

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

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

FOR LINE NUMBER: PAGE 36 OF 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

A. Reed, Matthew, , ,

Mailing Address 11800 Rock Landing Dr

City

Newport News

State

VA

Zip Code

23606-4206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2020

Transaction ID : 656768DCF42AB1EA15C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Richardson, Charles, , ,

Mailing Address 100 Hospital Dr W

City

Hattiesburg

State

MS

Zip Code

39402-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

256.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 08 / 2020

Transaction ID : 2020012216535-755

Amount of Each Receipt this Period

256.64

☐ Memo Item

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

C. Rizzuto, Philip, , ,

Mailing Address 2 Lafayette Ct

City

Barrington

State

RI

Zip Code

02806-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 02 / 2020

Transaction ID : 2020012216535-727

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

1756.64

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