

**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 67 / 89
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <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.	Full Name (Last, First, Middle Initial) Barry Welch		Date of Receipt
	Mailing Address 424 Yellowstone Avenue Suite 110		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2009
	City	State	Zip Code
	Cody	WY	82414-9318
	FEC ID number of contributing federal political committee. C		Transaction ID: 7DGYCC371413
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1365.00
			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Daniel Welch		Date of Receipt
	Mailing Address 407 Avenue K Southeast		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 01 / 2009
	City	State	Zip Code
	Winter Haven	FL	33880-4126
	FEC ID number of contributing federal political committee. C		Transaction ID: D51MFO982235
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Joseph Wilhelm		Date of Receipt
	Mailing Address 702 W Lake Lansing Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 13 / 2009
	City	State	Zip Code
	East Lansing	MI	48823-8526
	FEC ID number of contributing federal political committee. C		Transaction ID: CS0MHO154726
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 620.00
			Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2985.00
TOTAL This Period (last page this line number only)	<input type="text"/>