



American Academy of
Orthopaedic Surgeons®

AAOS

RECEIVED
FEDERAL ELECTION
COMMISSION
AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS
COMMISSIONAL ROOM

6300 North River Road | Rosemont, IL 60018-4262 | Phone 847/823-7186, 800/346-2267 | Fax 847/823-8125 | Fax-on-line 847/823-8125 | Internet www.aaos.org
2000 APR 17 2 43

April 11, 2000

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

RE: Report Filing for FEC ID# C00343137

Dear Staff:

Pursuant to the reporting requirements of the Federal Election Commission, enclosed is the April 15 quarterly report covering activity through March 31, 2000.

Sincerely,

Ron Kaye
Director, Finance & Planning

Enclosure

cc: D. Lovett

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2008 APR 12 A 9:43

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Political Action Committee of the American Association of Orthopaedic Surgeons	E. FEC IDENTIFICATION NUMBER C00343137
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 317 Massachusetts Avenue NE 1st Floor	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Washington, DC 20002	

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

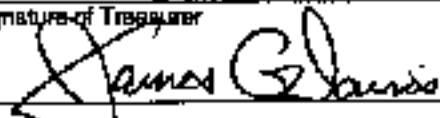
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/00</u> through <u>03/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 177,919.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 177,919.67	
(c) Total Receipts (from Line 19)	\$ 65,960.00	\$ 65,960.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 243,879.67	\$ 243,879.67
7. Total Disbursements (from Line 30)	\$ 49,251.12	\$ 49,251.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 214,628.55	\$ 214,628.55
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name of Treasurer
James G. Davis

Signature of Treasurer



Date

4-7-00

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

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FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE Political Action Committee of the American Association of Orthopaedic Surgeons	REPORT COVERING PERIOD		
	FROM 01/01/00	TO: 03/31/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	33,250.00	33,250.00	11(a)(i)
ii. Unitemized	52,710.00	52,710.00	11(a)(ii)
iii. Total	85,960.00	85,960.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions	85,960.00	85,960.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts	86,960.00	85,960.00	19
20. Total Federal Receipts	85,960.00	85,960.00	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	487.02	487.02	21(b)
c. Total Operating Expenditures	487.02	487.02	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	48,764.10	48,764.10	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements	49,251.12	49,251.12	30
31. Total Federal Disbursements	49,251.12	49,251.12	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	85,960.00	85,960.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	85,960.00	85,960.00	34
35. Total Federal Operating Expenditures	487.02	487.02	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures	487.02	487.02	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9
FOR LINE NUMBER 11 a i

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

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

A. Full Name, Mailing Address and ZIP Code D Marshall Jemison , MD 979 E 3rd St, #900 Chattanooga, TN 37403-2117	Name of Employer Mayes Hand Center	Date (month, day, year) 01/12/00	Amount of Each Receipt this Period 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code Terry R Noonan , MD 602 W University Ave Urbana, IL 61801-2530		Name of Employer Self Employed	Date (month, day, year) 01/12/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	
C. Full Name, Mailing Address and ZIP Code Alan S Routman , MD 4878 N Federal Hwy, #800 Fort Lauderdale, FL 33308-4610		Name of Employer Self Employed	Date (month, day, year) 01/12/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Glenn C Landon , MD 2727 W Holcome Blvd Houston, TX 77026		Name of Employer Self Employed	Date (month, day, year) 02/07/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code Charles M Biltzer , MD 237 Route 108, #205 Somersworth, NH 03878-1517		Name of Employer Self Employed	Date (month, day, year) 02/07/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code Charles H Alexander , MD 5548 Green Oak Dr Los Angeles, CA 90068-2601		Name of Employer White Memorial Orthopedics	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Thomas R Highland , MD 400 Keene St P O Box 0 Columbia, MO 65201-8828		Name of Employer Self Employed	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 750.00	

