

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- 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 _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>04/01/2000</u> through <u>08/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		94919.22
(b) Cash on Hand at Beginning of Reporting Period	115033.59	
(c) Total Receipts (from line 19)	8456.05	38480.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124389.64	131399.64
7. Total Disbursements (from line 30)	4649.00	11659.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119740.64	115740.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Ms Martha Rinker, Esq.		
Signature of Treasurer	Date 07/12/2000	

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITIC- AL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 04/01/2000 TO: 06/30/2000	
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)	6896.00	31661.00	11.a.i.
ii. Unitemized	165.00	2250.00	11.a.ii.
iii. Total	7061.00	33911.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	7061.00	33911.00	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.)	1395.05	2569.42	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	8456.05	36480.42	19.
20. Total Federal Receipts	8456.05	36480.42	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	149.00	159.00	21.b.
c. Total Operating Expenditures	149.00	159.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	4500.00	11500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	4649.00	11659.00	30.
31. Total Federal Disbursements	4649.00	11659.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7061.00	33911.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	7061.00	33911.00	34.
35. Total Federal Operating Expenditures	149.00	159.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	149.00	159.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		3 / 5
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE				
Full Name, Mailing Address, and ZIP Code Mr. Perry Bacon 6538 Wanonga Road Mission Hills KS 66208 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Knit-Rite Occupation President & CEO Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 1000.00	
Full Name, Mailing Address, and ZIP Code Mr. Tracy Slemker, CPO 6467 Burkwood Drive Clayton OH 45315 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Prosthetic Design Occupation Prosthalist-Ortholst Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 04/17/2000	Amount of Each Receipt this Period 350.00	
Full Name, Mailing Address, and ZIP Code Mr. Jeffrey H. Townsend, CO 4615 Shepard Street Bakersfield CA 93313-2339 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Townsend Design Occupation President Aggregate Year-to-Date > \$ 5000.00	Date (month, day, year) 04/26/2000	Amount of Each Receipt this Period 5000.00	
Full Name, Mailing Address, and ZIP Code Ms. Kathy Dodson 8807 Falkstone Lane Alexandria VA 22309 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Director Aggregate Year-to-Date > \$ 290.00	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 130.00	
Full Name, Mailing Address, and ZIP Code Ms. Tina Moran 11809 Cherrytree Xing Road Brandywine MD 20815 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Manager Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 130.00	
Full Name, Mailing Address, and ZIP Code Ms. Kimber Nation 4500 S. Four Mile Run Drive 734 Arlington VA 22204 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Deputy Executive Director Aggregate Year-to-Date > \$ 481.00	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 158.00	
Full Name, Mailing Address, and ZIP Code Ms. Martha Rinkar, Esq. 3420 16th Street, NW 601 Washington DC 20010 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer O&P Headquarters Occupation Director Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) 06/23/2000	Amount of Each Receipt this Period 130.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)			6896.00	

SCHEDULE A		ITEMIZED RECEIPTS		4 / 5
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 17	
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NAME OF COMMITTEE (In Full) AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION POLITICAL ACTION COMMITTEE				
Full Name, Mailing Address, and ZIP Code Bank of America P.O. Box 27025 Richmond VA 23261	Name of Employer Occupation	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 184.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 451.18			
Full Name, Mailing Address, and ZIP Code Suntrust Bank P.O. Box 85024 Richmond VA 23285	Name of Employer Occupation	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 1201.05	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 8 1201.05			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				1395.05

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 5
			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 committee.

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

Full Name, Mailing Address, and ZIP Code J D HAYWORTH FOR CONGRESS 10789 N 90TH STREET SUITE 102 SCOTTSDALE AZ 85260	Purpose of Disbursement Contribution (House - AZ - 08)	Date (month, day, year) 04/01/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code MIKE TAYLOR FOR CONGRESS PO BOX 3323 CONCORD NC 28025	Purpose of Disbursement Contribution (House - NC - 08)	Date (month, day, year) 04/01/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code GRASSLEY COMMITTEE PO BOX 1000 DES MOINES IA 50304	Purpose of Disbursement Contribution (Senate - IA - 00)	Date (month, day, year) 04/06/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Marc Guthrie for Congress P.O. Box 18 Newark OH 43058	Purpose of Disbursement Contribution	Date (month, day, year) 05/02/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code HATCH ELECTION COMMITTEE 257 EAST 200 SOUTH SUITE 950 SALT LAKE CITY UT 84111	Purpose of Disbursement Contribution (Senate - UT - 00)	Date (month, day, year) 05/04/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code ROBB FOR THE SENATE POST OFFICE BOX 1279 MCLEAN VA 22101	Purpose of Disbursement Contribution (Senate - VA - 00)	Date (month, day, year) 05/04/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	4500.00