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SECRETARY OF THE SENATE
 03 FEB 24 PM 3:40

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name American Academy of Orthopaedic Surgeons			
2. Address <input type="checkbox"/> Check if different than previously reported 6300 North River Road			
3. Principal Place of Business (if different from line 2) City: Rosemont State/Zip (or Country) IL 60018			
4. Contact Name David A. Lovett	Telephone (202) 546-4430	E-mail (optional) lovett@aaos.org	5. Senate ID # 1371
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3031

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-Dec)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>120,000.00</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature _____

Printed Name and Title David A. Lovett, Director, Washington Office

LD-2 (REV. 6/98)

Registrant Name American Academy of Orthopaedic Surgeons Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

S2797 VA-HUD Appropriations, 2003
HR5263/S2801 Agriculture-Food and Drug Administration Appropriations, 2003
S2766 Labor HHS
Labor, Health and Human Services and Education Appropriations, 2003

17. House(s) of Congress and Federal agencies contacted

Check if None

United States House of Representatives
United States Senate
United States Public Health Service

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	
.....	
.....	
.....	
.....	
.....	
.....	
.....	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature  Date 2/13/03

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page _

Registrant Name American Academy of Orthopaedic Surgeons Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MED (one per page)

16. Specific lobbying issues

Improving health quality measurements and enhancing the activities of the Agency for Health Research and Quality

17. House(s) of Congress and Federal agencies contacted Check if None

United States House of Representatives
United States Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kathryn M. Pontzer	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 2/13/03

Registrant Name American Academy of Orthopaedic Surgeons Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
.....

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	On pe cli
.....

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature [Handwritten Signature] Date 2/13/03

