

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

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

FOR LINE NUMBER: PAGE 357 OF 495

(check only one)

☒ 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. Parsley, Brian, S., MD,FAOS**

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 ▼

838.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 10399892**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**B. Damalas, Dino, , MBA**

Mailing Address 9400 W Higgins Rd

City

Rosemont

State

IL

Zip Code

60018-4975

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
AAOS

Occupation (for Individual)  
Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 13 / 2019

**Transaction ID : 10399894**

Amount of Each Receipt this Period

84.00

☐ Memo Item

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

**C. Pula, David, A., MD,FAOS**

Mailing Address 16 Evergreen Trail

City

Orchard Park

State

NY

Zip Code

14127-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Excelsior Orthopaedics

Occupation (for Individual)  
Orthopaedic Surgeon

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2019

**Transaction ID : 10399923**

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

418.00