



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		292506.39
(b) Cash on Hand at Beginning of Reporting Period.....	353273.86	
(c) Total Receipts (from Line 19) .....	104919.69	177855.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	458193.55	470362.10
7. Total Disbursements (from Line 31).....	148737.26	160905.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	309456.29	309456.29
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 03 / 01 / 2013 To: 03 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	81349.40	137266.39
(ii) Unitemized .....	23570.29	40589.32
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	104919.69	177855.71
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	104919.69	177855.71
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	104919.69	177855.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	104919.69	177855.71

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	237.26	761.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	237.26	761.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	148500.00	158500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1644.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1644.42
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	148737.26	160905.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148737.26	160905.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	104919.69	177855.71
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1644.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	104919.69	176211.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	237.26	761.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	237.26	761.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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)**

**A. Chad Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 1  
1811 W Royal Hunte Dr

City Cedar City State UT Zip Code 84720-8274

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1075.00

Date of Receipt  
03 / 13 / 2013  
**Transaction ID : 7CF6FB29-B59C-464A-B**

Amount of Each Receipt this Period  
1075.00

**B. Todd Auker**  
Full Name (Last, First, Middle Initial)

Mailing Address Auker Eye Inst  
2324 Santa Rita Road Ste 7

City Pleasanton State CA Zip Code 94566

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 12 / 2013  
**Transaction ID : 4CAF0FD1-93C1-4DDF-9**

Amount of Each Receipt this Period  
500.00

**C. Robert Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 4060 Butler Pike Ste 100

City Plymouth Meeting State PA Zip Code 19462-1560

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 29 / 2013  
**Transaction ID : 673DB7B9-7BB6-48F8-B**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2075.00

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

**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 7 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Tracy Baltz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9800 Baptist Health Dr Ste 400  
 City Little Rock State AR Zip Code 72205-6238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : A137101C-EC64-4602-A**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. Laurie Gray Barber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UAMS  
 4301 W Markham Slot 523  
 City Little Rock State AR Zip Code 72205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : F3F91088-B550-4C8C-B**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

**C. Ronald Barke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 910 N Davis Dr  
 Ste 100  
 City Arlington State TX Zip Code 76012-3200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : 4AA5925E6D47D33D6504**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 250.02

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 8 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Roger Alfred Barth**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Heritage Way Ste 202

City Kalispell State MT Zip Code 59901-3127

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 18 / 2013  
**Transaction ID : 706B32AC-FBCF-4BDC-8**

Amount of Each Receipt this Period  
500.00

**B. Vineet Batra**  
Full Name (Last, First, Middle Initial)

Mailing Address 15051 Hesperian Blvd Ste A

City San Leandro State CA Zip Code 94578-3536

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 21 / 2013  
**Transaction ID : 2CE5C25C-56EE-426D-8**

Amount of Each Receipt this Period  
1000.00

**C. Todd Beyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 518 West Ave

City Tallmadge State OH Zip Code 44278-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 18 / 2013  
**Transaction ID : 65674847-885A-4BA9-9**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00

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

**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 9 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Walt Bogart</b>		Date of Receipt
Mailing Address 3227C Sunset Blvd		M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2013
City	State	Zip Code
West Columbia	SC	29169-3453
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : BEBD6599-A0A1-48BA-9</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) <b>B. Cynthia Ann Bradford</b>		Date of Receipt
Mailing Address 3501 Rena Dawn		M M M / D D D / Y Y Y Y Y Y 03 / 29 / 2013
City	State	Zip Code
Edmond	OK	73013
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : EE59D9B4-4413-4595-8</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Burns</b>		Date of Receipt
Mailing Address 13324 Shelbyville Rd.		M M M / D D D / Y Y Y Y Y Y 03 / 15 / 2013
City	State	Zip Code
Louisville	KY	40223
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 558360CB-DE2B-4FBD-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.33	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 10 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Kenneth Cahill**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 430  
262 Neil Ave

City Columbus State OH Zip Code 43215-2362

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 08 / 2013  
Transaction ID : **36887583-028D-4E64-9**

Amount of Each Receipt this Period  
500.00

**B. Jose Carro Soto**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9924

City Arecibo State PR Zip Code 00613-9924

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 27 / 2013  
Transaction ID : **B6F862F4-DB2A-43EA-A**

Amount of Each Receipt this Period  
365.00

**C. Keith Carter**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Hawkins Dr  
11136 PFP

City Iowa City State IA Zip Code 52242-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 14 / 2013  
Transaction ID : **32AD197A-31EA-4C7C-B**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 11 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Denise Chamblee</b>		Date of Receipt
Mailing Address 10 Jacobs Ln		<input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Newport News	VA	23606-2815
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 19A07886-1ED6-4118-9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Donald Cinotti</b>		Date of Receipt
Mailing Address 600 Pavonia Ave 6th Fl		<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jersey City	NJ	07306-2932
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 339EB6C2-5FA8-428A-9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Clark</b>		Date of Receipt
Mailing Address 1252 Hidden Lake Drive		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield Hills	MI	48302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8FFF5011-2C96-4B9B-9</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 12 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. S. William William Clark**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 502 Isabella St  
 City Waycross State GA Zip Code 31501-3638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : C673DA1F-AA04-4856-8**  
 Amount of Each Receipt this Period  
 208.33

**B. Steven Cohen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 349 E Northfield Rd  
 City Livingston State NJ Zip Code 07039-4802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 13 / 2013  
**Transaction ID : 6ED5C5BC-A3C3-4503-9**  
 Amount of Each Receipt this Period  
 365.00

**C. Brian Connolly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Delancey Ct  
 City Pittsford State NY Zip Code 14534-2700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 19 / 2013  
**Transaction ID : 1E062454-4438-4F56-B**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	938.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 13 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Robert Cordero**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 E New York Ave  
 City Deland State FL Zip Code 32724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 25 / 2013  
**Transaction ID : EC529305-6342-4E5D-B**  
 Amount of Each Receipt this Period  
 365.00

**B. Russell Crain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste B  
 11011 Hefner Pointe Dr  
 City Oklahoma City State OK Zip Code 73120-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : 96B4D848-5559-42F4-A**  
 Amount of Each Receipt this Period  
 500.00

