

# **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 22 OF 27

☒ 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. Seeger, Richard, , ,**

Mailing Address 33 Pierceon Ct

City  
Penfield

State  
NY

Zip Code  
14526-9581

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2019

**Transaction ID : 201903020175-31**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. Shah, Ankit, , ,**

Mailing Address 10000 SW 52nd Ave  
Apt 42

City

Gainesville

State

FL

Zip Code

32608-4398

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 / D D / Y Y Y Y Y Y  
02 / 08 / 2019

**Transaction ID : 201902100176-15**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**C. Shetlar, Debra, , ,**

Mailing Address 2505A Shakespeare St

City

Houston

State

TX

Zip Code

77030-1011

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 / D D / Y Y Y Y Y Y  
02 / 25 / 2019

**Transaction ID : 201902260175-34**

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

1230.00