orthopaedic Surgeon

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

Amount of Each Receipt this Period 500.00

Transaction ID: 10000000475800100

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gabriel Gluck, MD

Mailing Address  
8702 Sudley Rd

City State Zip Code  
Manassas VA 22010

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 450.00

Transaction ID: 10000000475900101

**B.** Full Name (Last, First, Middle Initial)  
Dr. John W Noble, Jr, MD

Mailing Address  
1717 Oak Park Blvd 3rd Floor

City State Zip Code  
Lake Charles LA 70601

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 23 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000476000102

**C.** Full Name (Last, First, Middle Initial)  
Dr. William R Post, MD

Mailing Address  
1197 Pineview Dr

City State Zip Code  
Morgantown WV 26505

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 11 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000477300103

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Richard Johnston, MD**

Mailing Address  
1D50 Old Des Peres Rd #100

City State Zip Code  
Saint Louis MO 63131-1865

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000477400104

Full Name (Last, First, Middle Initial)  
**B. Dr. Jeffrey Einer Johnson, MD**

Mailing Address  
Washington Univ School of Med Dept of Ortho Surgery

City State Zip Code  
Saint Louis MO 63110

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Washington University School of Medicine Orthopaedic Surgeon

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

Transaction ID: 10000000477600105

Full Name (Last, First, Middle Initial)  
**C. Dr. Ty E Richardson, MD**

Mailing Address  
7207 Fox Harbor Rd

City State Zip Code  
Prospect KY 40059

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Louisville Orthopedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000477800106

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Barton H Reutinger, MD

Mailing Address  
4001 Kresge Way, #100

City State Zip Code  
Louisville KY 40207-4640

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000477700107

**B.** Full Name (Last, First, Middle Initial)  
Dr. George R Bradbury, III, MD

Mailing Address  
Premier Care Orthopedics 12277 Depaul Dr, Ste 305

City State Zip Code  
Bridgeton MO 63044-2529

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Premier Care Orthopedics Occupation  
Premier Care Orthopedics Orthopaedic Surgeon

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

Transaction ID: 10000000477800108

**C.** Full Name (Last, First, Middle Initial)  
Dr. Anthony F Pechell, MD

Mailing Address  
201 Cedar SE Ste 6600

City State Zip Code  
Albuquerque NM 87106

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer New Mexico Orthopaedic Associates Occupation  
New Mexico Orthopaedic Associates Orthopaedic Surgeon

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

Transaction ID: 10000000478000109

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Elliot Hershman, MD**

Mailing Address  
130 E 77th St 7th Floor

City State Zip Code  
New York NY 10021-1803

Date of Receipt  
09 / 11 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Manhatten Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000478300110

Full Name (Last, First, Middle Initial)  
**B. Dr. Thomas A Greenwald, MD**

Mailing Address  
838 Brookridge Ave

City State Zip Code  
Ames IA 50010-5864

Date of Receipt  
09 / 11 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000478500111

Full Name (Last, First, Middle Initial)  
**C. Dr. William C Horton, III, MD**

Mailing Address  
2165 N Decatur

City State Zip Code  
Decatur GA 30033-5307

Date of Receipt  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Emory Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000478600112

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 42 / 95

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. James A Rydlewicz, MD**

Mailing Address  
5233 W Morgan Ave  
City Milwaukee State WI Zip Code 53220-1541

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
800.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Milwaukee Clinic of Orthopaedic Surgery Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: 10000000478700113

Full Name (Last, First, Middle Initial)  
**B. Dr. William B Dial, MD**

Mailing Address  
6462 Riverwoods Drive  
City Blackshear State GA Zip Code 31516

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Dial Orthopaedic Clinic, PC Orthopaedic Surgeon

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

Transaction ID: 10000000478800114

Full Name (Last, First, Middle Initial)  
**C. Dr. William G Sale, MD**

Mailing Address  
100 Tracy Way  
City Charleston State WV Zip Code 25311-1545

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bone & Joint Surgeons, Inc. Orthopaedic Surgeon

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

Transaction ID: 10000000478900115

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1850.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. W Steven Rudd, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Mailing Address  
P O Box 7805

City State Zip Code  
Boise ID 83707-1805

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Boise Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000479100116

**B.** Full Name (Last, First, Middle Initial)  
Dr. Sigvard T Hansen, Jr, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Mailing Address  
Harborview Medical Ctr Dept of Ortho, Box 358798

City State Zip Code  
Seattle WA 98104-2499

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
University of Washington Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: 10000000479200117

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert W Benson, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Mailing Address  
7520 Montgomery Blvd NE Suite 10, Bldg D

City State Zip Code  
Albuquerque NM 87109-1521

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000479400118

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 / 95		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. James F Fahey, Jr, MD**

Mailing Address  
4B28 Corrales Rd

City State Zip Code  
Corrales NM 87048

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UNM School of Medicine-Dept of Orthopa  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 850.00

Transaction ID: 10000000479500119

Full Name (Last, First, Middle Initial)  
**B. Dr. Keith Patrick Melancon, MD**

Mailing Address  
Southern Bone & Joint Speciali Sta 200

City State Zip Code  
Hattiesburg MS 39401

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed  
Orthopaedic Surgeon

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

Transaction ID: 10000000479800120

Full Name (Last, First, Middle Initial)  
**C. Dr. James A Goulet, MD**

Mailing Address  
Univ of Michigan Hosp 1500 E Medical Ctr Dr TC2914

City State Zip Code  
Ann Arbor MI 48109-0328

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Univ. of Michigan Medical Center  
Orthopaedic Surgeon

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

Transaction ID: 10000000479700121

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 95

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

A. Dr. Kenneth J Kress, , MD

Mailing Address

5671 Peachtree Dunwoody Rd NE

#900

City

State

Zip Code

Atlanta

GA

30342-5000

Date of Receipt

N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Resurgens PC

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000480100122

Full Name (Last, First, Middle Initial)

B. Dr. Juan R Suarez-Pesante, , MD

Mailing Address

Garden Hills Estates

#27 2nd St

City

State

Zip Code

Guaynabo

PR

00966

Date of Receipt

N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000480200123

Full Name (Last, First, Middle Initial)

C. Dr. Frederiek E Benedek, , MD

Mailing Address

1108 Dresser Ct

City

State

Zip Code

Raleigh

NC

27809-7328

Date of Receipt

N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1000000480300124

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

**750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Walter Duke Harris, MD

Mailing Address  
3317 N Winberly PO Box 1608  
City State Zip Code  
Fayetteville AR 72702-1608

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ozark Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000480400125

**B.** Full Name (Last, First, Middle Initial)  
Dr. Austin J Boyle, III, MD

Mailing Address  
1575 N Rivercenter Dr, #160  
City State Zip Code  
Milwaukee WI 53212-3965

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Milwaukee Orthopaedic Specialists SC Orthopaedic Surgeon

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

Transaction ID: 10000000480500126

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert R Madigan, MD

Mailing Address  
PO Box 51090  
City State Zip Code  
Knoxville TN 37950-1090

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Knoxville Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000480700127

