

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2011"/>	<input type="text" value="353076.28"/>	<input type="text" value="353076.28"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="360603.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="119529.48"/>	<input type="text" value="500283.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="480132.52"/>	<input type="text" value="853359.83"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47665.09"/>	<input type="text" value="420892.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="432467.43"/>	<input type="text" value="432467.43"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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: / / To: / /

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).....	97342.22	404246.08
(ii) Unitemized	22187.26	95452.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	119529.48	499698.55
(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)	119529.48	499698.55
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	585.00
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))..... ▶	119529.48	500283.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	119529.48	500283.55

DETAILED SUMMARY PAGE

of Disbursements

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	1965.09	20497.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1965.09	20497.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	45200.00	393200.00
24. Independent Expenditures (use Schedule E)	0.00	3900.00
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	500.00	3295.34
(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)).....	500.00	3295.34
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)) ..	47665.09	420892.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47665.09	420892.40

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)	119529.48	499698.55
34. Total Contribution Refunds (from Line 28(d))	500.00	3295.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	119029.48	496403.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1965.09	20497.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1965.09	20497.06

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

The memo entry on Line 23 is to redesignate the 10/31/11 disbursement for Committee To Elect Chris Murphy to Friends of Chris Murphy. The check was made payable to Murphy's House Campaign Committee, but was intended for Murphy's Senate Campaign Committee. We have notified Chris Murphy's campaign of this intention.

Form/Schedule:
Transaction ID:

**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 96
	<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)

Full Name (Last, First, Middle Initial)
A. Patrick Aiello

Mailing Address 275 W 28th St
Attn: Marlene

City Yuma State AZ Zip Code 85364-7308

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 ▼
750.06

Date of Receipt
10 / 28 / 2011
Transaction ID : 469A9EA58AF9A9919CA5

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. Madeline Almond

Mailing Address 240 1st St

City Neenah State WI Zip Code 54956-2719

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 ▼
249.00

Date of Receipt
10 / 18 / 2011
Transaction ID : EC89C97B-FE1C-4C75-

Amount of Each Receipt this Period
199.00

Full Name (Last, First, Middle Initial)
C. Daniel Alter

Mailing Address 1875 Dempster St
Ste 640

City Park Ridge State IL Zip Code 60068-1179

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
10 / 18 / 2011
Transaction ID : 1EDE13599256764656F

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 782.34

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 8 OF 96
	<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. Peter Amaral
Full Name (Last, First, Middle Initial)

Mailing Address 635 Medical Pkwy

City Brenham State TX Zip Code 77833-5412

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
 10 / 24 / 2011

Transaction ID : 49D59B79844082CFFD6E

Amount of Each Receipt this Period
 250.00

B. Arezo Amirikia
Full Name (Last, First, Middle Initial)

Mailing Address 3535 Franklin Rd

City Bloomfield Hills State MI Zip Code 48302-0961

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
 10 / 21 / 2011

Transaction ID : 3F82EB8B-947A-435B-

Amount of Each Receipt this Period
 1000.00

C. Christopher Andreoli
Full Name (Last, First, Middle Initial)

Mailing Address 49 Chinian Path

City Newton Center State MA Zip Code 02459-3514

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
 10 / 30 / 2011

Transaction ID : AE0FFE51-2689-4609-

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1390.00
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 96
	<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. Roberto Arguello		Date of Receipt
Mailing Address 1910 S 1st St Ste 100		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City McAllen	State TX	Zip Code 78503-1244
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C159DE64-1889-4FOC-
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. Robert Avery		Date of Receipt
Mailing Address 5 Via Encanto		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City Santa Barbara	State CA	Zip Code 93108-1774
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : B07243DC-9BF4-4968-
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) C. Robert Bailey		Date of Receipt
Mailing Address 912 E Willow Grove Ave		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City Wyndmoor	State PA	Zip Code 19038-7910
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 768A703BC9D97C0DF82
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL 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 10 OF 96
	<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. Brock Bakewell
Full Name (Last, First, Middle Initial)

