SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 141
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial)
Dr. James D McKinney, , MD
Mailing Address 404 N Hickory Ave
City: Cookeville State: TN Zip Code: 38501-2431
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 08 29 2003
Transaction ID: 16497025
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial)
Dr. Patrick V McMahon, , MD
Mailing Address 266 White Plains Rd
City: Eastchester State: NY Zip Code: 10709-4429
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 29 2003
Transaction ID: 16497031
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial)
Dr. David Moore, , MD
Mailing Address 346 E 600 South
City: Saint George State: UT Zip Code: 84770-3549
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Orthopaedic Surgeon
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 29 2003
Transaction ID: 16497059
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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