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward Scott Middlebrooks, MD

Mailing Address  
2574 Thurlleston Ln

City State Zip Code  
Duluth GA 30097

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000480800128

**B.** Full Name (Last, First, Middle Initial)  
Dr. Brett C Barnes, MD

Mailing Address  
2210 Barron Rd, #123

City State Zip Code  
Poplar Bluff MO 63901

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000480900129

**C.** Full Name (Last, First, Middle Initial)  
Dr. John J Gallegan, MD

Mailing Address  
University of Iowa Health Care 200 Hawkins Drive

City State Zip Code  
Iowa City IA 52242-1009

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
University of Iowa Orthopaedic Surgeon

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

Transaction ID: 10000000481000130

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Joshua A Siegel, MD**

Mailing Address  
One Hampton Road

City State Zip Code  
Exeter NH 03833

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Access Sports Medicine & Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000481100131

Full Name (Last, First, Middle Initial)  
**B. Dr. Brian P Wicks, MD**

Mailing Address  
12784 Silverdale Way

City State Zip Code  
Silverdale WA 98383

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Doctors Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000481300132

Full Name (Last, First, Middle Initial)  
**C. Dr. Kenneth C Spengler, Jr. MD**

Mailing Address  
1 Hampton Rd

City State Zip Code  
Exeter NH 03833-4818

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Access Sports Medicine Orthopaedic Surgeon

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

Transaction ID: 10000000481400133

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Dennis R Koberdanz, MD

Mailing Address  
4700 Samantha Lane

City State Zip Code  
Farmington NM 87402-3050

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000481500134

**B.** Full Name (Last, First, Middle Initial)  
Dr. Dalein E Quanzar, MD

Mailing Address  
5804 Glen Oaks Pointe

City State Zip Code  
West Des Moines IA 50266

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Des Moines Orthopaedic Surgeons.PC Orthopaedic Surgeon

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

Transaction ID: 10000000481800135

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael J Storrington, MD

Mailing Address  
100 M Price Rd

City State Zip Code  
Perkinston MS 39575-4942

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southern Bone & Joint Orthopaedic Surgeon

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

Transaction ID: 10000000481700136

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1250.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Bruce Moseley, MD**

Mailing Address  
6560 Fannin, #400

City State Zip Code  
Houston TX 77030-2730

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000481800137

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

Mailing Address  
Hosp for Special Surgery 535 E 70th St

City State Zip Code  
New York NY 10021

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

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

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

Transaction ID: 10000000481900138

Full Name (Last, First, Middle Initial)  
**C. Dr. James A. D'Antonio, MD**

Mailing Address  
725 Cherrington Pkwy, #200

City State Zip Code  
Moon Township PA 15108-4305

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000482000139

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. John P Domers, MD**

Mailing Address  
Childrens Hosp of Philadelphia      34th & Civic Ctr Blvd  
City      State      Zip Code  
Philadelphia      PA      19104

Date of Receipt  
M M / D D / Y Y Y Y  
09      12      2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed      Occupation  
Self Employed      Orthopaedic Surgeon

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

Transaction ID: 10000000482100140

Full Name (Last, First, Middle Initial)  
**B. Dr. Craig R Foster, MD**

Mailing Address  
226 White St  
City      State      Zip Code  
Danbury      CT      06810-6814

Date of Receipt  
M M / D D / Y Y Y Y  
09      12      2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed      Occupation  
Self Employed      Orthopaedic Surgeon

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

Transaction ID: 10000000482200141

Full Name (Last, First, Middle Initial)  
**C. Dr. Dale R Merth, MD**

Mailing Address  
Ortho Ctr of the Rockies      2500 E Prospect Rd  
City      State      Zip Code  
Fort Collins      CO      80525

Date of Receipt  
M M / D D / Y Y Y Y  
09      12      2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed      Occupation  
Self Employed      Orthopaedic Surgeon

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

Transaction ID: 10000000482300142

**SUBTOTAL** of Receipts This Page (optional) ..... ▶      **750.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey B Mulholland, MD

Mailing Address  
323 Pine Road

City State Zip Code  
Sewickley PA 15143

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000482400143

**B.** Full Name (Last, First, Middle Initial)  
Dr. Dennis H Gordon, MD

Mailing Address  
1151 East 3800 S, #175B

City State Zip Code  
Salt Lake City UT 84124-1216

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000482500144

**C.** Full Name (Last, First, Middle Initial)  
Dr. Victor Romano, MD

Mailing Address  
1137 Franklin

City State Zip Code  
River Forest IL 60305

Date of Receipt  
MM / DD / YYYY  
09 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000482600145

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 / 95		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Henry Reban McCarroll, Jr, MD**

Mailing Address  
2351 Clay St, #510

City State Zip Code  
San Francisco CA 94115-1931

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 800.00

Transaction ID: 10000000483800146

Full Name (Last, First, Middle Initial)  
**B. Dr. Hans Robert Tuten, MD**

Mailing Address  
Georgia Sports Medicine PD Box 7630

City State Zip Code  
Tifton GA 31793

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000483900147

Full Name (Last, First, Middle Initial)  
**C. Dr. Michael G Reab, MD**

Mailing Address  
3226 Dunlap Drive

City State Zip Code  
Gainesville GA 30506-1848

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed Occupation  
Orthopaedic Surgeon

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

Transaction ID: 10000000484000148

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 54 / 95

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. J William Follows, Jr, MD

Mailing Address

1200 1st Ave E, #C

City

State

Zip Code

Spencer

IA

51301-4321

Date of Receipt

N M / D E / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
NWB

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 10000000484300149

Full Name (Last, First, Middle Initial)

**B.** Dr. Earl A Lohmer, III, MD

Mailing Address

Roswell Bone & Joint Clinic

115 E 19th St

City

State

Zip Code

Roswell

NM

88201-5151

Date of Receipt

N M / D E / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period

200.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
SCOR, PC

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 10000000484400150

Full Name (Last, First, Middle Initial)

**C.** Dr. Hugh P MacMensin, MD

Mailing Address

Iowa Medical Clinic

600 7th St SE

City

State

Zip Code

Cedar Rapids

IA

52401-2112

Date of Receipt

N M / D E / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
PCI

Occupation

Orthopaedic Surgeon

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000484500151

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

**1200.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Dr. Robert B Stephenson, MD

Mailing Address

PO Box 1617

455D Lee Highway

City

State

Zip Code

Dublin

VA

24084-1617

Date of Receipt

N M / D E / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period

800.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Valley Orthopaedics & Sports Medi-  
cine

Occupation

Orthopaedic Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 10000000484800152

Full Name (Last, First, Middle Initial)

**B.** Dr. David A Fisher, MD

Mailing Address

1801 N Senate Blvd, #200

City

State

Zip Code

Indianapolis

IN

46202

Date of Receipt

N M / D E / Y Y Y Y  
09 / 20 / 2002

Amount of Each Receipt this Period

500.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Orthopaedics of Indianapolis

