

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
HAWAII MEDICAL POLITICAL ACTION COMMITTEE

A. ANNE E BIEDEL
Full Name (Last, First, Middle Initial)
Mailing Address 130 Prison Street
City Lahaina State HI Zip Code 96761
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : SA11AI.6347
Amount of Each Receipt this Period **300.00**

B. PATRICIA L. BLANCHETTE MD
Full Name (Last, First, Middle Initial)
Mailing Address 347 N KUAKINI ST. HPM-9
City HON State HI Zip Code 96817
FEC ID number of contributing federal political committee. **C**
Name of Employer John A. Burns School of Medici Occupation Teacher/Researcher
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : SA11AI.6377
Amount of Each Receipt this Period **300.00**

C. MICHAEL BORNEMANN MD
Full Name (Last, First, Middle Initial)
Mailing Address 1585 KAPIOLANI BLVD. #1500
City HON State HI Zip Code 96814
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 07 / 2015**
Transaction ID : SA11AI.6345
Amount of Each Receipt this Period **300.00**

SUBTOTAL of Receipts This Page (optional)..... **900.00**
TOTAL This Period (last page this line number only).....