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): John H Mahon MD
Mailing Address: 8602 N Cardinal Dr
City: Phoenix State: AZ Zip Code: 85028
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 25 / 2015
Transaction ID : 7147332
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Robert H Blotter MD
Mailing Address: 1414 W Fair Ave Ste 190
City: Marquette State: MI Zip Code: 49855-2693
FEC ID number of contributing federal political committee: C
Name of Employer: Advanced Center for Orthopaedics
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 25 / 2015
Transaction ID : 7148500
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): John Bellatti MD
Mailing Address: 64-5279 Kipahele St
City: Kamuela State: HI Zip Code: 96743
FEC ID number of contributing federal political committee: C
Name of Employer: North Hawaii Community Hospital
Occupation: Orthopaedic Surgeon
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 06 / 25 / 2015
Transaction ID : 7148570
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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