

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

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

FOR LINE NUMBER: PAGE 10 OF 28

(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. Chamblee, Denise, , ,

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2017

Transaction ID : 2996A5A7-DC00-47FB-B

Amount of Each Receipt this Period

365.00



Memo Item

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

B. Chandran, Rangram, , ,

Mailing Address P.O. Box 576067

City

Modesto

State

CA

Zip Code

95357

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2017

Transaction ID : F71BE51F-533A-423B-A

Amount of Each Receipt this Period

41.67



Memo Item

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

C. Cohen, Steven, , ,

Mailing Address 4344 Central Ave

City

St Petersburg

State

FL

Zip Code

33711-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Ophthalmologist

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2017

Transaction ID : BBDE0A1D-E884-4470-9

Amount of Each Receipt this Period

1000.00



Memo Item

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

1406.67

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