

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 JUL 14 P 2:37

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) Political Action Committee of the American Association of Orthopaedic Surgeons		2. FEC IDENTIFICATION NUMBER C00343137
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 317 Massachusetts Avenue NE 1st Floor		
CITY, STATE and ZIP CODE Washington, DC 20002		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 |

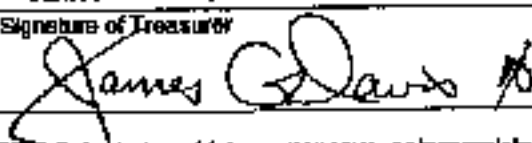
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/00</u> through <u>08/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 177,919.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 214,626.88	
(c) Total Receipts (from Line 19)	\$ 101,825.00	\$ 187,885.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 316,451.88	\$ 365,804.67
7. Total Disbursements (from Line 30)	\$ 144,281.03	\$ 193,534.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 172,170.85	\$ 172,270.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
550 E Street, NW
Washington, DC 20463
Toll Free 800-424-9690
Local 202-219-3420

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

Type or Print Name of Treasurer James G. Davis, MD	Date
Signature of Treasurer 	7-11-00

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

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FEC FORM 3X

(revised 9/98)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, REC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE Political Action Committee of the American Association of Orthopaedic Surgeons	REPORT COVERING PERIOD		
	FROM	TO	
	04/01/00	08/30/00	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	51,250.00	84,500.00	11(a)(i)
ii. Unitemized	50,675.00	103,385.00	11(a)(ii)
b. Total (add i and ii) >	101,925.00	187,885.00	11(a)(b)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	101,925.00	187,885.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	101,925.00	187,885.00	19
20. Total Federal Receipts (subtract line 18 from line 19) >	101,925.00	187,885.00	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	883.03	1,480.05	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	883.03	1,480.05	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	108,290.00	157,054.10	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 (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	35,000.00	35,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	144,283.03	193,534.15	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	144,283.03	193,534.15	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	101,925.00	187,885.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	101,925.00	187,885.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	883.03	1,480.05	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	883.03	1,480.05	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 19
FOR LINE NUMBER 11 a f

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

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

A. Full Name, Mailing Address and ZIP Code David A Fisher, MD 1801 N Seneca Blvd, #200 Indianapolis, IN 46202	Name of Employer Orthopaedics of Indianapolis	Date (month, day, year) 04/05/00	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):			
B. Full Name, Mailing Address and ZIP Code Douglas E Jessup, MD 7650 Parkman Rd Richmond, VA 23264-4300	Name of Employer Self Employed	Date (month, day, year) 04/05/00	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 Bert C Callahan, MD 130 Warren St Beaver Dam, WI 53910-3062	Name of Employer Self Employed	Date (month, day, year) 04/11/00	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):			
D. Full Name, Mailing Address and ZIP Code James F Scoggin VI, MD 666 S King St Honolulu, HI 96813-3009	Name of Employer Self Employed	Date (month, day, year) 04/11/00	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):			
E. Full Name, Mailing Address and ZIP Code Gary Worthingto Bradley, MD 536 E Annelage St Santa Barbara, CA 93103-2284	Name of Employer Self Employed	Date (month, day, year) 04/18/00	Amount of Each Receipt this Period 300.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Stuart A Hirsch, MD 720 US Hwy 202-206 N Bridgewater, NJ 08807-2565	Name of Employer Self Employed	Date (month, day, year) 04/18/00	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):			
G. Full Name, Mailing Address and ZIP Code Lawrence D Dorr, MD The Bone & Joint Institute Good Samaritan Hospital Los Angeles, CA 90017	Name of Employer Good Samaritan Hospital	Date (month, day, year) 04/26/00	Amount of Each Receipt this Period 1,000.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) \$ 3,550.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 19
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph C DiRaimondo, MD 501 N 10th St P O Box 807 Manitowoc, WI 54220-4039	Orthopaedic Associates of Manitowoc	05/03/00	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	
David A Esposito, MD 1717 Shipyard Blvd Ste 350 Wilmington, NC 28403	Self Employed	05/03/00	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	
Marc I Malberg, MD 1527 State Hwy 27, #1300 Somerset, NJ 08873-2979	Self Employed	05/17/00	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	
Michael R Cain, MD 6 Greenwich Office Park Greenwich, CT 06831-5161	Self Employed	06/17/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Craig H Rosen, MD 603 N Broad St Ste 300 Woodbury, NJ 08096-1519	Self Employed	06/17/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Edward C Tanner, MD 1445 Portland Ave Ste 210 Rochester, NY 14621	Self Employed	06/17/00	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	
Richard D Coultis, MD 7810 Frost St, #202 San Diego, CA 92123-2712	Orthopaedic Medical Group	06/17/00	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	

