

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 18 / 183

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Political Action Committee of the American Association of Orthopaedic Surgeons

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul Conrad Horn, MD</b> Mailing Address 235 E Rowan #117 City State Zip Code Spokane WA 99207-1240 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Northwest Orthopaedic Specialists Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2004 Transaction ID: 18244343 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) <b>B. Dr. Gregory Lane Hummel, MD</b> Mailing Address 15900 Ess Rd City State Zip Code Kansas City MO 64136-1259 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2004 Transaction ID: 18244834 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) <b>C. Dr. Thomas R. Johnson, MD</b> Mailing Address 2900 12th Ave N Ste 140W City State Zip Code Billings MT 59101-7508 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2004 Transaction ID: 18244869 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶

1500.00

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