SUBTOTAL of Receipts This Page (optional) **3,500.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 8
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code S Gopal Krishnan , MD 1331 E 8th St Westaco, TX 78606-8801	Name of Employer Krishnan and Associates Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Richard F McKay , MD 8 Medical Dr Amarillo, TX 79106-4138	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Alan H Morris , MD 522 N New Ballas Rd; #199 Saint Louis, MO 63141-6820	Name of Employer Metropolitan Orthopaedics Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Drake B White , MD 805 E Grant Macomb, IL 61456	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Eugene Michael Wolf , MD 3000 California St San Francisco, CA 94115-2411	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Jeffrey H Charen , MD 34-36 Progress St, 8A2 Orthopaedic Associates of Cent Edison, NJ 08820-1187	Name of Employer Orthopaedic Associates of Central NJ Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Allen S Edmonson , MD 1400 S Germantown Rd Germantown, TN 38138	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 02/23/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 3,580.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 9
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael S Fitzsimmons, MD 5315 Elliot Dr Ste 202 Ypsilanti, MI 48197-8834	Self Employed	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Michael B Haynes, MD 22250 Providence Dr. #401 Southfield, MI 48075-6212	Self Employed	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Nicholas Ivan, MD 1414 E. Wackerly Midland, MI 48642	Self Employed	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Roger N Levy, MD Dept of Ortho Mt Sinai Med Center New York, NY 10029-8574	Mt Sinai Medical Center	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
David P Mesria, MD 3704 Camino Codorniz Calabasas, CA 91302-3043	Self Employed	02/23/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
James Albert Nunley II, MD Duke Univ Med Ctr Box 2823 Durham, NC 27710	Duke University Medical Center	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Craig P Smith, MD 1450 East "A" St Casper, WY 82501-2215	Self Employed	02/23/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) \$ 1,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John William Urbe, MD 1150 Campo Sano Ave, #200 Coral Gables, FL 33146-1174	Self Employed	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Evangelos Megariotis, MD 56 Edgewood Ave Clifton, NJ 07012-1521	Self Employed	02/23/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard A Saunders, MD PO Box 745 60 Elm St Glens Falls, NY 12801-3535	Self Employed	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Thomas Bolgar, MD 1111 Delafield St, #120 Waukesha, WI 53188-3402	Self Employed	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S Early, MD University of Texas Southwest Medical Center Dallas, TX 75390-8883	University of Texas	02/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James E Mullen, MD 24983 Paseo De Valencia, 20-A Laguna Hills, CA 92653-4338	Self Employed	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward W Younger III, MD 6403 Coyle Ave, #170 Carmichael, CA 95608-0311	Northern California Orthopaedic Centers	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 4,000.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian P Wicks, MD 12754 Silverdale Way Silverdale, WA 98383	Doctor's Clinic	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	
Eric Martin Boyden, MD 555 N Arlington Reno, NV 89603-4723	Self Employed	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
William W Tipton Jr, MD Executive Vice President, AAOB 6300 N River Rd Rosemont, IL 60018-4292	American Academy of Orthopaedic Surgeons	02/24/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Peter J Mandell, MD 2259 Post St Ste 108 San Francisco, CA 94115-3443	Self Employed	02/24/00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Bruce T Henderson, MD 886 Woodward Ave, #407 Pondich, MI 48341-2986	Self Employed	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Thomas H Mallin, MD 89 November Dr Camp Hill, PA 17011-8064	Self Employed	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
William A Leone, MD 4210 NE 26th Terrace Lighthouse Point, FL 33064	Holy Cross Orthopaedics	02/24/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code Mita G Sloc III, MD Santa Fe Medical Plaza 501 S Santa Fe, #300 Salina, KS 67401-4189	Name of Employer Santa Fe Medical Plaza	Date (month, day, year) 02/24/00	Amount of Each Receipt this Period 350.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Jeffrey L Lovello, MD 2310 Colonel Lindsay Ct Falls Church, VA 22043-2948	Name of Employer Self Employed	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code James Frank Barthea, MD 1 Richland Med Park, #110 Columbia, SC 29203-9830	Name of Employer Moore Orthopaedic Clinic	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 250.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Harold S Boyd, MD 1280 Center St N E Salem, OR 97301-4191	Name of Employer Self Employed	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 250.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Scott Beecher Scutchfield, MD 333 S 3rd St Danville, KY 40422-2015	Name of Employer Danville Orthopaedics	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Jeffrey A Baum, MD 200 Dolafield Rd Ste 1040 Pittsburgh, PA 15215	Name of Employer Three Rivers Orthopaedics Associates UPMC	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Thomas McElligott, MD 3285 Salem Rd Covington, GA 30016-1583	Name of Employer Self Employed	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	2,850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 9
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code Patrick F O'Leary, MD 1180 Park Ave New York, NY 10128-1212	Name of Employer Self Employed	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 1,000.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code Edward Toriello, MD 78-15 Elliot Ave Middle Village, NY 11379-1300	Name of Employer Self Employed	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Surrender P Dhiman, MD 2201 Glenwood Ave, #2 Joliet, IL 60438-5574	Name of Employer Self Employed	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 1,000.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code Alan E Frestland, MD 2500 N State St Jackson, MS 39216-4500	Name of Employer University Orthopaedics	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 1,000.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Kyle R Hegg, MD 2628 1st Ave, #400 Huntington, WV 25702-1238	Name of Employer Self Employed	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 250.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code J Wesley Mesko, MD 2801 Stabler St Lansing, MI 48910-3022	Name of Employer Self Employed	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 250.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Raymond J Stefanich, MD 2600 Ridgeway Ave Rochester, NY 14626-4116	Name of Employer Self Employed	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 4,500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
FOR LINE NUMBER 11 a 1