SUBTOTAL of Receipts This Page (optional)

4,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 19
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
Neal L Rockowitz, MD 3104 E Indian School Rd, #100 Phoenix, AZ 85018-8873	Self Employed	05/17/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard W Garner, MD 3250 Providence Dr, #200 Anchorage, AK 99508-4803	Anchorage Fracture & Orthopaedic Clinic	05/17/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Courtney W Brown, MD 660 Golden Ridge Rd #250 Golden, CO 80401-9522	Lakewood Orthopaedic Clinic	05/19/00	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 P Colman Jr, MD 800 Pollard Rd Los Gatos, CA 95032-1415	Self Employed	05/19/00	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
Scott P Fischer, MD 302 W La Veta St Ste 202 Orange, CA 92666	Self Employed	05/19/00	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
Bruce T Henderson, MD 888 Woodward Ave, #407 Pontiac, MI 48341-2985	Self Employed	05/19/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Huang, MD 501 Midwestern Pkwy E P.O. Box 97521 Wichita Falls, TX 76302-2302	Self Employed	05/19/00	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	

SUBTOTAL of Receipts This Page (optional) 3,500.00

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 4 OF 19
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 Joshua J Jacobs, MD 1726 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) 06/18/00	Amount of Each Receipt this Period 200.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code David M Listner, MD 6560 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	Date (month, day, year) 05/19/00	Amount of Each Receipt this Period 500.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Kenneth L Moore, MD 1223 1/2 Trotwood Ave Columbia, TN 38401-6430 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mid-Tennessee Bone & Joint Clinic	Date (month, day, year) 06/18/00	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 John J O'Brien, MD 1000 Asylum Ave Hartford, CT 06106-1703 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hartford Orthopaedic Surgeons	Date (month, day, year) 06/18/00	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 Delwin E Quenzer, MD 6001 Westown Pkwy West Des Moines, IA 50266-7702 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 05/19/00	Amount of Each Receipt this Period 600.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code Steven Douglas Ross, MD 12885 Garden Grove Blvd, #300 Garden Grove, CA 92643-1917 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Garden Grove Orthopaedics	Date (month, day, year) 06/18/00	Amount of Each Receipt this Period 1,000.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Wayne B Venters, MD 200 Doctors Dr Ste J Jacksonville, NC 28548-6308 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 05/19/00	Amount of Each Receipt this Period 300.00
	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional) 3,600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 19
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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
Edward W Younger III, MD 6403 Coyle Ave, #170 Carmichael, CA 95608-0311	Northern California Orthopaedic Centers	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph J Calandra, MD 8100 Madcom St Charleston, SC 29406-8187	Self Employed	05/19/00	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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aronie Kent Whittamore, MD 830 W 34th St, #302 Austin, TX 78705-1229	North Orthopaedic Group	06/19/00	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
Paul Calvin Collins, MD 600 N Robbins Rd Ste 401 Boise, ID 83702	Inter Mountain Orthopaedics	05/19/00	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S Terry Canale, MD 1400 S Germantown Pkwy Germantown, TN 38138-2205	Campbell Clinic	06/19/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert H Anschuetz, MD Meridia Hillcrest Med Off Bldg 870 Mayfield Rd, #441 Mayfield Heights, OH 44124-2293	Meridia Hillcrest Medical Office	06/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Raymond E Bellamy, MD 1511 Surgeons Dr, #C Tallahassee, FL 32308-4632	Self Employed	05/19/00	200.00
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) 2,700.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **19**
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 J Beroli, MD 711 Westminster Ave Elizabeth, NJ 07208-2210	Self Employed	05/18/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard L Berg, MD 13 Medical Dr Amarillo, TX 79106-4187	Self Employed	05/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary David Botmer, MD 13753 Locust Ln Nampa, ID 83666-0109	Medical Center Physicians	05/19/00	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
James Gordon Brooks Jr, MD 9330 Poppy Dr #500 Dallas, TX 75216	Self Employed	06/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Perceval Aloult Caballero, MD 15 Kiel Ave, #101 Kinnelon, NJ 07405-2536	Self Employed	06/19/00	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 350.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward L Cahill, MD 333 E Alpine Ave Stockton, CA 95204-3407	Self Employed	06/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John N Callender, MD 2540 Filbert St San Francisco, CA 94123-3318	Self Employed	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) **1,750.00**