Occupation

Orthopaedic Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 10000000484900153

Full Name (Last, First, Middle Initial)

**C.** Dr. Marshall G Baca, MD

Mailing Address

2410 W Pierce

City

State

Zip Code

Carlsbad

NM

88220-3512

Date of Receipt

N M / D E / Y Y Y Y  
09 / 25 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Self Employed

Occupation

Orthopaedic Surgeon

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 10000000487100154

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

**1350.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mark A S Stuart, MD

Mailing Address  
17270 Red Oak Dr, #200

City State Zip Code  
Houston TX 77090-2618

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
HSF Orthopaedic Center Orthopaedic Surgeon

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

Transaction ID: 10000000487200155

**B.** Full Name (Last, First, Middle Initial)  
Dr. Daniel William Green, MD

Mailing Address  
The Hospital for Special Surg 535 E 70th St

City State Zip Code  
New York NY 10021

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000487400158

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank R Joseph, MD

Mailing Address  
1285 Hembre Rd Suite 200A

City State Zip Code  
Roswell GA 30076

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Resurgens Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000487500157

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Delores K Kirkpatrick, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Mailing Address  
5671 Peachtree-Dunwoody Rd Suite 700  
City State Zip Code  
Atlanta GA 30342

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Resurgens Orthopaedics Orthopaedic Surgeon

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

Transaction ID: 10000000487600158

**B.** Full Name (Last, First, Middle Initial)  
Dr. Hugh Carroll McLeod, III, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Mailing Address  
1163 Johnson Ferry Rd, #200  
City State Zip Code  
Marietta GA 30068-2764

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Atlanta Orthopaedic Specialists Orthopaedic Surgeon

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

Transaction ID: 10000000487700159

**C.** Full Name (Last, First, Middle Initial)  
Dr. Leslie L Wilkes, Jr, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Mailing Address  
4600 Waters Ave  
City State Zip Code  
Savannah GA 31404

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000488000160

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 / 95	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Charles Nichols Hubbard, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Mailing Address  
Georgia Orthopaedic Society 150 Clinic Ave  
City State Zip Code  
Carrington GA 30117

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Carrington Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000488100161

**B.** Full Name (Last, First, Middle Initial)  
Dr. Jeffrey C Davis, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Mailing Address  
1201 11th Ave S Suite 200  
City State Zip Code  
Birmingham AL 35205-3410

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ASMOC Orthopaedic Surgeon

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 450.00

Transaction ID: 10000000488200162

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen M McCollam, MD

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Mailing Address  
2001 Peachtree Rd #705  
City State Zip Code  
Atlanta GA 30309-1478

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Peachtree Orthopaedic Clinic Orthopaedic Surgeon

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

Transaction ID: 10000000488300163

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 / 95	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Joseph W Carlson, MD

Mailing Address  
310 N 9th St

City State Zip Code  
Bismarck ND 58501

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Bone and Joint Center Orthopaedic Surgeon

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

Transaction ID: 10000000488500164

**B.** Full Name (Last, First, Middle Initial)  
Dr. Raymond L Emerson, MD

Mailing Address  
250 S Crescent Dr

City State Zip Code  
Mason City IA 50401-2926

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000488800165

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul Allen Davis, MD

Mailing Address  
1761 Springhill Ave P O Box 40530

City State Zip Code  
Mobile AL 36606

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Employed Orthopaedic Surgeon

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

Transaction ID: 10000000488700166

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
A. Dr. Paul Kovatis, MD

Mailing Address  
60 Bentley Rd

City State Zip Code  
Cedar Grove NJ 07009

Date of Receipt  
N M / D E / Y Y Y Y  
09 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Employed  
Occupation  
Orthopaedic Surgeon

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

Transaction ID: 1000000488800167

B.

C.

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	60150.00

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

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

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(check only one)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

**A.** Full Name (Last, First, Middle Initial)  
American Assoc of Ortho Surgeons

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 3873.56

Date of Receipt  
M / D / Y Y Y Y  
07 / 18 / 2002

Amount of Each Receipt this Period  
898.62

Transaction ID: 10000000464400168

**B.** Full Name (Last, First, Middle Initial)  
American Assoc of Ortho Surgeons

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 4159.64

Date of Receipt  
M / D / Y Y Y Y  
08 / 18 / 2002

Amount of Each Receipt this Period  
286.28

Transaction ID: 10000000471900169

**C.** Full Name (Last, First, Middle Initial)  
American Assoc of Ortho Surgeons

Mailing Address  
6300 N River Road

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 4494.23

Date of Receipt  
M / D / Y Y Y Y  
09 / 24 / 2002

Amount of Each Receipt this Period  
334.39

Transaction ID: 10000000487000170

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1519.19**

**TOTAL** This Period (last page this line number only) ..... ▶ **1519.19**

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Date of Disbursement 07 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 856.38	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼	Transaction ID: 10000000457500002	
State:                  District:			

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		Date of Disbursement 07 / 24 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 153.52	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼	Transaction ID: 10000000468100003	
State:                  District:			

Full Name (Last, First, Middle Initial) <b>C. Northern Trust Company</b>		Date of Disbursement 08 / 02 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 132.78	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary          General Other (specify) ▼	Transaction ID: 10000000476200004	
State:                  District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>942.67</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) <b>A. Northern Trust Company</b>		Date of Disbursement 08 / 26 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 140.12	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000000476300005

Full Name (Last, First, Middle Initial) <b>B. Northern Trust Company</b>		Date of Disbursement 09 / 05 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 184.27	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000000486900006

Full Name (Last, First, Middle Initial) <b>C. Northern Trust Company</b>		Date of Disbursement 09 / 26 / 2002	
Mailing Address 50 S LaSalle St City Chicago State IL Zip Code 60675		Amount of Each Disbursement this Period 44.74	
Purpose of Disbursement Bank fees deducted from account Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 10000000489000007

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>379.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1321.80</b>

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. McConnell Senate Committee '02</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address PO Box 1496 City: Louisville State: KY Zip Code: 40201		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2000.00 Mitch McConnell, U.S. SENAT		24K Category/ Type	
Candidate Name Mitch McConnell			
Office Sought: House X Senate President	Disbursement For: 2002 Primary      X General Other (specify) ▼		
State: KY      District:	Transaction ID: 10000000455800008		

Full Name (Last, First, Middle Initial) <b>B. Anne Sumers for Congress</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address PO Box 824 City: Paramus State: NJ Zip Code: 07653		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$3000.00 Anne Sumers, U.S. HOUSE 5th		24K Category/ Type	
Candidate Name Anne Sumers			
Office Sought: House Senate President	Disbursement For: 2002 Primary      X General Other (specify) ▼		
State: NJ      District: 5	Transaction ID: 10000000455700009		

