

# **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)

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☒ 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Young, Melissa, , JD**

Mailing Address 9400 W Higgins Rd  
Ste 500

City  
Rosemont

State  
IL

Zip Code  
60018-4975

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Academy of Ortho Surgeons

Occupation (for Individual)  
General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2019

**Transaction ID : 10350587**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Cimino, William, Gerard, , MD, FAAOS**

Mailing Address 1830 Merwins Ln

City  
Fairfield

State  
CT

Zip Code  
06824-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : 10350588**

Amount of Each Receipt this Period

84.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Parsley, Brian, S, , MD,FAAOS**

Mailing Address 5420 West Loop South  
Suite 2400

City  
Bellaire

State  
TX

Zip Code  
77401-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
UT Health Physicians

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2019

**Transaction ID : 10350589**

Amount of Each Receipt this Period

84.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

268.00