**C. Alan Crandall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Mario Capecchi Dr  
 City Salt Lake City State UT Zip Code 84132-0005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 29 / 2013  
**Transaction ID : 1542BBC3-61F8-45D4-9**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 14 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)**

**A. Nazareth Darakjian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 701 St. Katherine Dr.  
City La Canada State CA Zip Code 91011  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 09 / 2013  
Transaction ID : F73B60B3-50B0-43DF-A  
Amount of Each Receipt this Period  
365.00

**B. Jonathan Davidorf**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7320 Woodlake Ave Ste 190  
City West Hills State CA Zip Code 91307-1492  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
03 / 15 / 2013  
Transaction ID : 3A48A3F7-8344-4C46-A  
Amount of Each Receipt this Period  
201.00

**C. Steven Dewey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1423 N Tejon St  
City Colorado Springs State CO Zip Code 80907-7436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 12 / 2013  
Transaction ID : 91D23012-C631-4316-B  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 816.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 15 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Anna Luisa Di Lorenzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste B  
 2877 Crooks Rd  
 City Troy State MI Zip Code 48084-4717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 03 / 29 / 2013  
**Transaction ID : EE8ABB82-C0B9-4178-A**  
 Amount of Each Receipt this Period  
 2500.00

**B. John Drouilhet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 502  
 1329 Lusitana St  
 City Honolulu State HI Zip Code 96813-2412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 29 / 2013  
**Transaction ID : 28941419-64AB-46F2-A**  
 Amount of Each Receipt this Period  
 365.00

**C. Jay Duker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Washington St # 450  
 City Boston State MA Zip Code 02111-1552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 15 / 2013  
**Transaction ID : ED6B0A40-3C79-4002-8**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 16 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Marcus East</b>		Date of Receipt
Mailing Address 655 Medical Center Dr NE		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salem	OR	97301-2751
FEC ID number of contributing federal political committee.		Transaction ID : <b>OCC91882-7ECA-4141-8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Albert Edwards</b>		Date of Receipt
Mailing Address 1550 Oak St Ste 4		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Eugene	OR	97401-7701
FEC ID number of contributing federal political committee.		Transaction ID : <b>09BEE4F9-CB63-4089-9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Malcolm Edwards</b>		Date of Receipt
Mailing Address 1240 Colonial Commons Ct		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lancaster	SC	29720-2200
FEC ID number of contributing federal political committee.		Transaction ID : <b>BDBA706C-D2B9-4538-8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. David Fischer**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 100  
100 Presidential Blvd

City Bala Cynwyd State PA Zip Code 19004

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 19 / 2013  
Transaction ID : F13F0D34-0409-4899-8

Amount of Each Receipt this Period  
365.00

**B. Gregory Fitzgerald**  
Full Name (Last, First, Middle Initial)

Mailing Address 2604 Aubrey Dr

City Lake Orion State MI Zip Code 48360-1997

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 25 / 2013  
Transaction ID : EE74C8DB-668F-411D-B

Amount of Each Receipt this Period  
365.00

**C. Peter Forgach**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 International Dr

City Williamsville State NY Zip Code 14221-5725

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 13 / 2013  
Transaction ID : B1143B85-E68D-40A0-A

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 980.00

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

**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 18 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. K. Bailey Freund</b>		Date of Receipt
Mailing Address 460 Park Ave FI 5		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City New York	State NY	Zip Code 10022-1858
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 33A99402-F7C9-4973-A</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mark Fritz</b>		Date of Receipt
Mailing Address 212 N Larkin Ave		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Joliet	State IL	Zip Code 60435
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 41424349-88EF-48E8-8</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Luther Fry</b>		Date of Receipt
Mailing Address 310 E Walnut Street		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Garden City	State KS	Zip Code 67846-5560
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C6AFE85C-DFF8-4A61-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 19 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Geoffrey Garrett</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>21</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	21	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	21	/	2013								
Mailing Address 1455 E Bert Kouns Loop		<b>Transaction ID : 85D8821F4B302ED4A1F</b>										
City Shreveport	State LA	Zip Code 71105-5634										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Self	Occupation Ophthalmologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) <b>B. John Michael Garrett</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>29</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	29	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	29	/	2013								
Mailing Address 1301 Carpenter Avenue		<b>Transaction ID : 4D760C45-9C0E-4458-B</b>										
City Iron Mountain	State MI	Zip Code 49801-4795										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
Name of Employer Self	Occupation Ophthalmologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) <b>C. Blake Geren</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>13</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	13	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	13	/	2013								
Mailing Address 3120 S. 57th St.		<b>Transaction ID : 481E8FDB-1C02-4383-9</b>										
City Fort Smith	State AR	Zip Code 72903										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00										
Name of Employer Self	Occupation Ophthalmologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 20 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Warren Goldblatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Hartswood Rd  
 City Dover State NH Zip Code 03820-4337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 09 / 2013  
**Transaction ID : EC396F6D-EF41-41A6-9**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date  
 1000.00

**B. Roy Goodart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6545 S Canyon Cove Dr  
 City Salt Lake City State UT Zip Code 84127-6340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 14 / 2013  
**Transaction ID : B31A7D52-0416-4F7F-8**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

**C. Robert Green Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Navarro St Ste 400  
 City San Antonio State TX Zip Code 78205-2505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 18 / 2013  
**Transaction ID : 2B002AAC-4E20-466F-8**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1730.00  
**TOTAL** This Period (last page this line number only)..... ▶

**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 21 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Christopher Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3528

City Fort Smith State AR Zip Code 72913-3528

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 04 / 2013  
Transaction ID : 0EEA440F-8867-44CD-9

Amount of Each Receipt this Period  
365.00

**B. Erich Groos**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 201  
2400 Patterson

City Nashville State TN Zip Code 37203-1587

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 18 / 2013  
Transaction ID : 549B6CBC-1DAE-42D4-8

Amount of Each Receipt this Period  
1000.00

**C. Linda Gunshefski**  
Full Name (Last, First, Middle Initial)

Mailing Address 299 W Tietan

City Walla Walla State WA Zip Code 99362

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 15 / 2013  
Transaction ID : 2D5566AD-955E-40DA-8