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

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

A. Full Name, Mailing Address and ZIP Code Andrew Peter Kant, MD 17270 Red Oak Dr, #200 Houston, TX 77060-2618 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/14/00	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code W Stanley Foster, MD 108 Valerie Dr Lafayette, LA 70508-6008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 600.00
C. Full Name, Mailing Address and ZIP Code David Lovett 5480 Fillmore Avenue Alexandria, VA 22311 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Academy of Orthopaedic Surgeons Occupation Director, Washington Office Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/15/00	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Carlos J Lavernia, MD 1321 NW 14th St Ste 203 Miami, FL 33125 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer University of Miami Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code David M Lintner, MD 6580 Fannin St, #400 Houston, TX 77030-2730 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code William A Sims, MD 1103 16th Ave S E Decatur, AL 35601-3598 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Robert S Adelaar, MD Med Coll Of Virginia Dept of Ortho Surgery Richmond, VA 23298-0153 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medical College of Virginia Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 3,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9
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NAME OF COMMITTEE (in Full)
Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Richard Peterson 3825 N Wilton Ave Chicago, IL 60613 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer American Academy of Orthopaedic Surgeons	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 250.00
	Occupation General Counsel Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Richard P Whittaker, MD 1603 E High St Pottstown, PA 19484-3061 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code Gregory G Orson, MD 4818 Timberline Dr S Fargo, ND 58104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code Nick M DiGiovine, MD Butte Ortho & Fracture Clinic 225 S Clark St Butte, MT 59701-1515 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Butte Ortho & Fracture Clinic	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code Mitchell B Sheinkop, MD 1725 W Harrison St, #1063 Chicago, IL 60612-3828 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Midwest Orthopaedics	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 1,000.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code Michael H Gordon, MD 1808 Rte 88 W Ste 103 Brick, NJ 08724 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Samir N Azer, MD 11701 Livingston Rd, #106 Fort Washington, MD 20744-5126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 3,750.00

TOTAL This Period (last page this line number only) 33,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21B

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

NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/02/00	Amount of Each Disbursement This Period 320.62
B. Full Name, Mailing Address and ZIP Code Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Purpose of Disbursement Bank fees deducted from account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 03/20/00	Amount of Each Disbursement This Period 89.40
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

410.02

TOTAL This Period (last page this line number only)

410.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McMahon for US Senate 878 Park Ave New York, NY 10021	Mark McMahon, U.S. SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/20/00	1,000.00
Simpson for Congress PO Box 1541 Boise, ID 83701	Michael K. Simpson, U.S. HOUSE 2nd ID Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/20/00	1,000.00
Thomas J Billey For Congress Comm. PO Box 23228 Richmond, VA 23226	Tom Billey, U.S. HOUSE 7th VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/20/00	1,000.00
Hoyer For Congress PO Box 2884 Washington, DC 20013	Steny H. Hoyer, U.S. HOUSE 5th MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	1,000.00
A Lot Of People For Dave Obey PO Box 1322 Wausau, WI 54402-1322	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	2,000.00
Re-Elect Brian Bilbray For Congress 870 Seacoast Dr #7 Imperial Beach, CA 91932	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	500.00
Gene Green Congressional Campaign PO Box 76214 Washington, DC 20013	Gene Green, U.S. HOUSE 29th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	1,000.00
Thurman For Congress 450 Pleasant Grove Road Inverness, FL 34462	Karen L. Thurman, U.S. HOUSE 6th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	1,000.00
Kyl for Senate 507 Capitol Court, N.E. #100 Washington, DC 20002	Jon Kyl, U.S. SENATE AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)