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 19
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chris John Dangles, MD 602 W University Urbana, IL 61801	Carl Clinic Occupation Orthopaedic Surgeon	06/19/00	260.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Surender P Dhiman, MD 2201 Glenwood Ave, #2 Joliet, IL 60436-5574	Self Employed Occupation Orthopaedic Surgeon	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G Gitchell, MD McFarland Clinic PO Box 3014 Ames, IA 50010-3014	McFarland Clinic Occupation Orthopaedic Surgeon	05/18/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
James L Gluck, MD 1607 W 24th St Wichita, KS 67203-2449	Self Employed Occupation Orthopaedic Surgeon	05/19/00	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry D Herron, MD 862 Mainacke Ave, #100 San Luis Obispo, CA 93405-1721	Central Coast Orthopaedic Medical Group Occupation Orthopaedic Surgeon	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas R Highland, MD 400 Keene St P O Box 0 Columbia, MD 21031-6626	Self Employed Occupation Orthopaedic Surgeon	05/19/00	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,750.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fomey Hutchinson, MD 1001 Blythe Blvd, #200 Charlotte, NC 28203-5666	The Miller Orthopaedic Clinic Occupation Orthopaedic Surgeon	05/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		

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 **8** OF **19**
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
Daniel C Johnson, MD Yankton Bone & Joint Center 1000 W 4th St Ste 1 Yankton, SD 57078-3700	Yankton Bone and Joint Center	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Greg T Jones, MD #3 Barryhill Fort Smith, AR 72903-3501	Self Employed	05/18/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Abbott Kagan II, MD 8710 College Pkwy Fort Myers, FL 33919-4811	Self Employed	05/19/00	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
Andrew Peter Kant, MD 17270 Red Oak Dr, #200 Houston, TX 77090-2616	Self Employed	05/18/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert A Kaye, MD PO Box 1107 Tuba City, AZ 86046-1107	Self Employed	05/19/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James D McKinney, MD 404 N Hickory Ave Cookeville, TN 38601-2431	Self Employed	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon P Mead, MD 48 8th St, N Naples, FL 34102-6020	Self Employed	05/19/00	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) **2,400.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **8** OF **19**
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 Evangelos Megariotis, MD 96 Edgewood Ave Clifton, NJ 07012-1521	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code Mark B Mizel, MD 430 Grand Bay Dr Apt 503 Key Biscayne, FL 33149	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 450.00	
C. Full Name, Mailing Address and ZIP Code Robert B Nelson, MD 4343 Plantation Dr Cookeville, TN 38506-8103	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/18/00	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 > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code William L Oppenheim, MD UCLA Medical Center 10833 LaConte Ave Los Angeles, CA 90086-3075	Name of Employer UCLA Medical Center Occupation Orthopaedic Surgeon	Date (month, day, year) 05/18/00	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 > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Edward S Rachlin, MD 10 Shawnee Dr Watchung, NJ 07060-5903	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/18/00	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 > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code David B Thorderson, MD #322 1610 San Pablo Ave Los Angeles, CA 90033	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 400.00	
G. Full Name, Mailing Address and ZIP Code Barry A Tuch, MD 7880 Wren Ave Ste F181 Gilroy, CA 95020-7802	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)

