

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 19
04/14/2000 09 : 11

1. NAME OF COMMITTEE (in full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITIG-AL ACTION COMMITTEE (AOPAPAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1650 KING STREET SUITE 500	2. FEC IDENTIFICATION NUMBER C00118430
CITY, STATE, and ZIP CODE ALEXANDRIA VA 22314	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly 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 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/2000</u> through <u>03/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		94919.22
(b) Cash on Hand at Beginning of Reporting Period	94919.22	
(c) Total Receipts (from line 19)	28024.37	28024.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	122943.59	122943.59
7. Total Disbursements (from line 30)	7010.00	7010.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	115933.59	115933.59
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 800-424-9530 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 Electronically Filed by Ms Martha Rinker, Esq.		
Signature of Treasurer	Date 04/14/2000	

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 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITIC- AL ACTION COMMITTEE (AOPAPAC)	REPORT COVERING PERIOD		
	FROM 01/01/2000	TO: 03/31/2000	
	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)	24765.00	24765.00	11.a.i.
ii. Unitemized	2085.00	2085.00	11.a.ii.
iii. Total	26850.00	26850.00	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	26850.00	26850.00	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.)	1174.37	1174.37	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	28024.37	28024.37	19.
20. Total Federal Receipts	28024.37	28024.37	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	10.00	10.00	21.b.
c. Total Operating Expenditures	10.00	10.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	7000.00	7000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	7010.00	7010.00	30.
31. Total Federal Disbursements	7010.00	7010.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	26850.00	26850.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	26850.00	26850.00	34.
35. Total Federal Operating Expenditures	10.00	10.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	10.00	10.00	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 19
			FOR LINE NUMBER 11A1

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)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)

Full Name, Mailing Address, and ZIP Code Mrs. Stephanie Best, CPO 7860 Restmoor Drive Baldwinsville NY 13027	Name of Employer Alliance Orthotics and Prosthetics	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 100.00
	Occupation Prosthetist-Orthotist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Mr. Timothy Codd, CPO 27477 Schoolcraft Road Livonia MI 48150	Name of Employer Michigan Orthopedic Services	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 100.00
	Occupation Prosthetist-Orthotist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Mr. William DeToro, CO 3400 Old Winter Trail Poland OH 44514	Name of Employer Anatomical Concepts	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 500.00
	Occupation Orthotist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Kathy Dodson 8807 Falkstone Lane Alexandria VA 22309	Name of Employer O&P Headquarters	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00
	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 130.00		
Full Name, Mailing Address, and ZIP Code Mr. Thomas Gorski, CAE 13812 Eden Way Chanilly VA 20151	Name of Employer O&P Headquarters	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00
	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 130.00		
Full Name, Mailing Address, and ZIP Code Ms. Lisa Gough 2040 North Vermont Street 303 Arlington VA 22207	Name of Employer O&P Headquarters	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00
	Occupation Editor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 130.00		
Full Name, Mailing Address, and ZIP Code Ms. Catherine Hassinger 6372 Lakewood Drive Falls Church VA 22041	Name of Employer O&P Headquarters	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 130.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		4 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)				
Full Name, Mailing Address, and ZIP Code Mr. Lance Hoxie 250 S. Writing Street 301 Alexandria VA 22304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer American Board for Certification Occupation Executive Director Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Tina Moran 11809 Cherrytree Xing Road Brandywine MD 20813 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Manager Aggregate Year-to-Date > \$ 130.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00	
Full Name, Mailing Address, and ZIP Code Mr. Aziz Naser, CP 27477 Schoolcraft Road Livonia MI 48150 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Michigan Orthopedic Services Occupation Prosthetist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Kimber Nation 4500 S. Four Mile Run Drive 734 Arlington VA 22204 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Deputy Executive Director Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 325.00	
Full Name, Mailing Address, and ZIP Code Mr. Dennis Oehler 59 Red Fox Lane East Hampton NY 11937 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dis Abilities Occupation Executive Director Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Charles Prilham, CPO 26 Joci Court Durham NC 27704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Duke University Medical Center Occupation Prosthetist-Ortholst Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Martha Rinkar, Esq. 3420 16th Street, NW 601 Washington DC 20010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Director Aggregate Year-to-Date > \$ 130.00	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 19
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Ms. Karyn Schibanoff 210 East Howell Avenue S Alexandria VA 22301	Name of Employer O&P Headquarters	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00
	Occupation Reimb Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 130.00		
Full Name, Mailing Address, and ZIP Code Mr. David Schultz, CPO 16110 W. Bluemound Road Brockfield WI 53045	Name of Employer ACTRA Rehabilitation	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 500.00
	Occupation Prosthalist-Ortholst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Manisha Sethi 4003 Renault Place Alexandria VA 22309	Name of Employer O&P Headquarters	Date (month, day, year) 01/03/2000	Amount of Each Receipt this Period 130.00
	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 130.00		
Full Name, Mailing Address, and ZIP Code Mr. Jan Leinkuehler, CPO 1089 Tall Trees Drive Pittsburg PA 15241	Name of Employer Union Orthotics and Prosthetics	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 500.00
	Occupation Prosthalist-Ortholst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 525.00		
Full Name, Mailing Address, and ZIP Code Mr. Michael Allen, CPO 2502 West Ohio Avenue Midland TX 79701	Name of Employer Allen Orthotics and Prosthetics	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 1000.00
	Occupation Prosthalist-Ortholst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Stephanie Bash, CPO 600 E. Genesee Street 114 Syracuse NY 13202	Name of Employer Alliance Orthotics & Prosthetics	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Prosthalist-Ortholst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Larry Bradshaw 627 Executive Drive Troy MI 48063	Name of Employer Becker Orthopedic	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)				
Full Name, Mailing Address, and ZIP Code Mr. Aris Bronkhorst, CPO 3829 Medical Parkway Austin TX 78756 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rehab Designs of America Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 200.00	
Full Name, Mailing Address, and ZIP Code Mr. Joseph Carter, Jr., CPO 623 West Spring Street Titusville PA 16354 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Carter Orthopedics Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Mark DeHards 534 Trestle Place Downingtown PA 19335 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Ultraflex Occupation Prosthetist Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Mr. William DeToro, CO 3409 Old Winter Trail Poland OH 44514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Anatomical Concepts Occupation Orthotist Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 500.00	
Full Name, Mailing Address, and ZIP Code Mr. Paul Dreschler 744 Harness Road Statesville NC 28877 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Faith Prosthetics and Orthotics Occupation Manager Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. James Dugosh, CPO 7600 North Kings Highway Myrtle Beach SC 29572 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Life-Tech Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Joseph Elliott, CPO 3414 Joliet Avenue Lubbock TX 79413 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Asian O&P Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)