Mailing Address 5599 N Oracle Rd

City Tucson State AZ Zip Code 85704-3821

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
 10 / 24 / 2011

Transaction ID : F3DAEF1D-A88E-4FDE-

Amount of Each Receipt this Period
 365.00

B. E. Michael Balok
Full Name (Last, First, Middle Initial)

Mailing Address 4050 River Rd

City East China State MI Zip Code 48054-2931

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
 10 / 27 / 2011

Transaction ID : FEC923FD9E2AAB7466E

Amount of Each Receipt this Period
 1000.00

C. Derek Barker
Full Name (Last, First, Middle Initial)

Mailing Address 1920 Pickens St

City Columbia State SC Zip Code 29201-2632

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
 10 / 18 / 2011

Transaction ID : 18A3DF23-8F80-4879-

Amount of Each Receipt this Period
 500.00

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 11 OF 96
	<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. Charles Barr
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E Muhammad Ali Blvd
 City Louisville State KY Zip Code 40202-1511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt 10 / 31 / 2011
Transaction ID : 69DC314B4395B46927C
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 2000.00

B. Michael Bennett
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 Ala Moana Blvd Ste 500
 City Honolulu State HI Zip Code 96815-1437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt 10 / 21 / 2011
Transaction ID : 90123200-D81D-4191-
 Amount of Each Receipt this Period 500.00
 Aggregate Year-to-Date 500.00

C. Todd Berger
 Full Name (Last, First, Middle Initial)
 Mailing Address 5800 49th St N # S-109
 City Saint Petersburg State FL Zip Code 33709-2146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt 10 / 04 / 2011
Transaction ID : 035E29F4AE0A8BDC484
 Amount of Each Receipt this Period 1000.00
 Aggregate Year-to-Date 1000.00

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 12 OF 96
	<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. Neelakshi Bhagat
Full Name (Last, First, Middle Initial)

Mailing Address 90 Bergen St
Ste 6168

City Newark State NJ Zip Code 07103-2425

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 ▼
730.00

Date of Receipt
10 / 21 / 2011
Transaction ID : 71538E72-3955-465F-

Amount of Each Receipt this Period
365.00

B. Neelakshi Bhagat
Full Name (Last, First, Middle Initial)

Mailing Address 90 Bergen St
Ste 6168

City Newark State NJ Zip Code 07103-2425

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 ▼
730.00

Date of Receipt
10 / 26 / 2011
Transaction ID : 27B146696786A18DEAD

Amount of Each Receipt this Period
365.00

C. C. Robert Bice Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 135 W Ravine Rd
Ste 2-C

City Kingsport State TN Zip Code 37660-3847

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
10 / 27 / 2011
Transaction ID : AE3007E52BDD507701

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1230.00

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 13 OF 96
	<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. Thomas William Biggs II
 Full Name (Last, First, Middle Initial)
 Mailing Address 5825 S Main St
 Ste 100
 City Clarkston State MI Zip Code 48346-2983
 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
 10 / 21 / 2011
Transaction ID : 7A1B8F2065F8F12C111
 Amount of Each Receipt this Period
 365.00

B. David Blandford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1937 Old Main St
 Ste 2
 City Maysville State KY Zip Code 41056-8956
 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 ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : 4A0A8CE18CC338ED06BE
 Amount of Each Receipt this Period
 83.34

C. Mark Blecher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 S Broad St
 City Philadelphia State PA Zip Code 19148-1536
 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
 10 / 21 / 2011
Transaction ID : B7504176-5D82-4465-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	948.34
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 14 OF 96
	<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. L. Lothaire Bluth
 Full Name (Last, First, Middle Initial)
 Mailing Address 2610 E University Dr
 City Mesa State AZ Zip Code 85213-8436
 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
 10 / 07 / 2011
Transaction ID : E79CFBEAE1190B3F5A0
 Amount of Each Receipt this Period
 1000.00