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 2365.00

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

**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 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. Roy Hager</b>		Date of Receipt
Mailing Address 4255 Carmichael Ct N		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2013
City	State	Zip Code
Montgomery	AL	36106-3607
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 88BEADF5-0BDE-45C9-8</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	365.00	

Full Name (Last, First, Middle Initial) <b>B. John Haley</b>		Date of Receipt
Mailing Address 1626 Forest Ln S Ste B		M M M / D D D / Y Y Y Y Y Y 03 / 05 / 2013
City	State	Zip Code
Garland	TX	75042-7943
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 4D39A836F9B6099C629C</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.02	

Full Name (Last, First, Middle Initial) <b>C. Donald Hall Jr.</b>		Date of Receipt
Mailing Address 3303 Indiana Ave		M M M / D D D / Y Y Y Y Y Y 03 / 12 / 2013
City	State	Zip Code
Vicksburg	MS	39180-4540
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 43E3DECC-E1E8-4D59-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial) <b>A. Robert Harbin</b>		Date of Receipt
Mailing Address 550 Redmond Rd		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rome	GA	30165-1416
FEC ID number of contributing federal political committee.		Transaction ID : <b>8EC062CF-C622-440D-9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. M. Harmon</b>		Date of Receipt
Mailing Address 3345 Plaza Ten Dr Ste B Ste B		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Beaumont	TX	77707
FEC ID number of contributing federal political committee.		Transaction ID : <b>36DFCBA4-1DD8-4D4E-8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Harris Jr.</b>		Date of Receipt
Mailing Address 1928 Alcoa Hwy Ste 324		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Knoxville	TN	37920-1505
FEC ID number of contributing federal political committee.		Transaction ID : <b>365CA109-855A-4E4E-9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. R. Mark Mark Hatfield</b>		Date of Receipt 03 / 26 / 2013 <b>Transaction ID : 5ED9FCB0-D121-49F1-8</b>
Mailing Address PO Box 3970		Amount of Each Receipt this Period 1000.00
City Charleston	State WV	Zip Code 25339-3970
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Weldon Havins</b>		Date of Receipt 03 / 12 / 2013 <b>Transaction ID : DE7B8198-092D-4E5B-8</b>
Mailing Address 88 Ancient Hills Ln		Amount of Each Receipt this Period 365.00
City Henderson	State NV	Zip Code 89074-1750
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. David Hayes</b>		Date of Receipt 03 / 21 / 2013 <b>Transaction ID : 4D68A4F641F35B3596BC</b>
Mailing Address PSC 475 Box 1374		Amount of Each Receipt this Period 83.34
City FPO	State AP	Zip Code 96350-1374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1448.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 25 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)**

**A. Krista Heidar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11800 NE 128th St Suite 430  
 City Kirkland State WA Zip Code 98034-7208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 17 / 2013  
**Transaction ID : B26C6952-E8D7-4099-8**  
 Amount of Each Receipt this Period  
 365.00

**B. Jeffrey Heimer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 Old Gatesburg Rd Ste 300  
 City State College State PA Zip Code 16803-2276  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 15 / 2013  
**Transaction ID : 804C1F2F-13BA-4F88-8**  
 Amount of Each Receipt this Period  
 365.00

**C. John Holds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 102  
 12990 Manchester Rd  
 City Des Peres State MO Zip Code 63131-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 13 / 2013  
**Transaction ID : 4F450FA4-5CCE-4D85-8**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 26 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Holly Holm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10201 Grand River Rd  
 City Brighton State MI Zip Code 48116-9591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 03 / 22 / 2013  
**Transaction ID : 3F648F3F6661BC28E37**  
 Amount of Each Receipt this Period  
 1000.00

**B. James Izer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4255 Carmichael Ct N  
 City Montgomery State AL Zip Code 36106-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 08 / 2013  
**Transaction ID : 32AD8680-634D-4D2B-B**  
 Amount of Each Receipt this Period  
 365.00

**C. Randolph Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1300 E 20th St  
 City Cheyenne State WY Zip Code 82001-4021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 03 / 26 / 2013  
**Transaction ID : C01ADA43-6F18-4673-A**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 27 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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. Peter Judson</b>		Date of Receipt
Mailing Address 191 Main St 1st Floor		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Manchester	State CT	Zip Code 06042-3574
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 85A36BFA-5BE0-4EFE-A</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Peter Kaiser</b>		Date of Receipt
Mailing Address 9500 Euclid Ave Cole Eye Instit Desk I3		<input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : F7A0217C-378C-41A3-</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Keith Kellum</b>		Date of Receipt
Mailing Address 446 Corporate Dr		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City Houma	State LA	Zip Code 70360-2461
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : BB2B39DA-8043-4C4D-B</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 28 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. John Kennedy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1675 Providence Ave

City Schenectady State NY Zip Code 12309-3919

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 19 / 2013  
Transaction ID : 543BF66D-A8C7-477F-9

Amount of Each Receipt this Period  
500.00

**B. Mary Frances Kerr**  
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Colewood Dr

City Nashville State TN Zip Code 37215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
03 / 18 / 2013  
Transaction ID : D3823AF0-F15F-4037-8

Amount of Each Receipt this Period  
350.00

**C. William Kilpatrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 7550 E 2nd St

City Scottsdale State AZ Zip Code 85251-4504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 14 / 2013  
Transaction ID : 56DB9DF8-4F6F-4CD2-B

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1215.00

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

**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 29 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Shane Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 2272 NW Edgewood Pl

City Portland State OR Zip Code 97229-7618

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 22 / 2013

**Transaction ID : B952ABF1-3463-4A54-B**

Amount of Each Receipt this Period  
 365.00

**B. Alan Kimura**  
Full Name (Last, First, Middle Initial)

Mailing Address 8101 E Lowry Blvd Suite 210

City Denver State CO Zip Code 80230-7193

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 29 / 2013

**Transaction ID : 3D8A9D3D-B585-47A9-8**

Amount of Each Receipt this Period  
 1000.00

**C. Laura King**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Brighton Rd NE

City Atlanta State GA Zip Code 30309-1521

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 14 / 2013

**Transaction ID : 7574C279-8275-4EB5-B**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 30 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. James Kinsey</b>		Date of Receipt
Mailing Address 5105 Balmoral Dr		M M M / D D D / Y Y Y Y Y Y 03 / 06 / 2013
City Fayetteville	State NY	Zip Code 13066-9637
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 8AEB64E3-06B2-49E2-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>B. James Kinyoun</b>		Date of Receipt
Mailing Address Box 359608 325 9th Ave		M M M / D D D / Y Y Y Y Y Y 03 / 22 / 2013
City Seattle	State WA	Zip Code 98104-2499
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : A7F0632C-25BD-4705-A</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>C. Steven Kirkham</b>		Date of Receipt
Mailing Address Marion Eye Center 1462 Marion Waldo Road		M M M / D D D / Y Y Y Y Y Y 03 / 08 / 2013
City Marion	State OH	Zip Code 43302
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 33A4A52A-CD99-4AE8-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 31 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Stephen Klapper**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 104  
11900 N Pennsylvania St

