

**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 22 OF 36
	<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	

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

A. Robert Tibolt
Full Name (Last, First, Middle Initial)

Mailing Address 655 Medical Center Dr NE

City Salem State OR Zip Code 97301-2751

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 ▼ 1000.00

Date of Receipt
03 / 29 / 2012
Transaction ID : 819BDC04-4AB2-4C82-

Amount of Each Receipt this Period
1000.00

B. Charles Wesley
Full Name (Last, First, Middle Initial)

Mailing Address 18051 River Ave Ste 101

City Noblesville State IN Zip Code 46062-7093

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
03 / 26 / 2012
Transaction ID : CAE99F29-BB82-4835-

Amount of Each Receipt this Period
365.00

C. C. P. Wilkinson
Full Name (Last, First, Middle Initial)

Mailing Address 6569 N Charles St Greater Baltimore Mc/Suite 505

City Baltimore State MD Zip Code 21204-6831

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
03 / 02 / 2012
Transaction ID : F5136D71-376D-416E-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00

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