2,260.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael B Vassaly, MD Kaiser Perm Dept of Ortho Mother Joseph Plaza Portland, OR 97225	Kaiser Permanente	05/19/00	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	
Russell A Wagner, MD 666 8th Ave Fort Worth, TX 76104-2010	Self Employed	05/16/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
Joseph N Wilson, MD 4701 85th St Lubbock, TX 79424-4104	Self Employed	06/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
Daniel L Zimet, MD 269 Hurley Rd Coatesville, PA 19320-1625	Self Employed	05/19/00	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	
Lesley J Anderson, MD 2100 Webster St, #309 San Francisco, CA 94115	Self Employed	05/19/00	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	
Steven L Buckley, MD PO Box 18721 Huntsville, AL 35804-8721	Self Employed	06/19/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
Kenneth P Pohl, MD 6892 Far Hills Ave Dayton, OH 45429-2202	Self Employed	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional)	2,150.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 11 OF 19
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 John P Barrett Jr, MD 1000 Gulf To Bay Clearwater, FL 33755-6423	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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	
B. Full Name, Mailing Address and ZIP Code Robert L Bourland Jr, MD 1820 Kirby Parkway #100 Germantown, TN 39138	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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	
C. Full Name, Mailing Address and ZIP Code J Kenneth Burkus, MD PO Box 9517 6262 Veterans Pkwy Columbus, GA 31908-9517	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code Henry Reiton McCarroll Jr, MD 2361 Clay St, #510 San Francisco, CA 94115-1931	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code Wayne Anthony Coizza, MD 63 Newton Sparta Road Newton, NJ 07880	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code Gerald F Orsher, MD Orthopedic Clinic (112-H) VAMC - Temple Temple, TX 76804-7493	Name of Employer Orthopaedic Clinic VAMC Temple Occupation Orthopaedic Surgeon	Date (month, day, year) 05/19/00	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 > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code Timothy Charles Fitzgibbons, MD 7710 Mercy Rd, #224 Omaha, NE 68124-2348	Name of Employer Self Employed Occupation Orthopaedic Surgeon	Date (month, day, year) 06/19/00	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 > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 12 OF 19
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
David A Lewis, MD 12522 E Lambert Rd, Ste A Whittier, CA 90605	Self Employed	05/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley H Nahigian, MD 29001 Cedar Rd, #519 Cleveland, OH 44124-4041	Self Employed	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan S Roubman, MD 4876 N Federal Hwy, #800 Fort Lauderdale, FL 33308-4610	Self Employed	05/19/00	250.00
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
Michael John Ruddy, MD 617 Flemingo Dr Fort Lauderdale, FL 33301-2805	Self Employed	05/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard D Schmidt, MD 6383 France Ave S, #500 Edina, MN 55435-2143	Self Employed	06/19/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard T D'Alonzo, MD 1010 N Bancroft Pkwy, #11 Wilmington, DE 19805-2658	Self Employed	06/23/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J Hagen, MD 2525 South St Lafayette, IN 47904-3028	Orthopaedic Clinic	06/23/00	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	

SUBTOTAL of Receipts This Page (optional)

2,250.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **13** OF **18**
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
Neil J Maid, MD 525 St Mary St Thibodaux, LA 70301-2627	Self Employed	05/23/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob M O'Neill, MD 471 Klutey Park Plaza Dr Henderson, KY 42420-3247	Henderson Orthopaedic Medical Group	05/23/00	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
Eugene Michael Wolf, MD 3000 California St San Francisco, CA 94115-2411	Self Employed	05/23/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy S Graham, MD 3120 Wilmington Rd, New Castle, PA 16105	Self Employed	05/24/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randolph Hill Taylor, MD P O Box 4047 Suite J Monroe, LA 71203-2383	Self Employed	05/24/00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John R Tongue, MD 8465 S W Borland Rd, #A Tualatin, OR 97062-9762	Self Employed	06/13/00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Tortello, MD 78-15 Eliot Ave Middle Village, NY 11375-1300	Self Employed	06/13/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 14 OF 19
FOR LINE NUMBER 11 (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
J Keith Troop, MD 207 C St, N W Ardmore, OK 73401-8216	Self Employed	06/13/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul T Murphy, MD 502 S Fremont Ave. #803 Tampa, FL 33606	Self Employed	06/13/00	600.00
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rifat M Nawas, MD 312 Grammont, #200 Monroe, LA 71201-7403	Self Employed	06/13/00	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Randall E Seago, MD 800 Pollard Rd Los Gatos, CA 95032-1416	Self Employed	06/13/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James William Serene, MD 520 Brookdale Dr Statesville, NC 28677-4108	Self Employed	06/13/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wm Richard Hayes Jr, MD Alpha Bone & Joint Clinic 846 Atken St Reno, NV 89502-9313	Alpha Bone & Joint Clinic	06/13/00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph P Iannotti, MD, PhD The Cleveland Clinic A-41 9500 Euclid Ave Cleveland, OH 44196	Presbyterian Medical Center	06/13/00	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)