Full Name (Last, First, Middle Initial) <b>C. Dole 2002 Committee</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address PO Box 2109 City: Salisbury State: NC Zip Code: 28145		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Elizabeth Dole, U.S. SENATE		24K Category/ Type	
Candidate Name Elizabeth Dole			
Office Sought: House Senate President	Disbursement For: 2002 Primary      X General Other (specify) ▼		
State: NC      District:	Transaction ID: 10000000455800010		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Committee To Reelect Ed Towns</b>		Date of Disbursement 07 / 10 / 2002
Mailing Address 360 Clinton Avenue Suite 6R City State Zip Code Brooklyn NY 11238		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Edolphus Towns, U.S. HOUSE		24K Category/ Type
Candidate Name Edolphus Towns		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000455900011
State: NY District: 10		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jerry Kleczka</b>		Date of Disbursement 07 / 10 / 2002
Mailing Address 3150A S 12th St City State Zip Code Milwaukee WI 53215		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Gerald D. Kleczka, U.S. HOU		24K Category/ Type
Candidate Name Gerald D. Kleczka		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000456000012
State: WI District: 4		

Full Name (Last, First, Middle Initial) <b>C. Rangel For Congress 2000</b>		Date of Disbursement 07 / 10 / 2002
Mailing Address PO Box 5577 Manhattanville Station City State Zip Code New York NY 10027		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Charles B. Rangel, U.S. HOU		24K Category/ Type
Candidate Name Charles B. Rangel		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000456100013
State: NY District: 15		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Portman For Congress Committee</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address PO Box 2365 City Cincinnati State OH Zip Code 45201		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$0.00 Rob Portman, U.S. HOUSE 2nd OH		24K Category/ Type	
Candidate Name Rob Portman			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 2	Transaction ID: 10000000456200014		

Full Name (Last, First, Middle Initial) <b>B. Mike Bilirakis For Congress</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$5000.00 Michael Bilirakis, U.S. HOU		24K Category/ Type	
Candidate Name Michael Bilirakis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: FL      District: 9	Transaction ID: 10000000456400015		

Full Name (Last, First, Middle Initial) <b>C. Ted Strickland For Congress</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address PO Box 580                                      1337 Thomas Hollow Road City Lucasville State OH Zip Code 45648		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Ted Strickland, U.S. HOUSE		24K Category/ Type	
Candidate Name Ted Strickland			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OH      District: 8	Transaction ID: 10000000456500016		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Gene Green Congressional Campaign</b>		Date of Disbursement 07 / 10 / 2002
Mailing Address PO Box 16128 City Houston State TX Zip Code 77222		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Gene Green, U.S. HOUSE 29th		24K Category/ Type
Candidate Name Gene Green		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000456800017
State: TX District: 29		

Full Name (Last, First, Middle Initial) <b>B. Friends of Melissa Brown</b>		Date of Disbursement 07 / 10 / 2002
Mailing Address PO Box 498 City Flourtown State PA Zip Code 19031		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Melissa Brown, U.S. HOUSE 1		24K Category/ Type
Candidate Name Melissa Brown		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000456700018
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>C. Richard E Neal For Congress Committee</b>		Date of Disbursement 07 / 10 / 2002
Mailing Address 78 Magnolia Terrace City Springfield State MA Zip Code 01108		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Richard E. Neal, U.S. HOUSE		24K Category/ Type
Candidate Name Richard E. Neal		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 X Primary General Other (specify) ▼	Transaction ID: 10000000456800019
State: MA District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Bryant for Senate</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address 2000 Glen Echo Road Suite 107 City State Zip Code Nashville TN 37215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Ed Bryant, U.S. SENATE TN		24K Category/ Type	
Candidate Name Ed Bryant			
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 10000000456900020	
State: TN      District: 1			

Full Name (Last, First, Middle Initial) <b>B. Becerra For Congress</b>		Date of Disbursement 07 / 10 / 2002	
Mailing Address PO Box 261060 City State Zip Code Los Angeles CA 90026		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2100.00 Xavier Becerra, U.S. HOUSE		24K Category/ Type	
Candidate Name Xavier Becerra			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000457000021	
State: CA      District: 31			

Full Name (Last, First, Middle Initial) <b>C. America's Majority Trust</b>		Date of Disbursement 07 / 16 / 2002	
Mailing Address 1155 21st Street, NW Suite 300 City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Rep Rob Portman Leadership		24K Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2002 Primary      General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000457200022	
State:      District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Natl Rep Club of Capital Hill</b>			Date of Disbursement 07 / 16 / 2002	
Mailing Address 300 First Street, SE City: Washington State: DC Zip Code: 20003			Amount of Each Disbursement this Period 718.08	
Purpose of Disbursement In-kind contribution for Dave Weldon			24Z Category/ Type (In-Kind)	
Candidate Name Dave Weldon				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000457300023	
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Friends Of Dave Weldon</b>			Date of Disbursement 07 / 16 / 2002	
Mailing Address PO Box 968 City: Melbourne State: FL Zip Code: 32902			Amount of Each Disbursement this Period 718.08	
Purpose of Disbursement YTD:52718.08 In-kind contribution for Da			24Z Category/ Type [MEMO ITEM] (Memo In-Kind)	
Candidate Name Dave Weldon				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000457300024	
State: FL District: 15				

Full Name (Last, First, Middle Initial) <b>C. Portman For Congress Committee</b>			Date of Disbursement 07 / 18 / 2002	
Mailing Address PO Box 2365 City: Cincinnati State: OH Zip Code: 45201			Amount of Each Disbursement this Period -1000.00	
Purpose of Disbursement YTD:50.00 Voided Check			24K Category/ Type	
Candidate Name Rob Portman				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000457400025	
State: OH District: 2				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-281.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Hall For Congress</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address P O Box 711 City State Zip Code Rockwall TX 75087		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Ralph M. Hall, U.S. HOUSE 4		24K Category/ Type	
Candidate Name Ralph M. Hall			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX      District: 4	Transaction ID: 10000000464500026		

Full Name (Last, First, Middle Initial) <b>B. Whitfield For Congress Committee</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address PO Box 381 City State Zip Code Hopkinsville KY 42241		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Edward Whitfield, U.S. HOUS		24K Category/ Type	
Candidate Name Edward Whitfield			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: KY      District: 1	Transaction ID: 10000000464600027		

Full Name (Last, First, Middle Initial) <b>C. Republican Majority Fund</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address 1155 21st Street NW #300 City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$5000.00 Sen Don Nickles Leadership		24K Category/ Type	
Candidate Name			
Office Sought:   House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State:            District:	Transaction ID: 10000000464700028		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Maloney For Congress</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address 48 East 92nd Street City State Zip Code New York NY 10128		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Carolyn B. Maloney, U.S. HOU		24K Category/ Type	
Candidate Name Carolyn B. Maloney			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NY      District: 14	Transaction ID: 10000000464800029		