B. Steven Bodine
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Palmer Rd Retina Consultations
 City Bronxville State NY Zip Code 10708-3304
 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 ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2011
Transaction ID : 4C12934F4AB2E5759C72
 Amount of Each Receipt this Period
 41.67

C. David Boyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1127 Wilshire Blvd Ste 1620
 City Los Angeles State CA Zip Code 90017-4007
 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
 10 / 21 / 2011
Transaction ID : 4D92FBFC-7086-4ABF-
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2041.67
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:	PAGE 15 OF 96
	(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)

Full Name (Last, First, Middle Initial)
A. Richard Braley

Mailing Address 1661 Higdon Ferry Rd

City Hot Springs State AR Zip Code 71913-6913

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
 10 / 11 / 2011

Transaction ID : B734EF71EE6741F563F

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Chadwick Brasington

Mailing Address 1016 Kirkpatrick Rd

City Burlington State NC Zip Code 27215-9714

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 ▼
304.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 07 / 2011

Transaction ID : 41089F66E67E3B8276D4

Amount of Each Receipt this Period
30.41

Full Name (Last, First, Middle Initial)
C. William Bridges Jr.

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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 ▼
416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2011

Transaction ID : 465BA533E9FA5117EA0D

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 363.75

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 16 OF 96
	<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. Mark Brower
 Full Name (Last, First, Middle Initial)
 Mailing Address 504 Willabay Dr
 City Williams Bay State WI Zip Code 53191-9627
 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 **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : 7729D87F7043E45B1F5
 Amount of Each Receipt this Period
365.00

B. Donna Dodson Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Westhampton Sta
 City Richmond State VA Zip Code 23226-3330
 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
 10 / 06 / 2011
Transaction ID : 2DF8DA48A78C0025C9D
 Amount of Each Receipt this Period
1000.00

C. M. Todd Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 2325 Aberdeen Blvd Ste A
 City Gastonia State NC Zip Code 28054-0642
 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
 10 / 26 / 2011
Transaction ID : F7253630-903F-4EAD-
 Amount of Each Receipt this Period
500.00

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 17 OF 96
	<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. John Burchfield
Full Name (Last, First, Middle Initial)

Mailing Address 2865 N Reynolds Rd
Ste 170

City Toledo State OH Zip Code 43615-2076

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
10 / 18 / 2011
Transaction ID : 4C4D96A465AD55EB8325

Amount of Each Receipt this Period
250.00

B. Miles Burke
Full Name (Last, First, Middle Initial)

Mailing Address 8475 Sleepy Hollow Dr

City Cincinnati State OH Zip Code 45243-1186

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
10 / 22 / 2011
Transaction ID : 409895B5-DCE4-4A28-

Amount of Each Receipt this Period
365.00

C. Frank Burns
Full Name (Last, First, Middle Initial)

Mailing Address 13324 Shelbyville Rd

City Louisville State KY Zip Code 40223-3936

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 ▼
666.72

Date of Receipt
10 / 06 / 2011
Transaction ID : 45B0A74C90B01FB091A7

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....	473.34
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 18 OF 96
	<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. Charles Campbell		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2011
Mailing Address 5540 Saratoga Blvd Ste 200		Transaction ID : 22312979-C6CC-4D35-
City Corpus Christi	State TX	Zip Code 78413-2953
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 ▼ 833.36	

Full Name (Last, First, Middle Initial) B. Leon Frank Cashwell Jr.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2011
Mailing Address 8 N Pointe Ct		Transaction ID : C1668CD3-62B3-46C0-
City Greensboro	State NC	Zip Code 27408-3187
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jennifer Cecil		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2011
Mailing Address 2902 Ginnala Dr Ste 1		Transaction ID : 4F0541AB13F4C24B0B7
City Loveland	State CO	Zip Code 80538-7818
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	