2,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 19
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name, Mailing Address and ZIP Code Cassim M Igram, MD Iowa Orthopaedic Ctr 411 Laurel St, #3300 Des Moines, IA 50314-3008</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Iowa Orthopaedic Center</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 08/12/00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Jeffrey J Lazarus, MD 31 S River Rd Stuart, FL 34986-6723</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/13/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Daniel Michael McCallum, MD Kachemak Bay Sports Med & Orth PO Box 855 Homer, AK 99803-0855</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Kachemak Bay Sports Med & Ortho</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 08/13/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Jimmie G Biles, MD 725 Allen St Cody, WY 82414-3402</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 08/13/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Jeffrey W Cook, MD Franklin Ortho & Sports Med 324 Cool Springs Blvd Franklin, TN 37067</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Franklin Ortho & Sports Medicine</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 400.00</p>	<p>Date (month, day, year) 08/13/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert Ray Cunningham, MD P O Box 0 Columbia, MO 65205</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 08/13/00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Michael S Fitzsimmons, MD 6315 Eillof Dr Ste 202 Ypsilanti, MI 48197-8634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 700.00</p>	<p>Date (month, day, year) 08/13/00</p>	<p>Amount of Each Receipt this Period 200.00</p>

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 18 OF 19
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
A. Philip Fontanetta, MD 120 Mineola Blvd, #410 Mineola, NY 11501-4077	Self Employed	06/13/00	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Humberto A Galleno, MD Inter-Community Prof Plaza 315 N 3rd Ave, #302 Covina, CA 91723-1816	Self Employed	06/13/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Martin Balib, MD 2800 Chicago Ave Minneapolis, MN 55407-1318	Self Employed	06/13/00	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
Charles M Blitzer, MD 237 Route 108, #205 Somersworth, NH 03878-1517	Self Employed	08/15/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon		
	Aggregate Year-to-Date > \$	700.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Albert Boss, MD 116 E 19th Street Roswell, NM 88201-5151	Self Employed	06/13/00	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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leslie P Dean, MD 3260 Providence Dr #200 Anchorage, AK 99508-4803	Self Employed	06/13/00	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
John W Gainer, MD P O Box 1200 Santa Barbara, CA 93102-1200	Self Employed	05/13/00	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) 3,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 17 OF 19
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Albert Johnson, MD 1081 Route 22 W Bridgewater, NJ 08807	Self Employed	06/13/00	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
Brian P Wilkus, MD 12784 Silverdale Way Silverdale, WA 98383	Doctor's Clinic	06/13/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael L Gordon, MD 201 Kings Place Newport Beach, CA 92663-3307	Newport Orthopaedics	06/13/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 700.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R Kent Roseman, MD 2475 Mel Curry Rd Bloomington, IN 47408	Self Employed	06/13/00	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 P Scullin, MD 1 Greenville Orthopaedic Ctr Greenville, PA 18126-1210	Self Employed	06/13/00	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
Kenneth C Spengler Jr, MD 1 Hampton Rd Exeter, NH 03823-4816	Self Employed	06/13/00	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard W Barth, MD 2021 K St, #400 Washington, DC 20006-1003	Self Employed	08/20/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Orthopaedic Surgeon	Aggregate Year-to-Date > \$ 400.00	

SUBTOTAL of Receipts This Page (optional) 2,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 18 OF 19
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 John M Cucider, MD 506 Medical Education Bldg 1815 Sixth Ave, S Birmingham, AL 35294 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer University of Alabama at Birmingham Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 06/20/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Kevin L Moore, MD 5801 DeSoto Ave Woodland Hills, CA 91367-8701 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 > \$ 300.00	Date (month, day, year) 08/20/00	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and ZIP Code Jacqueline S Milana, MD 2600 N Mayfair Rd, #500 Wauwatosa, WI 53226-1415 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 > \$ 300.00	Date (month, day, year) 06/20/00	Amount of Each Receipt this Period 200.00
D. Full Name, Mailing Address and ZIP Code John Thomas Bolger, MD 1111 Delafield St, #120 Waukesha, WI 53188-3402 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 > \$ 700.00	Date (month, day, year) 08/20/00	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and ZIP Code Craig C Callowart, MD Orthopaedic Associates 411 N Washington, #7000 Dallas, TX 75246-1777 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Orthopaedic Associates Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/21/00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Edward J Collins Jr, MD 150 Mansfield Ave Willimantic, CT 06226-2026 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) 08/28/00	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and ZIP Code James G Davis, MD Alabama Orthopaedic Society Box 130728 Birmingham, AL 35213-0728 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alabama Orthopaedic Society Occupation Orthopaedic Surgeon Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 08/28/00	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

