

**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 26 OF 30
	<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)

Full Name (Last, First, Middle Initial) A. John Wells III		Date of Receipt
Mailing Address 124 Sunset Ct		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
West Columbia	SC	29169-2429
FEC ID number of contributing federal political committee.		Transaction ID : D38D3C23-7E84-4119-B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Maynard Wheeler		Date of Receipt
Mailing Address 827 Covered Bridge Lane PO Box 538		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Grantham	NH	03753-0538
FEC ID number of contributing federal political committee.		Transaction ID : D16AB999-D9AA-4A43-B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Whipple		Date of Receipt
Mailing Address Ste 200 8244 E US Highway 36		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Avon	IN	46123-9621
FEC ID number of contributing federal political committee.		Transaction ID : DE107534-EC4F-481F-A
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>