City Carmel State IN Zip Code 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 15 / 2013  
Transaction ID : **09EF2B57-A7F9-46B8-B**

Amount of Each Receipt this Period  
365.00

**B. Yannis Kolettis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8921 N Wood Sage Rd

City Peoria State IL Zip Code 61615-7822

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 25 / 2013  
Transaction ID : **E53253D2-A320-4EDA-A**

Amount of Each Receipt this Period  
1000.00

**C. Stephen Kondash**  
Full Name (Last, First, Middle Initial)

Mailing Address 6909 Good Samaritan Dr

City Cincinnati State OH Zip Code 45247-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 12 / 2013  
Transaction ID : **AE499BC1-4383-42EF-A**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1730.00

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

**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 32 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Bruce Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 West First Street

City Hinsdale State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 12 / 2013  
**Transaction ID : 8B0F71F3-C193-450E-A**

Amount of Each Receipt this Period  
 365.00

**B. Jay Leemaster**  
Full Name (Last, First, Middle Initial)

Mailing Address 2909 S Telephone Rd

City Oklahoma City State OK Zip Code 73160-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 12 / 2013  
**Transaction ID : E7BAE49B-A7A9-474F-A**

Amount of Each Receipt this Period  
 365.00

**C. Monte Leidenix**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Smokey Ln

City Bismarck State ND Zip Code 58504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 12 / 2013  
**Transaction ID : 76F87D71-8CD1-4843-8**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 33 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)**

**A. Jay Harris Levy**  
Full Name (Last, First, Middle Initial)

Mailing Address 184 NE 168th St

City North Miami Beach State FL Zip Code 33162-3412

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 03 / 10 / 2013  
**Transaction ID : 4CBE9333769FE5AA116A**

Amount of Each Receipt this Period  
 83.34

**B. Douglas Litchfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 S 5th St

City Bismarck State ND Zip Code 58504-5675

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 14 / 2013  
**Transaction ID : 26ECBD8F-E941-49BC-B**

Amount of Each Receipt this Period  
 365.00

**C. Miguel Lugo**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 223  
661 E Altamonte Dr

City Altamonte Springs State FL Zip Code 32701-5102

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 03 / 12 / 2013  
**Transaction ID : A2806141-AAE8-4BD9-9**

Amount of Each Receipt this Period  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 813.34

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

**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 34 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)**

**A. Ahad Mahootchi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1059  
 City Zephyrhills State FL Zip Code 33539-1059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 26 / 2013  
**Transaction ID : 4A588121BE37662DF719**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date **250.02**

**B. Vasilis Makris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 W Purdue Ave  
 City Muncie State IN Zip Code 47304-6355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 18 / 2013  
**Transaction ID : 0BA2DE49-D6EC-4DB6-B**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date **500.00**

**C. William Mallon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3500 US Highway 1  
 City Vero Beach State FL Zip Code 32960-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 13 / 2013  
**Transaction ID : 1FDF9374-2289-4D87-B**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1083.34
<b>TOTAL</b> This Period (last page this line number only).....	

**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 35 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (Last, First, Middle Initial)  
**A. Delia Manjoney**

Mailing Address 2720 Main St

City Bridgeport State CT Zip Code 06606-5363

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : 98DE21C7F665D2D61B9**

Amount of Each Receipt this Period  
1200.00

Full Name (Last, First, Middle Initial)  
**B. Mark Mannis**

Mailing Address 4860 Y St  
Uc Davis Department of Ophthalmolo

City Sacramento State CA Zip Code 95817-2307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : 610656B632770CBA018**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Peter Maris Jr.**

Mailing Address 11 Surrey Ln

City Old Westbury State NY Zip Code 11568-1138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 14 / 2013  
**Transaction ID : AC16B3A0-00E1-48FC-B**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2065.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 36 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Raj Maturi</b>		Date of Receipt
Mailing Address 200 W 103rd St Ste 1060		<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Indianapolis	State IN	Zip Code 46290-1001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4AAEA1913A29565F646D</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.02"/>	

Full Name (Last, First, Middle Initial) <b>B. Donald May</b>		Date of Receipt
Mailing Address PO Box 1678		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City Lubbock	State TX	Zip Code 79408-1678
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 49FCDAC1-7E53-43D2-8</b>
Name of Employer self		Amount of Each Receipt this Period
Occupation ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Charles McCormick III</b>		Date of Receipt
Mailing Address 30 N Emerson Ave		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Greenwood	State IN	Zip Code 46143-8895
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 0E4D7F4F-4D01-42F1-9</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="948.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 37 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. David McCullough**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 King St

City Stratford State CT Zip Code 06615-5849

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 29 / 2013

**Transaction ID : 061FB32A-1EA3-407E-9**

Amount of Each Receipt this Period  
365.00

**B. Edward McGill**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 121  
7710 Mercy Rd

City Omaha State NE Zip Code 68124-2346

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2013

**Transaction ID : E725EF44-78CD-4528-8**

Amount of Each Receipt this Period  
250.00

**C. Desmond McGuire**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 140  
2010 E First St

City Santa Ana State CA Zip Code 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 13 / 2013

**Transaction ID : 194BFF98-869D-4504-9**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 38 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Alice McPherson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1977 Butler Boulevard  
 City Houston State TX Zip Code 77030-4202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 12 / 2013  
**Transaction ID : 2144D336-D412-40A2-B**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date 250.00

**B. Gary Mehlhorn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1135 E Lakewood St Ste 104  
 City Springfield State MO Zip Code 65810-2403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 20 / 2013  
**Transaction ID : 465084C41B0EEBE31FCD**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date 250.02

**C. Sarah Merrill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19441 Golf Vista Plaza Suite 320  
 City Lansdowne State VA Zip Code 20176-8272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 18 / 2013  
**Transaction ID : 815AB5A0-625C-4F81-8**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.34
<b>TOTAL</b> This Period (last page this line number only).....	