3,000.00

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 19 OF 19
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

<p>A. Full Name, Mailing Address and ZIP Code J Wesley Maske, MD 2901 Stabler St Lansing, MI 48910-3022</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 450.00</p>	<p>Date (month, day, year) 06/28/00</p>	<p>Amount of Each Receipt This Period 200.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Edward F Quinn, MD 800 N DuPont Hwy Milford, DE 19883-1091</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self Employed</p> <p>Occupation Orthopaedic Surgeon</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 06/28/00</p>	<p>Amount of Each Receipt This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt This Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>700.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>61,250.00</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Bank fees deducted from account	Date (month, day, year)	Amount of Each Disbursement This Period
Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/04/00	241.95
Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04/25/00	113.24
Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/02/00	37.35
Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/02/00	412.72
Northern Trust Company 50 S LaSalle St Chicago, IL 60675	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/20/00	187.74
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)	993.03
TOTAL This Period (last page this line number only)	993.03

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

Political Action Committee of the American Association of Orthopedic Surgeons

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DNC-NonFederal-Corporate Attn: Erin Bilbray 430 South Capitol Street Washington, DC 20003	Nonfederal Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/19/00	15,000.00
B. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 S Capitol St SE 2nd Floor Washington, DC 20003	Administrative Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	2,500.00
C. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol St SE Washington, DC 20003	Administrative Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/22/00	2,500.00
D. Full Name, Mailing Address and ZIP Code NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 First Street, SE Washington, DC 20003	Administrative Expense Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/28/00	15,000.00
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)

35,000.00

TOTAL This Period (last page this line number only)

35,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 8
FOR LINE NUMBER 23

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 committees.

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
Friends Of Rosa DeLuoro 48 Huntington Street New Haven, CT 06511	Rosa L. DeLuoro, U.S. HOUSE 3rd CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/03/00	2,000.00
B. Full Name, Mailing Address and ZIP Code LoBlondo For Congress PO Box 2778 Arlington, VA 22202	Frank A. LoBlondo, U.S. HOUSE 2nd NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/03/00	600.00
C. Full Name, Mailing Address and ZIP Code McCrery for Congress 1900 Deposit Guaranty Tower 333 Texas St. Shreveport, LA 71101	Jim McCrery, U.S. HOUSE 4th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/03/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Payne for Congress Committee PO Box 2884 Washington, DC 20013	Donald M. Payne, U.S. HOUSE 10th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/03/00	600.00
E. Full Name, Mailing Address and ZIP Code Respect Congresswomen Roukema PO Box 625 Ridgewood, NJ 07451	Marge Roukema, U.S. HOUSE 5th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/03/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Friends Of Roger Wicker 2000 PO Box 874 Tupelo, MS 38802	Roger Wicker, U.S. HOUSE 1st MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/03/00	1,000.00
G. Full Name, Mailing Address and ZIP Code American Express Suite 0001 Chicago, IL 60678-0001	In kind for John Conyers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/00	290.00 (In-Kind)
H. Full Name, Mailing Address and ZIP Code Friends Of John Conyers 300 N. Lee Street Suite 600 Alexandria, VA 22314	In kind for John Conyers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/00	280.00 (Memo In-Kind)
I. Full Name, Mailing Address and ZIP Code Stupak For Congress 817 9th Avenue P.O. Box 143 Menominee, MI 49855	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,200.00

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
Gephardt In Congress Committee 7436 Watson Road Suite 107 St Louis, MO 63119	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Baesler for Congress PO Box 1807 Lexington, KY 40588	Scotty Baesler, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Cooksey For Congress Committee P.O. Box 7600 Monroe, LA 71211	John Cooksey, U.S. HOUSE 5th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	2,000.00
D. Full Name, Mailing Address and ZIP Code People for Ganske 521 E Locust 2nd Floor Des Moines, IA 50309	Greg Ganske, U.S. HOUSE 4th IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Upton For All Of Us PO Box 490 St Joseph, MI 49088	Fred Upton, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	2,000.00
F. Full Name, Mailing Address and ZIP Code Friends Of Sherrrod Brown 807 14th Street NW Suite 800 Washington, DC 20005	Sherrrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends 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	04/14/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Hall For Congress P O Box 711 Rockwall, TX 75087	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	-2,000.00
I. Full Name, Mailing Address and ZIP Code Hall For Congress P O Box 711 Rockwall, TX 75087	Ralph M. Hall, U.S. HOUSE 4th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/14/00	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