Full Name, Mailing Address, and ZIP Code Mr. Rick Fleetwood 625 N. University Avenue Little Rock AR 72205	Name of Employer Snell's Prosthetic and Orthotic Lab	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Manager	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Brian Gustin, CPO 1525 University Avenue Green Bay WI 54302	Name of Employer Wisconsin Orthopedic Appliance Co	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Gary Horton, CPO 5220 W. 12th Street Little Rock AR 72204	Name of Employer Horton's Orthotic Lab	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 250.00
	Occupation Orthotist	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Marc Kam, CPO 22 Edgewater Road Falmouth ME 04105	Name of Employer Maine Artificial Limb	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 500.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Jeff Kingsley 1984 Placentia Avenue Costa Mesa CA 92626	Name of Employer Kingsley Manufacturing	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 500.00
	Occupation President	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Harry Layton, CPO 2724 West Gore Boulevard Lawton OK 73505	Name of Employer Layton Brace & Limb	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 650.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
Full Name, Mailing Address, and ZIP Code Mr. Robert Leimkuhler, CPO 4625 Detroit Avenue Cleveland OH 44102	Name of Employer Leimkuhler, Inc.	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :			
SUBTOTALS of Receipts This Page (Optional)			
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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)					
Full Name, Mailing Address, and ZIP Code Mr. William Leimkuhler, CPO 205 North Leavitt Road Amherst OH 44001		Name of Employer Leimkuhler Orthotic-Pro- thetic		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code James & Michele Lochrke 2241 Peninsula Drive Erie PA 16506		Name of Employer Green Prosthetics-Ortho- tics		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Mr. Vincent Lukowiak, CPO 135 South Washington Casper WY 82601		Name of Employer High Plains Orthotics and Prosthetics		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Ms. Elizabeth Mansfield 635 New Park Avenue West Hartford CT 06110		Name of Employer Altman Orthotics and Pros- thetics		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Vice President			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Pete Muto, CPO 7000 Hampton Center A Morgantown WV 26505		Name of Employer Morgantown Orthotics and Prosthetics		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. David Nelson, CPO 2754 Maple Avenue Zanesville OH 43701		Name of Employer Hanger Orthotics and Pros- thetics		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Ms. Lucia Nazalek, CO 22 East Hampton Road Binghamton NY 13903		Name of Employer Klemmt Orthopaedic Serv- ices		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Orthotist			
		Aggregate Year-to-Date > \$ 125.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	9 / 19
					FOR LINE NUMBER 11A1
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) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)					
Full Name, Mailing Address, and ZIP Code Mrs. Micaela Paulowski 7554 Grand Boulevard Hobart IN 46342		Name of Employer Calumet Orthopedic Occupation Owner		Date (month, day, year) 01/30/2000	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			
Full Name, Mailing Address, and ZIP Code Mr. Craig Plattner, CO 1100 Main Street Peoria IL 61606		Name of Employer Plattner Orthopedic Co. Occupation Ortholst		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Mr. Tom Sanders 3303 North 75th Street Scottsdale AZ 85251		Name of Employer Prosthetic Orthotic Assoc- iations Occupation Manager		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. C. Michael Schuch, CPO Box 3885 Durham NC 27710		Name of Employer Duke University Occupation Prosthetist-Ortholst		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. William Schumann, CPO 184 Pleasant Valley Street Methuen MA 01844		Name of Employer Hanger Prosthetics and Or- thotics Occupation Prosthetist-Ortholst		Date (month, day, year) 01/30/2000	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			
Full Name, Mailing Address, and ZIP Code Mr. Gini Snell, CPO 1633 Line Avenue Shreveport LA 71101		Name of Employer Snell's Orthotics & Prost- hetics Occupation Prosthetist-Ortholst		Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Ms. Rhonda Turner, LPO 7557 South Freeway Houston TX 77021		Name of Employer The Prosthetic Center Occupation Prosthetist-Ortholst		Date (month, day, year) 01/30/2000	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			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		10 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)				
Full Name, Mailing Address, and ZIP Code Mr. Frank Txyeffort, III 1 Stafford Street Shreveport MA 01104	Name of Employer Pioneer Valley Orthotics & Prosthetics	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Mr. Thomas Watson, CP 2819 W. Fourth Street Owensboro KY 42301	Name of Employer Tom Watson's O&P Lab	Date (month, day, year) 01/30/2000	Amount of Each Receipt this Period 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Mr. Dan Beardslee 17505 Hairo Drive Fraser MI 48026	Name of Employer College Park Industries	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Edle Busam 5855 North Street Denver CO 80216	Name of Employer Rehab Designs of America	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 100.00		
Full Name, Mailing Address, and ZIP Code Mr. Glenn Crumpton, CPO 1223 East South Boulevard Montgomery AL 36116	Name of Employer Alabama Artificial Limb	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Steven Filippis, CP 2845 Crooks Road Rochester Hills MI 48309	Name of Employer Wright & Filippis	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Marvin Fouroux, CPO 404 Governors Drive Huntsville AL 35801	Name of Employer Fouroux Orthotic & Prosthetic	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		11 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)				
Full Name, Mailing Address, and ZIP Code Mr. Theodore Gaskell, CPO 2009 S. 66th Street Fort Smith AR 72903	Name of Employer Horton's Orthotic Lab, Inc. Occupation Prosthetist-Orthotist	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Richard Goulerman, CPO 4701 Randolph Road G6 Rockville MD 20852	Name of Employer Goulerman Orthopedic Appliance Occupation Prosthetist-Orthotist	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Michael Hamontree 17310 Redhill Avenue 105 Irvine CA 92614	Name of Employer OrPro Occupation President	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Mr. Kevin Hawkins, CP 930 Trailwood Drive Boardman OH 44512	Name of Employer ABi Orthotic & Prosthetic Labs Occupation Prosthetist	Date (month, day, year) 01/31/2000	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			
Full Name, Mailing Address, and ZIP Code Mr. Kevin Karas 9401 Indian Creek Parkway Overland Park KS 66210	Name of Employer Rehab Designs of America Occupation Director	Date (month, day, year) 01/31/2000	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			
Full Name, Mailing Address, and ZIP Code Mr. Glenn Matsushima, CPO 2900 Bristol Street Costa Mesa CA 92626	Name of Employer Rehab Designs of America Occupation Prosthetist-Orthotist	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Michael Neal, CPO 2301 North church Street Greensboro NC 27405	Name of Employer Bio Tech Prosthetics & Orthotics Occupation Prosthetist-Orthotist	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 19
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)					
Full Name, Mailing Address, and ZIP Code Mr. Jerry Nelson, CPO 3585 Harrison Boulevard Ogden UT 84403	Name of Employer Ogden Orthotics Prosthet- GS	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Ortholst	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. David Rooney 2 Corporate Drive Trumbull CT 06111	Name of Employer BioMetrics, Inc.	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Ortholst	Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Mr. Brad Ruhl 3000 Xenium Lane Minneapolis MN 55441	Name of Employer Otto Bock	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 150.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Director	Aggregate Year-to-Date > \$ 150.00			
Full Name, Mailing Address, and ZIP Code Mr. Anthony Sala, CPO 3010 Trenwest Drive Boardman OH 27103	Name of Employer Bio Tech	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Ortholst	Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Mark Smith, CPO 120 Osage Avenue Kansas City KS 66105	Name of Employer Knit Rite	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Prosthetist-Ortholst	Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Ms. Elizabeth Spring 17310 Redhill Avenue 105 Irvine CA 92614	Name of Employer OrPro	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Ms. Micky Sworzal 2850 South Industrial Highway Ann Arbor MI 48104	Name of Employer Michigan O&P	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Manager	Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 19
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NAME OF COMMITTEE (In Full)
AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)