Full Name (Last, First, Middle Initial) <b>B. Gordon Smith For US Senate 2002 Inc</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address 1615 L Street, NW Suite 1215 City State Zip Code Washington DC 20036		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$3000.00 Gordon H. Smith, U.S. SENAT		24K Category/ Type	
Candidate Name Gordon H. Smith			
Office Sought:      House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: OR      District:	Transaction ID: 10000000464800030		

Full Name (Last, First, Middle Initial) <b>C. Kilpatrick For United States Congress</b>		Date of Disbursement 07 / 23 / 2002	
Mailing Address PO Box 32175 City State Zip Code Detroit MI 48232		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Carolyn Cheeks Kilpatrick, U		24K Category/ Type	
Candidate Name Carolyn Cheeks Kilpatrick			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: MI      District: 15	Transaction ID: 10000000465000031		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Citizens for Arlen Specter</b>		Date of Disbursement 08 / 02 / 2002
Mailing Address 734 7th Street, SE City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$1000.00 Arlen Specter, U.S. SENATE		24K Category/ Type
Candidate Name Arlen Specter		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000465200032
State: PA District:		

Full Name (Last, First, Middle Initial) <b>B. Mike Bilirakis For Congress</b>		Date of Disbursement 08 / 05 / 2002
Mailing Address P O Box 1077 City: Tarpon Springs State: FL Zip Code: 34688		Amount of Each Disbursement this Period -2000.00
Purpose of Disbursement YTD:\$5500.00 Voided Check		24K Category/ Type
Candidate Name Michael Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000465400033
State: FL District: 9		

Full Name (Last, First, Middle Initial) <b>C. Barney Frank For Congress Committee</b>		Date of Disbursement 08 / 05 / 2002
Mailing Address P O Box 280 City: Newtonville State: MA Zip Code: 02160		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Barney Frank, U.S. HOUSE 4t		24K Category/ Type
Candidate Name Barney Frank		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000465500034
State: MA District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Mike Bilirakis For Congress</b>		Date of Disbursement 08 / 05 / 2002
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:5500.00 Michael Bilirakis, U.S. HOU	Candidate Name Michael Bilirakis	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000465600035
State: FL District: 8		

Full Name (Last, First, Middle Initial) <b>B. Mike Bilirakis For Congress</b>		Date of Disbursement 08 / 05 / 2002
Mailing Address P O Box 1077 City Tarpon Springs State FL Zip Code 34688		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:5500.00 Michael Bilirakis, U.S. HOU	Candidate Name Michael Bilirakis	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000465700036
State: FL District: 8		

Full Name (Last, First, Middle Initial) <b>C. Norwood For Congress</b>		Date of Disbursement 08 / 05 / 2002
Mailing Address PO Box 499 City Evans State GA Zip Code 30609		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD:33500.00 Charlie Norwood, U.S. HOUSE	Candidate Name Charlie Norwood	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000465800037
State: GA District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
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NAME OF COMMITTEE (In Full)  
Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Rush Holt for Congress Inc</b>		Date of Disbursement 08 / 08 / 2002
Mailing Address PO Box 782 City Pennington State NJ Zip Code 08534		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Rush D. Holt, U.S. HOUSE 12	Candidate Name Rush D. Holt	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: NJ District: 12	Transaction ID: 10000000468200038

Full Name (Last, First, Middle Initial) <b>B. Boswell For Congress</b>		Date of Disbursement 08 / 08 / 2002
Mailing Address PO Box 36272 City Des Moines State IA Zip Code 50315		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Leonard L. Boswell, U.S. HO	Candidate Name Leonard L. Boswell	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	State: IA District: 3	Transaction ID: 10000000468300039

Full Name (Last, First, Middle Initial) <b>C. John Sullivan for Congress</b>		Date of Disbursement 08 / 08 / 2002
Mailing Address 6130 South Maplewood Suite B City Tulsa State OK Zip Code 74136		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 John Sullivan, U.S. HOUSE 1	Candidate Name John Sullivan	24K Category/ Type
Office Sought: House Senate President		
Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: OK District: 1	Transaction ID: 10000000468400040

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Jeff Miller for Congress</b>			Date of Disbursement 08 / 08 / 2002	
Mailing Address PO Box 126 City: Pensacola State: FL Zip Code: 32501			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Jeff Miller, U.S. HOUSE 1st			24K Category/ Type	
Candidate Name Jeff Miller				
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000468500041	
State: FL      District: 1				

Full Name (Last, First, Middle Initial) <b>B. Michael Burgess for Congress</b>			Date of Disbursement 08 / 08 / 2002	
Mailing Address 106 Highland Lake Dr City: Highland Village State: TX Zip Code: 75077			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$2500.00 Michael Burgess, U.S. HOUSE			24K Category/ Type	
Candidate Name Michael Burgess				
Office Sought: House Senate President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000468600042	
State: TX      District: 26				

Full Name (Last, First, Middle Initial) <b>C. Anne Summers for Congress</b>			Date of Disbursement 08 / 08 / 2002	
Mailing Address PO Box 824 City: Paramus State: NJ Zip Code: 07653			Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:\$3000.00 Anne Summers, U.S. HOUSE 5th			24K Category/ Type	
Candidate Name Anne Summers				
Office Sought: House Senate President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000468700043	
State: NJ      District: 6				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Norris for Congress		Date of Disbursement 08 / 08 / 2002
Mailing Address 120 Kellogg Ave City Arnes State IA Zip Code 50010		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 John Norris, U.S. HOUSE 4th		24K Category/ Type
Candidate Name John Norris		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000468800044
State: IA District: 4		

Full Name (Last, First, Middle Initial) B. Conway for Congress		Date of Disbursement 08 / 08 / 2002
Mailing Address PO Box 5640 City Louisville State KY Zip Code 40205		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Jack Conway, U.S. HOUSE 3rd		24K Category/ Type
Candidate Name Jack Conway		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000468800045
State: KY District: 3		

Full Name (Last, First, Middle Initial) C. Friends Of Congressman Tim Holden		Date of Disbursement 08 / 08 / 2002
Mailing Address P.O. Box 37 City St. Clair State PA Zip Code 17970		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Tim Holden, U.S. HOUSE 17th		24K Category/ Type
Candidate Name Tim Holden		
Office Sought: X House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000468900046
State: PA District: 17		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Becerra For Congress</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO Box 261060 City: Los Angeles State: CA Zip Code: 90026		Amount of Each Disbursement this Period 1100.00	
Purpose of Disbursement YTD:\$2100.00 Xavier Becerra, U.S. HOUSE		24K Category/ Type	
Candidate Name Xavier Becerra			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: CA      District: 31	Transaction ID: 10000000469200047		

Full Name (Last, First, Middle Initial) <b>B. Jerry Weller For Congress Inc</b>		Date of Disbursement 08 / 12 / 2002	
Mailing Address PO Box 15283 City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Jerry Weller, U.S. HOUSE 11		24K Category/ Type	
Candidate Name Jerry Weller			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District: 11	Transaction ID: 10000000469300048		

