

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

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

FOR LINE NUMBER: PAGE 21 / 25  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) <b>A. Joseph Walker</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 4
Mailing Address 288B Winkler Ave		Transaction ID: 0211200419C44303
City Fort Myers	State FL	Zip Code 33901-9336
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) <b>B. Daniel Welch</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4
Mailing Address 407 Ave K SE		Transaction ID: 0211200419C44283
City Winter Haven	State FL	Zip Code 33880-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) <b>C. Thomas White</b>		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 4
Mailing Address 1701 South Minnesota Avenue		Transaction ID: 0211200419C44284
City Sioux Falls	State SD	Zip Code 57105-
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

2000.00

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