**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 39 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Michael Edward Edward Migliori**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Dudley St Ste 301  
 City Providence State RI Zip Code 02905-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2013  
**Transaction ID : 98DC9404-D79C-45F5-8**  
 Amount of Each Receipt this Period 83.33

**B. Helen Mintz-Hittner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500A California Street  
 City Houston State TX Zip Code 77006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 18 / 2013  
**Transaction ID : AAB14392-F264-4F79-A**  
 Amount of Each Receipt this Period 365.00

**C. Amalia Miranda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Bldg A # 700  
 3435 NW 56th St  
 City Oklahoma City State OK Zip Code 73112-4442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt 03 / 01 / 2013  
**Transaction ID : 9EBDE3C1-B4E6-4743-A**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	531.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 40 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Frank Moya</b>		Date of Receipt
Mailing Address 3717 Surrey Way Ct		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City Winston Salem	State NC	Zip Code 27107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : CC087C44-A581-4E0E-B</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="325.00"/>
	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jerry Neuwirth</b>		Date of Receipt
Mailing Address 85 Seymour St Ste 822		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Hartford	State CT	Zip Code 06106-5527
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AE8982FC-C486-4B68-A</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="700.00"/>
	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Corey Notis</b>		Date of Receipt
Mailing Address 155 Morris Avenue suite 302		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City Springfield	State NJ	Zip Code 07081
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8F224CAF-EB80-4721-B</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1525.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 41 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Randall Olson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 65 N Mario Capecchi Dr  
City Salt Lake City State UT Zip Code 84132-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 27 / 2013**  
**Transaction ID : 785FA267-17A0-4729-B**  
Amount of Each Receipt this Period **365.00**

**B. Andrew Packer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 85 Seymour St Ste 822  
City Hartford State CT Zip Code 06106-5527  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 08 / 2013**  
**Transaction ID : CB1DBDA7-C58A-473F-B**  
Amount of Each Receipt this Period **1000.00**

**C. David Pao**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1609 Woodbourne Rd Ste 303  
City Levittown State PA Zip Code 19057-1521  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 04 / 2013**  
**Transaction ID : 1E6F3F5D-4F0B-4FEB-A**  
Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1865.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**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 42 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Susanna Park**  
Full Name (Last, First, Middle Initial)

Mailing Address 4860 Y St  
Ste 2400

City Sacramento State CA Zip Code 95817-2307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 25 / 2013  
**Transaction ID : 010FE28D-E2C9-48D6-8**

Amount of Each Receipt this Period  
365.00

**B. David Parke II**  
Full Name (Last, First, Middle Initial)

Mailing Address 655 Beach St

City San Francisco State CA Zip Code 94109-1342

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 25 / 2013  
**Transaction ID : D5FF0737-11AC-4614-8**

Amount of Each Receipt this Period  
1000.00

**C. Harpreet Nini Patheja**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
03 / 03 / 2013  
**Transaction ID : 479CAA6FDE750C412BCD**

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1448.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 43 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Lawrence Piazza**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1539

City Blue Hill	State ME	Zip Code 04614-1539
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

**Transaction ID : 55A34E99-A520-46BF-B**

Amount of Each Receipt this Period  
83.33

**B. Lawrence Piazza**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1539

City Blue Hill	State ME	Zip Code 04614-1539
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2013

**Transaction ID : 42759A051A159C355010**

Amount of Each Receipt this Period  
41.67

**C. Jerome Poland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 3rd Ave NE

City Crosby	State MN	Zip Code 56441-1665
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2013

**Transaction ID : A14EA2B7-1B01-4BC6-8**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 (Last, First, Middle Initial)  
**A. Alan Pollack**

Mailing Address 4660 Kenmore Ave Ste 416

City Alexandria State VA Zip Code 22304-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 13 / 2013  
**Transaction ID : 01133E3E-FB6E-49CF-9**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Dustin Pomerleau**

Mailing Address 195 Fore River Pkwy Ste 480

City Portland State ME Zip Code 04102

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 12 / 2013  
**Transaction ID : 17AD2208-2B93-4677-8**

Amount of Each Receipt this Period  
75.00

Full Name (Last, First, Middle Initial)  
**C. Tedd Puckett**

Mailing Address 1209 Valley View St

City Radford State VA Zip Code 24141

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 18 / 2013  
**Transaction ID : BF2D9BD3-3D94-42CB-8**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1440.00

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

# 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 45 OF 79		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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)**

**A. John Reifschneider**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 100  
 1001 6th Ave  
 City Leavenworth State KS Zip Code 66048-3248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2013  
**Transaction ID : 964CBD5C-E72C-4B21-8**  
 Amount of Each Receipt this Period  
 500.00

**B. Harvey Reiser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 945 Lantern Hill Rd  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : 6D7326FC-5272-42B2-A**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael Repka**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1018 Winding Way  
 City Baltimore State MD Zip Code 21210-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2013  
**Transaction ID : DC0F0F36-2952-4EB7-**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 46 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)**

**A. William Rich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6231 Leesburg Pike  
 Ste 608  
 City Falls Church State VA Zip Code 22044-2102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2013  
**Transaction ID : 466A95894C615AFCF7D4**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 250.02