Full Name (Last, First, Middle Initial) <b>C. Billy Tauzin Congressional Committee</b>		Date of Disbursement 08 / 14 / 2002	
Mailing Address 550 South Van City: Houna State: LA Zip Code: 70361		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$5000.00 W.J. 'Billy' Tauzin, U.S. H		24K Category/ Type	
Candidate Name W.J. 'Billy' Tauzin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: LA      District: 3	Transaction ID: 10000000471800049		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4600.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Fitzgerald for Senate Inc		Date of Disbursement 08 / 27 / 2002
Mailing Address 50 North Brockway Street Suite 40 City State Zip Code Palatine IL 60067		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Peter Fitzgerald, U.S. SENA		24K Category/ Type
Candidate Name Peter Fitzgerald		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000474400050
State: IL District:		

Full Name (Last, First, Middle Initial) B. Bill Thomas Campaign Committee		Date of Disbursement 08 / 27 / 2002
Mailing Address P.O. Box 395 City State Zip Code Bakersfield CA 93302		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2500.00 William M. Thomas, U.S. HOU		24K Category/ Type
Candidate Name William M. Thomas		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000474500051
State: CA District: 21		

Full Name (Last, First, Middle Initial) C. Congressman Bill Young Campaign Committee		Date of Disbursement 08 / 27 / 2002
Mailing Address P.O. Box 47D25 City State Zip Code St. Petersburg FL 33743		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 C.W. Bill Young, U.S. HOUSE		24K Category/ Type
Candidate Name C.W. Bill Young		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000474600052
State: FL District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Enzi For US Senate</b>		Date of Disbursement 08 / 27 / 2002
Mailing Address PO Box 2775 City Cody State WY Zip Code 82414		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 Michael B. Enzi, U.S. SENAT		24K Category/ Type
Candidate Name Michael B. Enzi		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000474700053
State: WY District:		

Full Name (Last, First, Middle Initial) <b>B. Dutch Ruppensberger for Congress</b>		Date of Disbursement 08 / 27 / 2002
Mailing Address PO Box 5675 City Timonium State MD Zip Code 21084		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2000.00 C.A. Dutch Ruppensberger, U		24K Category/ Type
Candidate Name C.A. Dutch Ruppensberger		
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000475100054
State: MD District: 2		

Full Name (Last, First, Middle Initial) <b>C. Friends of Max Baucus 2002</b>		Date of Disbursement 08 / 27 / 2002
Mailing Address PO Box 586 City Helena State MT Zip Code 59624		Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement YTD:\$3500.00 Max Baucus, U.S. SENATE MT		24K Category/ Type
Candidate Name Max Baucus		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000475200055
State: MT District:		

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **5500.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement 08 / 27 / 2002
Mailing Address Suite 0001 City Chicago State IL Zip Code 60679-0001		Amount of Each Disbursement this Period 140.86
Purpose of Disbursement In-kind contribution to Karen Thurman		(In-Kind)
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: District:		Transaction ID: 10000000475300058

Full Name (Last, First, Middle Initial) <b>B. Thurman For Congress</b>		Date of Disbursement 08 / 27 / 2002
Mailing Address 450 Pleasant Grove Road City Inverness State FL Zip Code 34452		Amount of Each Disbursement this Period 140.86
Purpose of Disbursement YTD:54140.86 In-kind contribution to Kar		[MEMO ITEM] (Memo In-Kind)
Candidate Name Karen L. Thurman		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000475300057
State: FL District: 5		

Full Name (Last, First, Middle Initial) <b>C. Mac Collins For Congress</b>		Date of Disbursement 08 / 29 / 2002
Mailing Address PO Box 35 City Jonesboro State GA Zip Code 30237		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:51000.00 Mac Collins, U.S. HOUSE &h		24K Category/ Type
Candidate Name Mac Collins		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		Transaction ID: 10000000475400058
State: GA District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1140.86</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s)  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Jean Camahan for Missouri Committee</b>		Date of Disbursement 08 / 29 / 2002	
Mailing Address PO Box 920 City: Rolla State: MO Zip Code: 65402		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement YTD:\$7000.00 Jean Camahan, U.S. SENATE		24K Category/ Type	
Candidate Name Jean Camahan			
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000475500059	
State: MO District: 1			

Full Name (Last, First, Middle Initial) <b>B. Patsy T Mink Campaign Committee</b>		Date of Disbursement 08 / 29 / 2002	
Mailing Address 1848 Paula Drive City: Honolulu State: HI Zip Code: 96816		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Patsy Takemoto Mink, U.S. HO		24K Category/ Type	
Candidate Name Patsy Takemoto Mink			
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 x Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000475600060	
State: HI District: 2			

Full Name (Last, First, Middle Initial) <b>C. Abercrombie For Congress</b>		Date of Disbursement 08 / 29 / 2002	
Mailing Address 1357 Kapiolani Blvd Suite 1005 City: Honolulu State: HI Zip Code: 96814		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement YTD:\$500.00 Neil Abercrombie, U.S. HOUSE		24K Category/ Type	
Candidate Name Neil Abercrombie			
Office Sought: x House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 X Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000475700061	
State: HI District: 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Luther For Congress Volunteer Committee</b>		Date of Disbursement 09 / 09 / 2002
Mailing Address 1399 Geneva Ave North Suite 202 City State Zip Code Oakdale MN 55128		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 William Luther, U.S. HOUSE		24K Category/ Type
Candidate Name William Luther		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000478500062
State: MN      District: 8		

Full Name (Last, First, Middle Initial) <b>B. Re-Elect Nancy Johnson To Congress Comm</b>		Date of Disbursement 09 / 09 / 2002
Mailing Address 4451 Brookfield Corporate Drive Suite 200 City State Zip Code Chantilly VA 20151-1852		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$4000.00 Nancy L. Johnson, U.S. HOUS		24K Category/ Type
Candidate Name Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000478600063
State: CT      District: 6		

Full Name (Last, First, Middle Initial) <b>C. Stevens for Senate Committee</b>		Date of Disbursement 09 / 09 / 2002
Mailing Address PO Box 100879 City State Zip Code Anchorage AK 99510		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Ted Stevens, U.S. SENATE AK		24K Category/ Type
Candidate Name Ted Stevens		
Office Sought:   House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 10000000478700064
State: AK      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

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<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Fitzgerald for Senate Inc</b>		Date of Disbursement 09 / 09 / 2002	
Mailing Address 50 North Brockway Street Suite 40 City State Zip Code Palatine IL 60067		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Peter Fitzgerald, U.S. SENA		24K Category/ Type	
Candidate Name Peter Fitzgerald			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District:	Transaction ID: 10000000476800066		

Full Name (Last, First, Middle Initial) <b>B. Clayburgh for Congress Committee</b>		Date of Disbursement 09 / 09 / 2002	
Mailing Address PO Box 1255 City State Zip Code Bismarck ND 58502		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement YTD:\$6000.00 Rick Clayburgh, U.S. HOUSE		24K Category/ Type	
Candidate Name Rick Clayburgh			
Office Sought: House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: ND      District: 1	Transaction ID: 10000000476800066		