SUBTOTAL of Receipts This Page (optional).....▶	1165.00
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 19 OF 96
	<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. Steven Charles
 Full Name (Last, First, Middle Initial)
 Mailing Address 6401 Poplar Ave
 Ste 190
 City Memphis State TN Zip Code 38119-4810
 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
 10 / 22 / 2011
Transaction ID : 18909D0A-E183-43A9-
 Amount of Each Receipt this Period
 500.00

B. Donald Cinotti
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Pavonia Ave
 Ste 6
 City Jersey City State NJ Zip Code 07306-2932
 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
 10 / 18 / 2011
Transaction ID : 4BA99D9DFC3B91E4DDF3
 Amount of Each Receipt this Period
 100.00

C. 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 ▼ 4166.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2011
Transaction ID : 4B4AA461E0A8DB7DB605
 Amount of Each Receipt this Period
 416.66

SUBTOTAL of Receipts This Page (optional).....▶	1016.66
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 20 OF 96
	<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 Clarkson
Full Name (Last, First, Middle Initial)

Mailing Address 1120 NW 14th St
#1560 C

City Miami State FL Zip Code 33136-2107

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
10 / 22 / 2011
Transaction ID : **E8767CE7-D111-483A-**

Amount of Each Receipt this Period
250.00

B. Christopher Coad
Full Name (Last, First, Middle Initial)

Mailing Address 157 W 19th St

City New York State NY Zip Code 10011-4102

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
10 / 14 / 2011
Transaction ID : **4EECA9E621478FC83EC1**

Amount of Each Receipt this Period
25.00

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

Mailing Address 1945 Cei Dr

City Blue Ash State OH Zip Code 45242-5664

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 ▼
398.00

Date of Receipt
10 / 02 / 2011
Transaction ID : **1B6310FB-9CDD-4E39-**

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 474.00

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:	PAGE 22 OF 96
	(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)

Full Name (Last, First, Middle Initial) A. David Demartini		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2011
Mailing Address 122 La Casa Via Ste 222		Transaction ID : 3F40FC50F8763D3B59E
City Walnut Creek	State CA	Zip Code 94598-3014
FEC ID number of contributing federal political committee.	C	
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	
		Amount of Each Receipt this Period 365.00

Full Name (Last, First, Middle Initial) B. Ranjit Dhaliwal		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2011
Mailing Address 3520 Walton Way Ext		Transaction ID : CA69820A-DA2B-4805-
City Augusta	State GA	Zip Code 30909-6605
FEC ID number of contributing federal political committee.	C	
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 ▼ 750.00	
		Amount of Each Receipt this Period 750.00

Full Name (Last, First, Middle Initial) C. Anna Luisa Luisa Di Lorenzo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2011
Mailing Address 2877 Crooks Rd Ste B		Transaction ID : 4737ACCCBF7F666AA290
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3833.36	
		Amount of Each Receipt this Period 208.34

SUBTOTAL of Receipts This Page (optional).....▶	1323.34
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 23 OF 96
	<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. Andrew Doan
Full Name (Last, First, Middle Initial)

Mailing Address 31515 Rancho Pueblo Rd
Ste 103

City Temecula State CA Zip Code 92592-4837

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 ▼
291.69

Date of Receipt
10 / 07 / 2011
Transaction ID : 47E6851353AEF974F144

Amount of Each Receipt this Period
41.67

B. Joseph Doe
Full Name (Last, First, Middle Initial)

Mailing Address 1052 Gull Rd

City Kalamazoo State MI Zip Code 49048-1734

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 ▼
304.20

Date of Receipt
10 / 18 / 2011
Transaction ID : 4D4C94DAF62A6402424D

Amount of Each Receipt this Period
30.42

C. Edward Doisy III
Full Name (Last, First, Middle Initial)

Mailing Address 2421 Corporate Ctr

City Granite City State IL Zip Code 62040-4195

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
10 / 11 / 2011
Transaction ID : 3B2D2999841E714E8E6