Full Name, Mailing Address, and ZIP Code Mr. Lester VanKuren, CPO 2845 Crooks Road Rochester Hills MI 48300 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wright & Filippis	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 250.00
	Occupation Prosthetist-Orthotist		
	Aggregate Year-to-Date \gg \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. J. Michael Wheatley, PhD, CPO 41880 Court House Drive Leonardtown MD 20650 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer MHC Orthotics Prosthetics	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 1000.00
	Occupation Prosthetist-Orthotist		
	Aggregate Year-to-Date \gg \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Steven Whiteside, CPO 5280 N. Calle Buja Tucson AZ 85718-5223 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hanger Prosthetics & Orthotics	Date (month, day, year) 01/31/2000	Amount of Each Receipt this Period 250.00
	Occupation Prosthetist-Orthotist		
	Aggregate Year-to-Date \gg \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Sam Hamontree, CPO 18891 Coral Cay Lane Huntington Harbour CA 92649 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer OrPro	Date (month, day, year) 02/10/2000	Amount of Each Receipt this Period 1000.00
	Occupation Chairman		
	Aggregate Year-to-Date \gg \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Lucia Nezelek, CO 22 East Hampton Road Binghamton NY 13903 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Klemmt Orthopaedic Services	Date (month, day, year) 02/10/2000	Amount of Each Receipt this Period 150.00
	Occupation Orthotist		
	Aggregate Year-to-Date \gg \$ 275.00		
Full Name, Mailing Address, and ZIP Code Mr. G. Kyle Temple, CPO 1500B 14th Street Meridian MS 39301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Temple Orthotics and Prosthetics	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 1000.00
	Occupation Prosthetist-Orthotist		
	Aggregate Year-to-Date \gg \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Aria Bronkhorst, CPO 3829 Medical Parkway Austin TX 78756 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Rehab Designs of America	Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 250.00
	Occupation Prosthetist-Orthotist		
	Aggregate Year-to-Date \gg \$ 450.00		