**B. Gregory Riffle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 110  
 9485 Mentor Ave  
 City Mentor State OH Zip Code 44060-8724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 14 / 2013  
**Transaction ID : 72E6E9FE-59E6-4A9E-8**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Elizabeth Rocco**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Saybrook Rd  
 Ste 100  
 City Middletown State CT Zip Code 06457-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2013  
**Transaction ID : 9870752B6ECD7080E0C**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 47 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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. John Rosculet</b>		Date of Receipt
Mailing Address 906 Windward Court		M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2013
City	State	Zip Code
Neenah	WI	54956
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 1ABB0DEF-AECF-4544-8</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	500.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven Rosenfeld</b>		Date of Receipt
Mailing Address 16201 S Military Trl		M M M / D D D / Y Y Y Y Y Y 03 / 17 / 2013
City	State	Zip Code
Delray Beach	FL	33484-6503
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 3BFB646E-B879-4ACE-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	365.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Adam Rovit</b>		Date of Receipt
Mailing Address 2878 Soft Horizon Way		M M M / D D D / Y Y Y Y Y Y 03 / 27 / 2013
City	State	Zip Code
Las Vegas	NV	89135-1736
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 95CC5720-3249-4516-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	365.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 48 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Jay Rudd**  
Full Name (Last, First, Middle Initial)

Mailing Address 345 College St SE  
Suite C

City Lacey State WA Zip Code 98503-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 15 / 2013  
Transaction ID : 7A97B1E5-FEFD-45A9-8

Amount of Each Receipt this Period  
500.00

**B. Michael Ruddat**  
Full Name (Last, First, Middle Initial)

Mailing Address 85 Seymour St  
Ste 822

City Hartford State CT Zip Code 06106-5527

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
03 / 12 / 2013  
Transaction ID : 5F1108B6-6ECD-4F42-A

Amount of Each Receipt this Period  
700.00

**C. John Saunders**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 101  
1517 Nicholasville Rd

City Lexington State KY Zip Code 40503-1429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 02 / 2013  
Transaction ID : FB4E806A-868D-4ACA-A

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1565.00

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

**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 49 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Stephen Schall**  
Full Name (Last, First, Middle Initial)

Mailing Address 9100 Wilshire Blvd  
Ste 852 West

City Beverly Hills State CA Zip Code 90212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 15 / 2013  
**Transaction ID : 70DC9DD9-23AE-43D1-B**

Amount of Each Receipt this Period  
365.00

**B. Loren Schrenk**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 201  
12818 Tesson Ferry Rd

City St Louis State MO Zip Code 63128-2945

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 25 / 2013  
**Transaction ID : DA62607A-845C-4B7F-A**

Amount of Each Receipt this Period  
365.00

**C. Ronald Seff**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 108  
19 Fontana Ln

City Baltimore State MD Zip Code 21237-3097

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 13 / 2013  
**Transaction ID : BBEB52BC-149F-4EB6-9**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1095.00

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

**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 50 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. Bruce Segal**

Mailing Address Ste 302  
5258 Linton Blvd

City Delray Beach State FL Zip Code 33484-6530

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2013  
**Transaction ID : 2C7D4265-622E-4CE9-A**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Ravindra Shah**

Mailing Address 53 Sewall St

City Portland State ME Zip Code 04102-2625

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 10 / 2013  
**Transaction ID : 4DBF4386-D944-4258-B**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**c. David Shepherd**

Mailing Address Ste 103  
41935 W 12 Mile Rd

City Novi State MI Zip Code 48377-3111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 25 / 2013  
**Transaction ID : 333C168F-6CA2-46B7-8**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 51 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Diana Shiba**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 251 Saint Albans Ave  
 City South Pasadena State CA Zip Code 91030-3561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 26 / 2013  
**Transaction ID : 408EB7BA-0F08-426F-8**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

**B. David Shulman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 127  
 999 E Basse Rd  
 City San Antonio State TX Zip Code 78209-1802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 15 / 2013  
**Transaction ID : EA00A7E5-4425-4BDF-A**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date  
 250.00

**C. David Silverstone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 5B  
 40 Temple St  
 City New Haven State CT Zip Code 06510-2715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 08 / 2013  
**Transaction ID : 9606CB75-3F81-4614-9**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	813.33
<b>TOTAL</b> This Period (last page this line number only).....	



**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 53 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. Daniel Smith**

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2013  
**Transaction ID : 4D1BAFAF001350084EDF**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**B. Gerald Spindel**

Mailing Address Ste 101  
6 Tsienneto Rd

City Derry State NH Zip Code 03038-1584

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 08 / 2013  
**Transaction ID : 04C8EE58-5A88-495B-A**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**C. Eric Steele**

Mailing Address 6815 SW 8th Ave

City Portland State OR Zip Code 97219-2109

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation 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  
 03 / 15 / 2013  
**Transaction ID : A6FA2EF7-CE52-4C3B-A**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	813.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 54 OF 79
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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. Roger Steinert</b>		Date of Receipt
Mailing Address 118 I		<input type="text" value="03"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City Irvine	State CA	Zip Code 92697-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4F33A0B6E9FCAEEFF346</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.02"/>	

Full Name (Last, First, Middle Initial) <b>B. Paul Sternberg</b>		Date of Receipt
Mailing Address 2311 Pierce Ave		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Nashville	State TN	Zip Code 37232-0025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 899D8A91-C58E-4D87-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Marion Joseph Stoj</b>		Date of Receipt
Mailing Address 191 Main St		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Manchester	State CT	Zip Code 06042
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : B98A251F-24FC-41F3-A</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="700.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="700.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1783.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 55 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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)**

**A. John Stump**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Kona Cir  
 City Milford State DE Zip Code 19963-5396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 18 / 2013  
**Transaction ID : 8921FBDA-0C48-4AD9-B**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date **365.00**

**B. Shigemi Sugiki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1380 Lusitana St Ste 714  
 City Honolulu State HI Zip Code 96813-2443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 25 / 2013  
**Transaction ID : F80E688D-7F80-4A93-9**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date **1000.00**

**C. Stephanie Sugin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 W Main St Ste 100  
 City Waterbury State CT Zip Code 06708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 13 / 2013  
**Transaction ID : 15684065-DFAE-4A9D-B**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date **365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 56 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. Vincent Sutton**

Mailing Address **PO Box 6068**

City **Lincoln** State **NE** Zip Code **68506-0068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **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  
**03 / 12 / 2013**

**Transaction ID : B1AB4BBA-1D26-49AE-9**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**B. Mark Szal**

Mailing Address **248 Pleasant St Ste 1600**

City **Concord** State **NH** Zip Code **03301-2588**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **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  
**03 / 09 / 2013**

**Transaction ID : D65A2400-83AC-452B-**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**c. Marvin Talansky**

Mailing Address **21 S Arlene Dr**

City **West Long Branch** State **NJ** Zip Code **07764-1157**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self** Occupation **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  
**03 / 12 / 2013**