Full Name (Last, First, Middle Initial) <b>C. Gephardt In Congress Committee</b>		Date of Disbursement 09 / 09 / 2002	
Mailing Address 7435 Watson Road Suite 107 City State Zip Code St Louis MO 63119		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement YTD:\$6000.00 Richard A. Gephardt, U.S. H		24K Category/ Type	
Candidate Name Richard A. Gephardt			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: MO      District: 3	Transaction ID: 10000000477100067		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>6500.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Shelley Moore Capito for Congress</b>		Date of Disbursement 09 / 09 / 2002
Mailing Address PO Box 11519 City: Charleston State: WV Zip Code: 25339		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Shelley Capito, U.S. HOUSE		24K Category/ Type
Candidate Name Shelley Capito		
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000477200068
State: WV District: 2		

Full Name (Last, First, Middle Initial) <b>B. Thurman For Congress</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address 450 Pleasant Grove Road City: Inverness State: FL Zip Code: 34452		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$4140.86 Voided Check		24K Category/ Type
Candidate Name Karen L. Thurman		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 1999 X Primary General Other (specify) ▼	Transaction ID: 10000000482800069
State: FL District: 5		

Full Name (Last, First, Middle Initial) <b>C. Anne Northup For Congress</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address PO Box 7313 City: Louisville State: KY Zip Code: 40257		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$-1000.00 Voided Check		24K Category/ Type
Candidate Name Anne Meagher Northup		
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2000 X Primary General Other (specify) ▼	Transaction ID: 10000000482900070
State: KY District: 3		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Menendez For Congress</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address PO Box 848 City State Zip Code Union City NJ 07087		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:\$-500.00 Voided Check	24K Category/ Type	
Candidate Name Robert Menendez		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000483000071
State: NJ District: 13		

Full Name (Last, First, Middle Initial) <b>B. Comm. To Re-Elect Congressman Chris Smith</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address Po Box 3184 City State Zip Code Hamilton NJ 08619		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:\$-500.00 Voided Check	24K Category/ Type	
Candidate Name Christopher H. Smith		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2000 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000483100072
State: NJ District: 4		

Full Name (Last, First, Middle Initial) <b>C. Citizens for Arlen Specter</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address 734 7th Street, SE 2nd Floor City State Zip Code Washington DC 20003		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$1000.00 Voided Check	24K Category/ Type	
Candidate Name Arlen Specter		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000483300073
State: PA District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Dave Camp For Congress</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address PO Box 723 City: Midland State: MI Zip Code: 48640		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$0.00 Voided Check		24K Category/ Type
Candidate Name Dave Camp		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000483400074
State: MI District: 4		

Full Name (Last, First, Middle Initial) <b>B. Lindsey Graham for Senate</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address Po Box 1155 City: Seneca State: SC Zip Code: 29679		Amount of Each Disbursement this Period -1000.00
Purpose of Disbursement YTD:\$0.00 Voided Check		24K Category/ Type
Candidate Name Lindsey O. Graham		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000483500075
State: SC District:		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Patrick J Kennedy Inc</b>		Date of Disbursement 09 / 17 / 2002
Mailing Address PO Box 321 City: Pawtucket State: RI Zip Code: 02862		Amount of Each Disbursement this Period -500.00
Purpose of Disbursement YTD:\$-500.00 Voided Check		24K Category/ Type
Candidate Name Patrick J. Kennedy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2001 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 10000000483600076
State: RI District: 1		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>-2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Cooper for Congress Committee</b>			Date of Disbursement 09 / 23 / 2002	
Mailing Address 2011 Breckenridge Drive City State Zip Code Mt Juliet TN 37122			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Jim Cooper, U.S. HOUSE 5th			24K Category/ Type	
Candidate Name Jim Cooper				
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼			
State: TN      District: 5			Transaction ID: 10000000485200077	

Full Name (Last, First, Middle Initial) <b>B. Feeley for Congress</b>			Date of Disbursement 09 / 23 / 2002	
Mailing Address 13486 W Center Drive City State Zip Code Lakewood CO 80228			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1500.00 Mike Feeley, U.S. HOUSE 7th			24K Category/ Type	
Candidate Name Mike Feeley				
Office Sought: House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼			
State: CO      District: 7			Transaction ID: 10000000485300078	

Full Name (Last, First, Middle Initial) <b>C. Fletcher for Congress</b>			Date of Disbursement 09 / 23 / 2002	
Mailing Address P.O. Box 4703 City State Zip Code Lexington KY 40544			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement YTD:\$6000.00 Ernest L. Fletcher, U.S. HO			24K Category/ Type	
Candidate Name Ernest L. Fletcher				
Office Sought: X House Senate President	Disbursement For: 2002 Primary    X General Other (specify) ▼			
State: KY      District: 8			Transaction ID: 10000000485400079	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. Friends For Jim McDermott</b>		Date of Disbursement 09 / 23 / 2002
Mailing Address PO Box 21786 City: Seattle State: WA Zip Code: 98111		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 Jim McDermott, U.S. HOUSE 7		24K Category/ Type
Candidate Name Jim McDermott		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000485600080
State: WA District: 7		

Full Name (Last, First, Middle Initial) <b>B. Michaud for Congress</b>		Date of Disbursement 09 / 23 / 2002
Mailing Address 11 Bangor Mall Blvd Suite D City: Lewiston State: ME Zip Code: 04240		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2500.00 Michael Michaud, U.S. HOUSE		24K Category/ Type
Candidate Name Michael Michaud		
Office Sought: House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000485600081
State: ME District: 2		

Full Name (Last, First, Middle Initial) <b>C. Murtha For Congress Committee</b>		Date of Disbursement 09 / 23 / 2002
Mailing Address 551 Main Street ET Financial Plaza Suite 220 City: Johnstown State: PA Zip Code: 15901		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2000.00 John P. Murtha, U.S. HOUSE		24K Category/ Type
Candidate Name John P. Murtha		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 10000000485700082
State: PA District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Devin Nunes for Congress 2002</b>			Date of Disbursement 09 / 23 / 2002	
Mailing Address PO Box 891 City State Zip Code Pixley CA 93256			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$2000.00 Devin Nunes, U.S. HOUSE 21s			24K Category/ Type	
Candidate Name Devin Nunes				
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000485800083	
State: CA District: 21				

Full Name (Last, First, Middle Initial) <b>B. Pryce For Congress</b>			Date of Disbursement 09 / 23 / 2002	
Mailing Address 145 E Rich Street City State Zip Code Columbus OH 43215			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 Deborah Pryce, U.S. HOUSE 1			24K Category/ Type	
Candidate Name Deborah Pryce				
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000485800084	
State: OH District: 15				