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)					
Full Name, Mailing Address, and ZIP Code Mr. Thomas LeTourneau, CPO 2452 Calder Street Beaumont TX 77702		Name of Employer LeTourneau Lifelke Orthotics		Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Ted Markgren, CPO 672 Como Avenue St. Paul MN 55103		Name of Employer OPGA		Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Manager			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Mika Martin, CPO 1920 E. Katella Avenue #5 Orange CA 92867		Name of Employer Rehab Designs		Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Thomas Watson, CP 2819 W. Fourth Street Owensboro KY 42301		Name of Employer Tom Watson's O&P Lab		Date (month, day, year) 03/15/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist			
		Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Ms. Wendy Beallie, CPO 5210 Highland Road Waterford MI 48327		Name of Employer Becker Orthopedic		Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Frank Bostock, CO Two West Kaler Drive Phoenix AZ 85021		Name of Employer Hanger Prosthetics and Orthotics		Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Robert Brown, Sr., CPO 144 Whitetail Drive Ithaca NY 14850		Name of Employer FLO-TECH		Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Orthotist			
		Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)					
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SCHEDULE A		ITEMIZED RECEIPTS		15 / 19
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 11A1	
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) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)				
Full Name, Mailing Address, and ZIP Code Mr. Thomas DiBello, CPO 7015 Alameda Road Houston TX 77054 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dynamic Orthotics and Prosthetics Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Mr. James Fitzpatrick, CP 24411 Kings View Laguna Niguel CA 92677 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hanger Orthotic and Prosthetic Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. David Forbes, CPO 44 Oriskany Boulevard Yorkville NY 13495 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Empire Orthopedic Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Curtis Kowalczyk, CO 374 Ruggles Street Fond Du Lac WI 54935 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ACTRA Rehabilitation Occupation Orthotist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. David LaFrance 820 Sundial Drive Waite Park MN 56387 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Orto-Pad Occupation Manager Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. John McNeil, CPO 5010 McGinnis Ferry Road Alpharetta GA 30005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hanger Orthotics and Prosthetics Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 100.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Mr. David Schultz, CPO 18110 W. Bluemound Road Brockfield WI 53045 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ACTRA Rehabilitation Occupation Prosthetist-Orthotist Aggregate Year-to-Date > \$ 550.00	Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	16 / 19
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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)					
Full Name, Mailing Address, and ZIP Code Mr. Romney Shell, CPO 11248 Raleigh Lagrange Road Eads TN 38028		Name of Employer CFI		Date (month, day, year) 03/16/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Ortholst			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. John Benson, III 2729 Vine Street Cincinnati OH 45219		Name of Employer J.F. Rowley		Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Ortholst			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Kevin Calvo, CPO 4608 Sun Valley Road Delmar CA 92014		Name of Employer Blonics O&P		Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Ortholst			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Mohammed Chaudhary, CPO 5288 Gauley River Drive Stone Mountain GA 30087		Name of Employer American Prosthetics		Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Ortholst			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. Bill Donahue, CPO 1331 Horton Road Jackson MI 49203		Name of Employer Century XXII		Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Manager			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Mr. Carleton Fillauer, CPO 100 James Boulevard 68BV Signal Mountain TN 37377		Name of Employer Fillauer, Inc.		Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Prosthetist-Ortholst			
		Aggregate Year-to-Date > \$ 100.00			
Full Name, Mailing Address, and ZIP Code Don Hardin 9540 Lower river Road Rabbit Hash KY 41005		Name of Employer Otto Bock Orthopedic		Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Manager			
		Aggregate Year-to-Date > \$ 100.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	17 / 19
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Mr. David Jendrzelyk, CPO 22 Raymond Street Newington CT 06111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hanger Prosthetics and Orthotics	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 250.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Jeff Kingsley 1984 Placentia Avenue Costa Mesa CA 92626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Kingsley Manufacturing	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
	Occupation President	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Mr. Ken Woodward, CPO 2845 Crooks Road Rochester Hills MI 48309 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wright & Filippis	Date (month, day, year) 03/17/2000	Amount of Each Receipt this Period 100.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Casey Bradshaw 1831 E. Mubery Street Fort Collins CO 80524 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Scott Orthotic Labs	Date (month, day, year) 03/18/2000	Amount of Each Receipt this Period 100.00
	Occupation Manager	Aggregate Year-to-Date > \$ 100.00	
Full Name, Mailing Address, and ZIP Code Mr. Paul Prusakowski, CPO 6830 NW 11th Place A Gainesville FL 32805 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Digital Technologies	Date (month, day, year) 03/18/2000	Amount of Each Receipt this Period 100.00
	Occupation Prosthetist-Orthotist	Aggregate Year-to-Date > \$ 100.00	

