

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

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

FOR LINE NUMBER: PAGE 14 OF 72

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

A. Dattilo, Michael, , ,

Mailing Address 1383 Altamont Dr

City  
DecaturState  
GAZip Code  
30033-2101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 31 / 2018

Transaction ID : 201811020173-4

Amount of Each Receipt this Period

30.42

☐ Memo Item

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

B. Davison, James, , ,

Mailing Address 2305 S 12th St

City

Marshalltown

State

IA

Zip Code

50158-4364

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2018

Transaction ID : 201811100174-31

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Diedrichsen, Peter, , ,

Mailing Address 3251 18th Ave

City

Columbus

State

NE

Zip Code

68601-8103

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SelfOccupation (for Individual)  
Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 26 / 2018

Transaction ID : 201811300175-18

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

930.42

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