**Transaction ID : 0ADFF46D-FF50-4175-8**

Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1095.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 57 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (Last, First, Middle Initial) <b>A. Eric Thomas</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>11</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	11	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	11	/	2013								
Mailing Address 6601 S. Minnesota Avenue Suite: 200		<b>Transaction ID : 40269E53-0869-4D9B-8</b>										
City Sioux Falls	State SD	Zip Code 57108-2564										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00											
Name of Employer Self	Occupation Ophthalmologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) <b>B. Robert Tibolt</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>22</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	22	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	22	/	2013								
Mailing Address 9860 SW Lumbee Ln		<b>Transaction ID : 19F5F0E9D57C3DD4A34</b>										
City Tualatin	State OR	Zip Code 97062-7352										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00											
Name of Employer Self	Occupation Ophthalmologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00											

Full Name (Last, First, Middle Initial) <b>C. Melissa Toyos</b>		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>03</td> <td>/</td> <td>13</td> <td>/</td> <td>2013</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	03	/	13	/	2013
M M M	/	D D D	/	Y Y Y Y Y Y								
03	/	13	/	2013								
Mailing Address 4741 S Cochise		<b>Transaction ID : 802E1AB9-7724-4031-B</b>										
City Independence	State MO	Zip Code 64055										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00											
Name of Employer Self	Occupation Ophthalmologist											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 58 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Mark Volpicelli**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 100  
1174 Castro St

City Mountain View State CA Zip Code 94040-2572

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 13 / 2013  
Transaction ID : **0EA7F8FF-94C7-400A-8**

Amount of Each Receipt this Period  
365.00

**B. Manfred Von Fricken**  
Full Name (Last, First, Middle Initial)

Mailing Address 8505 Arlington Blvd  
Ste 300

City Fairfax State VA Zip Code 22031-4630

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 22 / 2013  
Transaction ID : **AF0572B3AE8C0385A12**

Amount of Each Receipt this Period  
1000.00

**C. William Wagnon**  
Full Name (Last, First, Middle Initial)

Mailing Address Angelina Eye Ctr  
2801 S John Redditt Dr Ste B

City Lufkin State TX Zip Code 75904-5666

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 15 / 2013  
Transaction ID : **99AE5D97-3B0C-4E03-9**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1730.00

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

**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 59 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. John Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2664 Hartford Hwy  
 City Dothan State AL Zip Code 36305-4904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 12 / 2013  
**Transaction ID : 12570820-AF90-4E9C-9**  
 Amount of Each Receipt this Period  
 1000.00

**B. William Thomas Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13919 Bluff Wind  
 City San Antonio State TX Zip Code 78216-7923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 456.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : FAC545AE-542A-4357-9**  
 Amount of Each Receipt this Period  
 25.00

**C. William Thomas Walton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13919 Bluff Wind  
 City San Antonio State TX Zip Code 78216-7923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 456.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : 7FA075CE-FDE8-45C1-A**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1390.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 60 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)  
**A. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City Seattle State WA Zip Code 98118-1551

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
 03 / 26 / 2013  
**Transaction ID : 4A47BA1CAD243C24CD92**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**B. Barry Welch**

Mailing Address 424 Yellowstone Ave Ste 110

City Cody State WY Zip Code 82414-9309

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
 03 / 13 / 2013  
**Transaction ID : 47D69062A663F5538674**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. Craig Wells**

Mailing Address 1750 112th Ave NE Ste D050

City Bellevue State WA Zip Code 98004-3752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 03 / 01 / 2013  
**Transaction ID : 154B23A1-4DC7-4D52-8**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	531.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 61 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Charles Wesley**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 103  
18077 River Ave

City Noblesville State IN Zip Code 46062-8311

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 08 / 2013  
Transaction ID : **DB55EFD8-EE28-4492-A**

Amount of Each Receipt this Period  
365.00

**B. Jeffrey Whitman**  
Full Name (Last, First, Middle Initial)

Mailing Address Ste 400  
2801 Lemmon Ave

City Dallas State TX Zip Code 75204-2399

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
03 / 15 / 2013  
Transaction ID : **AC19B991-0B61-4464-8**

Amount of Each Receipt this Period  
83.33

**C. Wayne Whitmore**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 E 68th St

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 18 / 2013  
Transaction ID : **905C851C-6019-4F9B-8**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 62 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Paul Wiesner**  
Full Name (Last, First, Middle Initial)

Mailing Address Unit B  
1800 E Pavilion Pl

City Montrose State CO Zip Code 81401-5499

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 14 / 2013  
**Transaction ID : 86CFE1F7-FC48-4705-8**

Amount of Each Receipt this Period  
1000.00

**B. C. P. Wilkinson**  
Full Name (Last, First, Middle Initial)

Mailing Address Greater Baltimore MC/Ste 505  
6569 N Charles St

City Baltimore State MD Zip Code 21204

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 13 / 2013  
**Transaction ID : 64638084-FDD7-4164-8**

Amount of Each Receipt this Period  
500.00

**C. Curt Wischmeier**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 8th Ave NW

City Aberdeen State SD Zip Code 57401-2365

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 04 / 2013  
**Transaction ID : CA3DFADF-DAB3-4644-9**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Edward Wladis**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 Voyage Dr

City State Zip Code  
Glenmont NY 12077-3515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
03 / 25 / 2013  
**Transaction ID : 1EAAF5A7-7ACC-4911-B**

Amount of Each Receipt this Period  
365.00

**B. Stuart Wunsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Clifton Ave

City State Zip Code  
Clifton NJ 07013-3520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 21 / 2013  
**Transaction ID : AE394F0349B2F3702FD**

Amount of Each Receipt this Period  
500.00

**C. Alyson Yashar**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Arrowhead Ln

City State Zip Code  
Saddle River NJ 07458-2503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self 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  
03 / 07 / 2013  
**Transaction ID : 99D0F162-3941-4442-A**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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 64 OF 79
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A. Niloofar Ziai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 320  
 19441 Golf Vista Plz  
 City Leesburg State VA Zip Code 20176-8272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2013  
**Transaction ID : 52B88CB0-53E4-45BD-9**  
 Amount of Each Receipt this Period  
 250.00