PAGE 3 OF 8
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
Mike Taylor For Congress P O Box 2269 Albemarle, NC 28002	Mike Taylor, U.S. HOUSE 8th NC Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	500.00
National Republican Senatorial Committee 421 Second Street NW Washington, DC 20002	2000 Republican Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	5,000.00
Democratic Congressional Campaign Committee 430 S Capitol St SE 2nd Floor Washington, DC 20003	2000 Democratic Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	15,000.00
Democratic Senatorial Campaign Committee 430 South Capitol St SE Washington, DC 20003	2000 Democratic Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	6,000.00
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 First Street, SE Washington, DC 20003	2000 Republican Convention Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	15,000.00
Friends Of Sherrrod Brown 807 14th Street NW Suite 800 Washington, DC 20005	Sherrrod Brown, U.S. HOUSE 13th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Crane For Congress Committee PO Box 8534 Rolling Meadows, IL 60008	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Devine for US Senate PO Box 340158 Columbus, OH 43234	Mike Devine, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Friends Of Jennifer B Dunn PO Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 2nd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

44,800.00

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 4 OF 8
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
Citizens for Harkin PO Box 811 Des Moines, IA 50304	Tom Harkin, U.S. SENATE IA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	2,000.00
Darlene Hooley For Congress 6545 Falling Street West Linn, OR 97068	Darlene Hooley, U.S. HOUSE 6th OR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/16/00	500.00
John Lewis For Congress Committee 729 15th St, NW Suite 300 Washington, DC 20005	John Lewis, U.S. HOUSE 5th GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	1,000.00
Nita Lowey For Congress PO Box 271 White Plains, NY 10604	Nita M. Lowey, U.S. HOUSE 16th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	1,000.00
Nita Lowey For Congress PO Box 271 White Plains, NY 10605	Nita M. Lowey, U.S. HOUSE 16th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/16/00	1,000.00
Luther For Congress Volunteer Committee 1388 Geneva Ave N. Suite 202 Oakdale, MN 55128	William Luther, U.S. HOUSE 8th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	500.00
Bob Matsui For Congress Comm. 556 Capitol Mall Suite 1425 Sacramento, CA 95814	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Bob Ney For Congress PO Box 488 St Clairsville, OH 43950	Robert W. Ney, U.S. HOUSE 18th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
Anne Northup For Congress PO Box 7313 Louisville, KY 40257	Anne Meagher Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

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
Paul Perry for Congress Committee P.O. Box 5453 Evansville, IN 47716	Perry, U.S. HOUSE 8th IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	3,000.00
B. Full Name, Mailing Address and ZIP Code Peterson For Congress PO Box 8 Warroad, MN 56763	Peterson, U.S. HOUSE 7th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	500.00
C. Full Name, Mailing Address and ZIP Code Jim Turner for Congress Committee 803 East Gollad Crockett, TX 76835	Jim Turner, U.S. HOUSE 2nd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	500.00
D. Full Name, Mailing Address and ZIP Code Weygand Committee PO Box 7818 Warwick, RI 02887	Robert A. Weygand, U.S. HOUSE 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/15/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Carnahan For Senate 408 N Main St Rolla, MO 65401	Mel Carnahan, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	2,000.00
F. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol St SE Washington, DC 20003	Admin Expense-Voided and Reissued Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	2,000.00
G. Full Name, Mailing Address and ZIP Code Hoeffel for Congress 700 East Johnson Highway Norristown, PA 19401	Joseph M. Hoeffel, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/16/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Ronnie Show Rt 2 Box 234 Galas Rd Basfield, MS 39421,	Ronnie Shows, U.S. HOUSE 4th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Carnahan For Senate 408 N Main St Rolla, MO 65401	Voided Check Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	-2,000.00

SUBTOTAL of Disbursements This Page (optional)	3,500.00
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