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	24765.00

SCHEDULE A		ITEMIZED RECEIPTS		18 / 19
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)				
Full Name, Mailing Address, and ZIP Code Bank of America P.O. Box 27025 Richmond VA 23261	Name of Employer Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 257.18	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 257.18			
Full Name, Mailing Address, and ZIP Code Crestar P.O. Box 85024 Richmond VA 23285	Name of Employer Occupation	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period 917.19	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 8 917.19			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				1174.37

SCHEDULE B		ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	19 / 19
				FOR LINE NUMBER	23
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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE (AOPAPAC)					
Full Name, Mailing Address, and ZIP Code BILL THOMAS CAMPAIGN COMMITTEE PO BOX 395 BAKERSFIELD CA 93302	Purpose of Disbursement (House - CA - 21) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/03/2000	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code FRIENDS OF JOHN TANNER P.O. BOX 1988 UNION CITY TN 38261	Purpose of Disbursement (House - TN - 08) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 2000.00		
Full Name, Mailing Address, and ZIP Code JIM RAMSTAD VOLUNTEER COMMITTEE 8100 PENN AVENUE SOUTH SUITE 104 BLOOMINGTON MN 55431	Purpose of Disbursement (House - MN - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code PETE STARK RE-ELECTION COMMITTEE PO BOX 8331 FREMONT CA 94537	Purpose of Disbursement (House - CA - 13) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/07/2000	Amount of Each Disbursement This Period 1000.00		
Full Name, Mailing Address, and ZIP Code CITIZENS FOR HARKIN P O BOX 811 DES MOINES IA 50304	Purpose of Disbursement (Senate - IA - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 02/21/2000	Amount of Each Disbursement This Period 1000.00		
SUBTOTALS of Disbursements This Page (Optional)					
TOTALS This Period (last page this line number only)					7000.00