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	437.09
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 24 OF 96
	<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. John Downing
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 Matlock Rd
 City Bowling Green State KY Zip Code 42104-7408
 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
 10 / 04 / 2011
Transaction ID : B35A758E3BFEDBC8651
 Amount of Each Receipt this Period
 500.00

B. Evan Dreyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1145 Bower Hill Rd Ste 205
 City Pittsburgh State PA Zip Code 15243-1347
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2011
Transaction ID : DA84AEF1-4051-48C7-
 Amount of Each Receipt this Period
 750.00

C. Patrick Droste
 Full Name (Last, First, Middle Initial)
 Mailing Address 5050 Cascade Rd SE
 City Grand Rapids State MI Zip Code 49546-3707
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2011
Transaction ID : 4F53C41E-C0B5-4151-
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 25 OF 96
	<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. John Drouilhet
 Full Name (Last, First, Middle Initial)
 Mailing Address 1329 Lusitana St
 Ste 502
 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : 42363787AE8C59E60FF
 Amount of Each Receipt this Period
 365.00

B. Stuart Duboff
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 Dewey St
 City Bennington State VT Zip Code 05201-2225
 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
 10 / 31 / 2011
Transaction ID : 486E67056531513F62F
 Amount of Each Receipt this Period
 365.00

C. Omar Dugar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 W Buena Vista Rd
 City Evansville State IN Zip Code 47710-5150
 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
 10 / 18 / 2011
Transaction ID : 7C9C46EB-B6D1-4881-
 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 26 OF 96
	<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. Albert Edwards		Date of Receipt
Mailing Address 1550 Oak St Ste 4		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Eugene	State OR	Zip Code 97401-7701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : BF7723AD-326A-4B1A-
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. Paul Andrew Edwards		Date of Receipt
Mailing Address 1 Ford Pl Ste 5A		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City Detroit	State MI	Zip Code 48202-3450
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 3BA34C8B-8461-4DD1-
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) C. Nancy Efferson-Bonachea		Date of Receipt
Mailing Address 107 Riverway Pl Bedford Commons		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Bedford	State NH	Zip Code 03110-6730
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 580D79B1-3BA5-408E-
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL 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 27 OF 96
	<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. William Ehlers
Full Name (Last, First, Middle Initial)
Mailing Address 125 Secret Lake Rd
City Avon State CT Zip Code 06001-3465
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 ▼ 291.69

Date of Receipt 10 / 12 / 2011
Transaction ID : 4068B3A35CEBB797FCCC
Amount of Each Receipt this Period 41.67

B. Dion Ehrlich
Full Name (Last, First, Middle Initial)
Mailing Address 7500 Central Ave Ste 103
City Philadelphia State PA Zip Code 19111-2431
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 10 / 03 / 2011
Transaction ID : 52906023153BCE463DF
Amount of Each Receipt this Period 1000.00

C. Richard Evans
Full Name (Last, First, Middle Initial)
Mailing Address 9157 Huebner Rd
City San Antonio State TX Zip Code 78240-1502
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 10 / 19 / 2011
Transaction ID : C235BA79-DF31-4687-
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1406.67
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 28 OF 96
	<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)

Full Name (Last, First, Middle Initial) A. Warren Fagadau		Date of Receipt 10 / 22 / 2011 Transaction ID : CBFFE616-B496-44CC-
Mailing Address 6131 Luther Ln Ste 216		Amount of Each Receipt this Period 1000.00
City Dallas	State TX Zip Code 75225-6200	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Samer Farah		Date of Receipt 10 / 11 / 2011 Transaction ID : 15197CC6FC9277CB7CC
Mailing Address 3250 Westchester Ave Ste 203A		Amount of Each Receipt this Period 1000.00
City Bronx	State NY Zip Code 10461-4580	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. George Fava		Date of Receipt 10 / 20 / 2011 Transaction ID : AD57F183E84C71A6F27
Mailing Address 1625 Fieldcrest Rd		Amount of Each Receipt this Period 300.00
City Lebanon	State PA Zip Code 17042-6414	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 300.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 96
	<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. Andrew Feinberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 Peachtree St NE
 Ste 1500
 City Atlanta State GA Zip Code 30308-2248
 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 ▼ 400.00

