SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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--PAC of AAOS

A. Full Name (Last, First, Middle Initial): Michael D Hossack MD
Mailing Address: 80 Old Colony Rd
City: Hartsdale State: NY Zip Code: 10530
FEC ID number of contributing federal political committee: C
Name of Employer: Montefiore Medical Center
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 16 / 2015
Transaction ID : 6980353
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): J Christopher Noonan MD
Mailing Address: Suite 210, 3615 NW Samaritan Dr.
City: Corvallis State: OR Zip Code: 97330
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: 04 / 16 / 2015
Transaction ID : 6980354
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Robert Mark Hazel MD
Mailing Address: 2327 River Rd
City: Murfreesboro State: TN Zip Code: 37129
FEC ID number of contributing federal political committee: C
Name of Employer: MMC
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 / 16 / 2015
Transaction ID : 6980355
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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