10,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 25

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Nancy Johnson To Congress Com PO Box 1988 New Britain, CT 06060	Nancy L. Johnson, U.S. HOUSE 8th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/31/00	1,500.00
B. Full Name, Mailing Address and ZIP Code Friends of Clay Shaw 2800 N E 14th Street Causeway Pompano Beach, FL 33062	E. Clay Shaw, U.S. HOUSE 22nd FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	2,000.00
C. Full Name, Mailing Address and ZIP Code Friends Of Dave Weldon PO Box 888 Melbourne, FL 32902	Dave Weldon, U.S. HOUSE 15th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Mike Bilirakis For Congress P O Box 1077 Tarpon Springs, FL 34888	Michael Bilirakis, U.S. HOUSE 8th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	2,000.00
E. Full Name, Mailing Address and ZIP Code Friends Of Ernest Istook 3501 NW 83rd Street Suite 404 Oklahoma City, OK 73123	Ernest J. Istook, U.S. HOUSE 5th OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Barrett For Congress 7720 Rogers Avenue Wauwatosa, WI 53213	Thomas M. Barrett, U.S. HOUSE 5th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Congressman Waxman Campaign Comm. 8665 Wilshire Blvd #220 Beverly Hills, CA 90211	Henry A. Waxman, U.S. HOUSE 29th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Diana DeGette For Congress Inc PO Box 61337 Denver, CO 80206	Diana DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	500.00
I. Full Name, Mailing Address and ZIP Code Pete Stark Re-Election Committee PO Box 8331 Fremont, CA 94537	Forney Pete Stark, U.S. HOUSE 13th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)

13,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 5
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rangel For Congress 2000 PO Box 6577 Manhattanville Station New York, NY 10027	Charles B. Rangel, U.S. HOUSE 15th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Bob Matsui For Congress Comm. 555 Capitol Mall Suite 1425 Sacramento, CA 95814	Robert T. Matsui, U.S. HOUSE 6th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Friends Of Mark Foley For Congress PO Box 30505 Palm Beach Gardens, FL 33420	Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	2,000.00
D. Full Name, Mailing Address and ZIP Code Tom Foley For United States Senate PO Box 274 Harrisburg, PA 17108	Tom Foley, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/15/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Tom Foley For United States Senate PO Box 274 Harrisburg, PA 17108	Tom Foley, U.S. SENATE PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/17/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Dave Wu for Congress 625 SW 10th Avenue, #182 Portland, OR 97206	David Wu, U.S. HOUSE 1st OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/21/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends Of Jerry Kieczka 4200 Christine Place Alexandria, VA 22311	Gerald D. Kieczka, U.S. HOUSE 4th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Grams for Senate 107 Capitol Court, NE, #100 Washington, DC 20002	Rod Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Friends of Kent Conrad 420 C St. NE Lower Level Washington, DC 20002	Kent Conrad, U.S. SENATE ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hoefel for Congress 24 West Ahy Street Norristown, PA 19401	Joseph M. Hoefel, U.S. HOUSE 13th PA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Frand's Of John Conyers 300 N. Lee Street Suite 500 Alexandria, VA 22314	John Conyers, U.S. HOUSE 14th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Joe Scarborough For Congress Post Office Box 13012 Pensacola, FL 32581	Joe Scarborough, U.S. HOUSE 1st FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
People for Ganske 521 E Locust 2nd Floor Des Moines, IA 50308	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Whitfield For Congress PO Box 391 Hopkinsville, KY 42241	Edward Whitfield, U.S. HOUSE 1st KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Texans For Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20161	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	500.00
Texans For Henry Bonilla 4451 Brookfield Corporate Drive Suite 200 Chantilly, VA 20161	Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Norwood For Congress PO Box 499 Evans, GA 30809	Charlie Norwood, U.S. HOUSE 10th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	500.00
John D Dingell For Congress Comm. 607 Fourteenth Street NW Washington, DC 20005	John D. Dingell, U.S. HOUSE 16th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/23/00	2,000.00

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 22

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hall For Congress P O Box 711 Rockwall, TX 76087	Ralph M. Hall, U.S. HOUSE 4th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/23/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Berkley 2000 3069 Conquista Court Las Vegas, NV 89121	Shelley Berkey, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	500.00
C. Full Name, Mailing Address and ZIP Code Marion Berry for Congress PO Box 8064 Jonesboro, AR 72403	Marion Berry, U.S. HOUSE 1st AR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Paul Perry for Congress Committee P.O. Box 5453 Evansville, IN 47714	Perry, U.S. HOUSE 8th IN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	784.10
E. Full Name, Mailing Address and ZIP Code Pallone For Congress P.O. Box 3178 Long Branch, NJ 07740	Frank Pallone, U.S. HOUSE 6th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/31/00	2,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

6,284.10


TOTAL This Period (last page this line number only)

48,784.10

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4-12-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	4-12-00 DATE PREPARED