

**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) | PAGE 52 OF 133 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Leonard Joffe
Full Name (Last, First, Middle Initial)

Mailing Address 6051 E. Finisterra

City Tucson State AZ Zip Code 85750

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2012

Transaction ID : 83BADBB03CD55972581

Amount of Each Receipt this Period
 365.00

B. David Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 10619 N Hayden Rd Ste 101

City Scottsdale State AZ Zip Code 85260-8510

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012

Transaction ID : 8EEF42FE81E0BBAB04E

Amount of Each Receipt this Period
 500.00

C. Randolph Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 1300 E 20th St

City Cheyenne State WY Zip Code 82001-4021

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2012

Transaction ID : 4DAABDC3CC09D29DDDA

Amount of Each Receipt this Period
 100.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 965.00 |
| TOTAL This Period (last page this line number only).....▶ | |