**B. Harry Zink**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3519 Friendsville Rd  
 City Wooster State OH Zip Code 44691-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation 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  
 03 / 21 / 2013  
**Transaction ID : AF5987C9-BEF3-45EF-B**  
 Amount of Each Receipt this Period  
 365.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	81349.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank charges - Mar 2013

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 0970BE77503343682CC**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
AMEX charges - Mar 2013

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : BC40C2848223354C4CD**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Andy Harris for Congress**

Mailing Address PO Box 604

City: Bel Air State: MD Zip Code: 21014

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Andrew P. Harris**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 34CE32A10E8B4814157**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City: Gladstone State: MI Zip Code: 49837-0108

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : D2520273132C7506A78**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bera for Congress**

Mailing Address Post Office Box 582496

City: Elk Grove State: CA Zip Code: 95758

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Ameriash B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 0969C024B808B093CD4**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gus Michael Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2013

Transaction ID : EA2A0C3628F36AAB700

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bill Cassidy for Congress**

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898-0505

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**William Cassidy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2013

Transaction ID : 914B91F7AED20D3607C

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Kevin Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2013

Transaction ID : EE764B14BD1B615A474

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00
----------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Larry D. Bucshon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 1D2D9E7A5D307BEF699**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cantor for Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Eric Ivan Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 7ABBE4426668ED5F26C**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Henry A. Waxman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : D34B1EF3F56B8D937D6**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Connolly for Congress**

Mailing Address 3706 Prado Place

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Gerald E. Connolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	3

Transaction ID : **FFCA20FA6AED83B9B0**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

Transaction ID : **82AC24CB3875EF0E857**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

Transaction ID : **EDE881F55E4934D6B06**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	0	0	0	.	0	0
---	---	---	---	---	---	---

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

2	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Mailing Address 430 South Capitol Street, SE  
2nd Floor

**Transaction ID : A4C09BC9D89D01FFFA4**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
2013 Contribution

011
Category/ Type

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2013

Mailing Address 430 South Capitol Street, SE  
2nd Floor

**Transaction ID : F7B50D0814BF78E2704**

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

-15000.00
-----------

Purpose of Disbursement  
Void check issued on 3/7/13.

011
Category/ Type

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		26		2013

Mailing Address 120 Maryland Ave NE

**Transaction ID : 90CDFC8929572DC117C**

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00
----------

Purpose of Disbursement  
2013 Contribution

011
Category/ Type

Candidate Name

**Democratic Senatorial Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00
----------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Every Republican Is Crucial (ERICPAC)**

Mailing Address 25 E Main Street  
Suite 200

City Richmond State VA Zip Code 23219-2109

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Every Republican Is Crucial (ERICPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 263BFEEC0480BE98B93**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Fleming for Congress**

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**John Calvin Fleming Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: LA District: 04

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : ADED23ED38BF3899B0A**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends for Jim McDermott**

Mailing Address PO Box 21786

City Seattle State WA Zip Code 98111

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Jim McDermott**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: WA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : BB9A08A07007AACF666**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

**Transaction ID : B34E4F7CA6E88275C97**

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Joseph Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	3

**Transaction ID : C1857D74E65A3A28376**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Joseph R. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	1	3

**Transaction ID : 5725B74EF26A7F4A03E**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	0	0	0	0	0
---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Johnson for Congress**

Mailing Address PO Box 14496

City Poland State OH Zip Code 44514

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Bill Johnson**

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2013

Transaction ID : FBCD6D7481538665948

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Kurt Schrader**

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

Transaction ID : BC604AB0352243F14DE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Lee Terry for Congress**

Mailing Address PO Box 540098

City Omaha State NE Zip Code 68154-0098

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name  
**Lee Terry**

Office Sought:  House  
 Senate  
 President  
State: NE District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

Transaction ID : 16A557EF5FBAD047FCF

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2014 Primary

Candidate Name

**Marsha Blackburn**

Office Sought:  House  
 Senate  
 President  
State: TN District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 918B83F837AAA952B72**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**B. Matheson for Congress**

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152-1048

Purpose of Disbursement  
2014 Primary

Candidate Name

**James David Matheson**

Office Sought:  House  
 Senate  
 President  
State: UT District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : 5482E03C69D06A1912B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2014 Primary

Candidate Name

**Michael Clifton Burgess**

Office Sought:  House  
 Senate  
 President  
State: TX District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 30FAAC455F0EA44633C**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**National Republican Congressional Committee**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 125EE9DAE55E603952B**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**B. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : 6E5F44882E8E1E93F2A**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. New Pioneers PAC**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify)

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
03 / 21 / 2013

**Transaction ID : 2AEE8DEDF78869097CA**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

32500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Pallone for Congress**

Mailing Address PO Box 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

**Transaction ID : 7FE6008A5E7CD748277**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. People for Enterprise Trade and Economic Growth (PETE PAC)**

Mailing Address 7804 Evening Lane

City State Zip Code  
Alexandria VA 22306-2754

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**People for Enterprise Trade and Economic Growth (PETE PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	3

**Transaction ID : B894ACC1FE59AD4D7D4**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Price for Congress**

Mailing Address PO Box 425

City State Zip Code  
Roswell GA 30077

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	3

**Transaction ID : 8D74667332EA7FE918C**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	2	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	2	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Reinventing a New Direction - Randpac**

Mailing Address PO Box 72598

City Newport State KY Zip Code 41072

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Reinventing a New Direction - Randpac**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : CD3E5E13ADD8CBB785B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Texans for Lamar Smith**

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209-0155

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Lamar Seeligson Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Contribution**

State: TX District: 21

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : 1464A46850F3EEBF07D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Tuesday Group Political Action Committee**

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Tuesday Group Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 05CE7942F410C478428**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Fredrick Stephen Upton**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2013

**Transaction ID : 98C3EEFC7A6378C6E31**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Virginia Foxx for Congress**

Mailing Address PO Box 1100

City Clemmons State NC Zip Code 27012

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Virginia Foxx**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : 292B754C63D1AAE0503**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
2014 Primary

011

Category/  
Type

Candidate Name

**Gregory P. Walden**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2013

**Transaction ID : 9B10E88E7BCDF933C5F**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

148500.00