Full Name (Last, First, Middle Initial) <b>C. Friends of Clay Shaw</b>			Date of Disbursement 09 / 23 / 2002	
Mailing Address 2800 N E 14th Street Causeway City State Zip Code Pompano Beach FL 33062			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1000.00 E. Clay Shaw, U.S. HOUSE 22			24K Category/ Type	
Candidate Name E. Clay Shaw Jr.				
Office Sought: X House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2002 Primary <input type="checkbox"/> X General <input checked="" type="checkbox"/> Other (specify) ▼		Transaction ID: 10000000486000085	
State: FL District: 22				

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Ellen Tauscher For Congress		Date of Disbursement 09 / 23 / 2002
Mailing Address 20 Park Road Suite E City State Zip Code Burlingame CA 94010		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000.00 Ellen O. Tauscher, U.S. HOU	Candidate Name Ellen O. Tauscher	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000486100088	
State: CA District: 10		

Full Name (Last, First, Middle Initial) B. Julie Thomas For Congress Campaign Co		Date of Disbursement 09 / 23 / 2002
Mailing Address PO Box 2816 City State Zip Code Cedar Rapids IA 52408		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$3000.00 Julie Thomas, U.S. HOUSE 2n	Candidate Name Julie Thomas	24K Category/ Type
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000486200087	
State: IA District: 2		

Full Name (Last, First, Middle Initial) C. Thurman For Congress		Date of Disbursement 09 / 23 / 2002
Mailing Address 450 Pleasant Grove Road City State Zip Code Inverness FL 34452		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$4140.86 Karen L. Thurman, U.S. HOU	Candidate Name Karen L. Thurman	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate <input type="checkbox"/> President <input type="checkbox"/>		
Disbursement For: 2002 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000486300088	
State: FL District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) <b>A. North Dakota Republican Party</b>		Date of Disbursement 09 / 23 / 2002	
Mailing Address 1029 N 5th Street City State Zip Code Bismarck ND 58501		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Rick Clayburgh's campaign Candidate Name		24K Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary      General X Other (specify) ▼	Transaction ID: 10000000486400089	
State:            District:			

Full Name (Last, First, Middle Initial) <b>B. Norwood For Congress</b>		Date of Disbursement 09 / 24 / 2002	
Mailing Address PO Box 499 City State Zip Code Evans CA 95809		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement YTD:53500.00 Charlie Norwood, U.S. HOUSE Candidate Name Charlie Norwood		24K Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2002 Primary      X General Other (specify) ▼	Transaction ID: 10000000486500090	
State: CA        District: 10			

Full Name (Last, First, Middle Initial) <b>C. Donald A. Manzullo For Congress</b>		Date of Disbursement 09 / 24 / 2002	
Mailing Address PO Box 7783 City State Zip Code Rockford IL 61125		Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement YTD:53000.00 Donald A. Manzullo, U.S. HO Candidate Name Donald A. Manzullo		24K Category/ Type	
Office Sought: X House Senate President	Disbursement For: 2002 Primary      X General Other (specify) ▼	Transaction ID: 10000000486600091	
State: IL        District: 18			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>9000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p><b>A.</b> Full Name (Last, First, Middle Initial) John D Dingell For Congress Comm.</p>			<p>Date of Disbursement 09 / 24 / 2002</p>	
<p>Mailing Address 607 Fourteenth Street NW City Washington State DC Zip Code 20005</p>			<p>Amount of Each Disbursement this Period 4000.00</p>	
<p>Purpose of Disbursement YTD:\$8000.00 John D. Dingell, U.S. HOUSE</p>		<p>24K Category/ Type</p>		
<p>Candidate Name John D. Dingell</p>		<p>Office Sought: <input checked="" type="checkbox"/> House Senate President</p>		
<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		<p>Transaction ID: 10000000486700092</p>		
<p>State: MI District: 16</p>				

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p>			<p>Date of Disbursement 09 / 24 / 2002</p>	
<p>Mailing Address 911 Welsh Ayres Way City Downingtown State PA Zip Code 19335</p>			<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement YTD:\$2500.00 Jim Gerlach, U.S. HOUSE 6th</p>		<p>24K Category/ Type</p>		
<p>Candidate Name Jim Gerlach</p>		<p>Office Sought: House Senate President</p>		
<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		<p>Transaction ID: 10000000486800093</p>		
<p>State: PA District: 6</p>				

<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Sessions Senate Committee Inc</p>			<p>Date of Disbursement 09 / 24 / 2002</p>	
<p>Mailing Address PO Box 427B City Montgomery State AL Zip Code 36103</p>			<p>Amount of Each Disbursement this Period 1000.00</p>	
<p>Purpose of Disbursement YTD:\$2000.00 Jeff Sessions, U.S. SENATE</p>		<p>24K Category/ Type</p>		
<p>Candidate Name Jeff Sessions</p>		<p>Office Sought: House <input checked="" type="checkbox"/> Senate President</p>		
<p>Disbursement For: 2002 Primary X General Other (specify) ▼</p>		<p>Transaction ID: 10000000486900094</p>		
<p>State: AL District:</p>				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>102458.94</b>

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Gwinn Murray, MD</b>		Date of Disbursement 07 <sup>N</sup> / 15 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address PO Box 941479 City Maitland		State FL	Zip Code 32794-1479
Purpose of Disbursement Refund For: Gwinn Murray, MD Candidate Name		22Y Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Amount of Each Disbursement this Period 900.00	
State: District:	Transaction ID: 10000000467500095		

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>900.00</b>

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input checked="" type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. National Republican Congressional Committee Contr		07 / 10 / 2002	
Mailing Address 320 First Street, SE		Amount of Each Disbursement this Period	
City Washington	State DC	Zip Code 20003	15000.00
Purpose of Disbursement YTD:\$15000.00 Annual Dues		Candidate Name	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000456300098	
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Democratic Congressional Campaign Committee		08 / 27 / 2002	
Mailing Address 430 S Capitol St SE		Amount of Each Disbursement this Period	
City Washington	State DC	Zip Code 20003	5000.00
Purpose of Disbursement YTD:\$15000.00 Dues		Candidate Name	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000474800097	
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Democratic Senatorial Campaign Committee		08 / 27 / 2002	
Mailing Address 430 South Capital St SE		Amount of Each Disbursement this Period	
City Washington	State DC	Zip Code 20003	10000.00
Purpose of Disbursement YTD:\$15000.00 Dues		Candidate Name	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2002 Primary General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 10000000474800098	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>30000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial)

**A.** Democratic National Committee / Federal Account

Mailing Address

430 S Capitol Street SE

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

YTD:\$5000.00 Dues

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

08 / 27 / 2002

Amount of Each Disbursement this Period

5000.00

Transaction ID: 10000000475000099

Full Name (Last, First, Middle Initial)

**B.** New Democrat Network

Mailing Address

501 Capitol Court NE

City

Washington

Suite 200

State

DC

Zip Code

20002

Purpose of Disbursement

YTD:\$5000.00 Annual Dues

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

08 / 09 / 2002

Amount of Each Disbursement this Period

5000.00

Transaction ID: 10000000477000100

**C.**

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

**10000.00**

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

**40000.00**