Date of Receipt 10 / 21 / 2011
Transaction ID : 034B2F0A-BA3A-49B8-
 Amount of Each Receipt this Period 400.00

B. James Finegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Roseberry St
 City Phillipsburg State NJ Zip Code 08865-1632
 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 ▼ 583.38

Date of Receipt 10 / 07 / 2011
Transaction ID : 4A9B92057C31DD3797C2
 Amount of Each Receipt this Period 83.34

C. Yale Fisher
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 Park Ave
 Fl 5
 City New York State NY Zip Code 10022-1858
 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 10 / 21 / 2011
Transaction ID : 95CAEF2B-C839-4392-
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 983.34
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 30 OF 96
	<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. Brian Flowers
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Summit Ave

City Fort Worth State TX Zip Code 76102-4413

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
 10 / 11 / 2011

Transaction ID : CCC19060637EBC65CB8

Amount of Each Receipt this Period
 250.00

B. Jerry Ford
Full Name (Last, First, Middle Initial)

Mailing Address 2020 Fleischmann Rd

City Tallahassee State FL Zip Code 32308-4599

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
 10 / 19 / 2011

Transaction ID : 2C10D29E-378D-4EF4-

Amount of Each Receipt this Period
 365.00

C. Brett Taylor Foxman
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Tilton Rd

City Northfield State NJ Zip Code 08225-1827

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
 10 / 11 / 2011

Transaction ID : 1D921C43-8E59-4C1B-

Amount of Each Receipt this Period
 365.00

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 31 OF 96
	<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. L. Neal Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 E New Haven Ave
 Florida Eye Associates
 City Melbourne State FL Zip Code 32901-5427
 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
 10 / 06 / 2011
Transaction ID : 10641FB93060ED3401B
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

B. Luther Fry
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 E Walnut St
 Ste 101
 City Garden City State KS Zip Code 67846-5560
 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
 10 / 04 / 2011
Transaction ID : 8D5192F498A225BF3FF
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Sunir Garg
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Walnut St
 Ste 1020
 City Philadelphia State PA Zip Code 19107-5109
 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
 10 / 27 / 2011
Transaction ID : 41A2B7AB867EE004D55E
 Amount of Each Receipt this Period
 30.42
 Aggregate Year-to-Date ▼
 273.78

SUBTOTAL of Receipts This Page (optional).....▶	830.42
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 96
	<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. Geoffrey Garrett
Full Name (Last, First, Middle Initial)
Mailing Address 1455 E Bert Kouns Loop
City Shreveport State LA Zip Code 71105-5634
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 10 / 20 / 2011
Transaction ID : 81E0B8B5C1E1D69D1AF
Amount of Each Receipt this Period 365.00

B. Frank Genovese
Full Name (Last, First, Middle Initial)
Mailing Address 200 Medical Arts Bldg Suite 210
City Kittanning State PA Zip Code 16201-7132
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 10 / 11 / 2011
Transaction ID : F72BB9496DD06D883D2
Amount of Each Receipt this Period 500.00

C. C. Mitchell Gilbert
Full Name (Last, First, Middle Initial)
Mailing Address 499 Farmington Ave Ste 100
City Farmington State CT Zip Code 06032-1933
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 10 / 21 / 2011
Transaction ID : A2E0EC04-0629-4D34-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1365.00
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 33 OF 96
	<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 Gilbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 NE 10th Pl
 Ste 200
 City Bellevue State WA Zip Code 98005-2487
 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 ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 03 / 2011
Transaction ID : 4D0DA388ECEC14C3785D
 Amount of Each Receipt this Period
 83.34