PAGE 8 OF 8
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
Carnahan For Senate 408 N Main St Rolla, MO 65401	Mel Carnahan, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/18/00	2,000.00
B. Full Name, Mailing Address and ZIP Code Lincoln Chafee US Senate PO Box 7329 Warwick, RI 02887	Purpose of Disbursement Lincoln Chafee, U.S. SENATE RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/19/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Democratic Senatorial Campaign Committee 430 South Capitol St SE Washington, DC 20003	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	-2,500.00
D. Full Name, Mailing Address and ZIP Code Brian Baird for Congress 1516 Franklin St Vancouver, WA 98660	Purpose of Disbursement Brian Baird, U.S. HOUSE 3rd WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Borior For Congress 3270 Grandview Ct Shelby TWP, MI 48316	Purpose of Disbursement David E. Borior, U.S. HOUSE 10th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	1,000.00
F. Full Name, Mailing Address and ZIP Code DeGette For Congress Inc PO Box 76214 Washington, DC 20013	Purpose of Disbursement Diana DeGette, U.S. HOUSE 1st CO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	500.00
G. Full Name, Mailing Address and ZIP Code Jeffords for Vermont 507 Capital Court, NE Suite 100 Washington, DC 20002	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends Of Dan Miller Attn: Anne Elzern 1212 New York Ave, NW Ste 350 Washington, DC 20005	Purpose of Disbursement Dan Miller, U.S. HOUSE 13th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Steve Rothman For Congress, Inc. 38 Ivy St, SE Washington, DC 20003	Purpose of Disbursement Steven R. Rothman, U.S. HOUSE 9th NJ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	500.00

SUBTOTAL of Disbursements This Page (optional)

6,500.00

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

PAGE 7 OF 8
FOR LINE NUMBER 33

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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
David Vitter For Congress 2620 Metairie Road Metairie, LA 70001	David Vitter, U.S. HOUSE 1st LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/02/00	500.00
Dorso for Congress P O Box 1538 Fargo, ND 58107	John Dorso, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/09/00	500.00
Berkeley 2000 PO Box 2884 Washington, DC 20013	Shelley Berkley, U.S. HOUSE 1st NV Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/22/00	1,000.00
A Lot of People Who Support Jeff Bingaman PO Box 2048 Albuquerque, NM 87111	Jeff Bingaman, U.S. SENATE NM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	1,000.00
Byrum For Congress PO Box 26101 Lansing, MI 48909	Dianne Byrum, U.S. HOUSE 6th MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	500.00
Doggett For U S Congress Comm. Po Box 5843 Austin, TX 78763	Lloyd Doggett, U.S. HOUSE 10th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	1,000.00
Hoefel for Congress 700 East Johnson Highway Norristown, PA 19401	Joseph M. Hoefel, U.S. HOUSE 13th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	1,000.00
Donald A. Manzullo For Congress PO Box 7783 Rockford, IL 61128	Donald A. Manzullo, U.S. HOUSE 16th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	2,000.00
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	06/22/00	500.00

SUBTOTAL of Disbursements This Page (optional)

5,000.00

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 8 OF 8
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
John Tierney For Congress PO Box 8013 Salem, MA 01970	John F. Tierney, U.S. HOUSE 5th MA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/22/00	500.00
Committee To Reelect Ed Towns 360 Clinton Avenue Suite 8R Brooklyn, NY 11238	Edolphus Towns, U.S. HOUSE 10th NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	500.00
Stupak For Congress 817 9th Avenue P.O. Box 143 Menominee, WI 49858	Bart Stupak, U.S. HOUSE 1st MI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/00	1,000.00
Congressman Joe Barton Comm. PO Box 1444 Ennis, TX 75120	Joe L. Barton, U.S. HOUSE 6th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/27/00	2,000.00
Jim McCrery for Congress 1800 DeposR Guaranty Tower 333 Texas St. Shreveport, LA 71101	Jim McCrery, U.S. HOUSE 4th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/27/00	1,000.00
George R. Nethercutt For Congress 2000 PO Box 1925 Spokane, WA 99201	George R. Nethercutt, U.S. HOUSE 6th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/27/00	500.00
Democratic Senatorial Campaign Committee 430 South Capitol St SE Washington, DC 20003	Convention Credentials Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/00	10,000.00
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)

15,500.00

TOTAL This Period (last page this line number only)

108,290.00

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 7-14-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	

DES
PREPARER

7-14-00
DATE PREPARED