B. Vincent Mark Gioia
 Full Name (Last, First, Middle Initial)
 Mailing Address 2230 Sunset Blvd
 Ste 1
 City Steubenville State OH Zip Code 43952-2404
 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
 10 / 24 / 2011
Transaction ID : 56B43885FBF4CB1E7BE
 Amount of Each Receipt this Period
 500.00

C. Lawrence Goldberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4957 38th Ave N
 Ste D
 City Saint Petersburg State FL Zip Code 33710-2174
 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
 10 / 10 / 2011
Transaction ID : C58FD9F87F602AC5B90
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	948.34
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 96
	<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. Joseph Googe Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1124 E Weisgarber Rd
 Ste 207
 City Knoxville State TN Zip Code 37909-2686
 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
 10 / 23 / 2011
Transaction ID : 1AB5B3B9-3153-4A9C-
 Amount of Each Receipt this Period
 250.00

B. John Douglas Goosey
 Full Name (Last, First, Middle Initial)
 Mailing Address 6545 Rutgers Ave
 City Houston State TX Zip Code 77005-3850
 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
 10 / 28 / 2011
Transaction ID : 4921933C045E1D57A6DE
 Amount of Each Receipt this Period
 100.00

C. Paul Greenfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 Broadway
 City Everett State MA Zip Code 02149-3603
 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
 10 / 20 / 2011
Transaction ID : CCF8A9DCC6B00D3728
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	715.00
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 35 OF 96
	<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. 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2011
Transaction ID : 9B622AC1-DE2F-4213-
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Erich Groos
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 Patterson St Ste 201
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 16 / 2011
Transaction ID : 4E5E9D9252E5D51732CA
 Amount of Each Receipt this Period
 83.34
 Aggregate Year-to-Date ▼
 583.38

C. Robert Gross
 Full Name (Last, First, Middle Initial)
 Mailing Address 8222 Douglas Ave Ste 400
 City Dallas State TX Zip Code 75225-5935
 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
 10 / 24 / 2011
Transaction ID : 34E7E2F9531A7EBB1B5
 Amount of Each Receipt this Period
 334.59
 Aggregate Year-to-Date ▼
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 782.93
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 36 OF 96
	<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. Bruce Grossnickle
 Full Name (Last, First, Middle Initial)
 Mailing Address 2251 Dubois Dr
 City Warsaw State IN Zip Code 46580-3212
 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
 10 / 03 / 2011
Transaction ID : 3C1055F1D26CE3D41A1
 Amount of Each Receipt this Period
 365.00

B. Maged Habib
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 S Congress Ave Ste 102
 City Boynton Beach State FL Zip Code 33426-7400
 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 ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2011
Transaction ID : 8A66A58F30069B0E0DA
 Amount of Each Receipt this Period
 365.00

C. Julia Haller
 Full Name (Last, First, Middle Initial)
 Mailing Address 840 Walnut St Ste 1510
 City Philadelphia State PA Zip Code 19107-5109
 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
 10 / 21 / 2011
Transaction ID : B7B05496-F2AC-4F2E-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1230.00
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 37 OF 96
	<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 Harrie
Full Name (Last, First, Middle Initial)

Mailing Address 5095 Boabab Ct

City Salt Lake City State UT Zip Code 84117-6883

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
 10 / 23 / 2011

Transaction ID : 6CD2D3E6498D6C319DD

Amount of Each Receipt this Period
 250.00

B. R. Mark Mark Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3970

City Charleston State WV Zip Code 25339-3970

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
 10 / 05 / 2011

Transaction ID : C5418CA3-3E03-4D44-

Amount of Each Receipt this Period
 500.00

C. Jean Hausheer
Full Name (Last, First, Middle Initial)

Mailing Address 4322 N Hickory Ln

City Kansas City State MO Zip Code 64116-1664

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
 10 / 21 / 2011

Transaction ID : D698E308-DDFB-4BB4-

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

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 38 OF 96
	<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. Richard Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 New Hanover Medical Park Dr
 City Wilmington State NC Zip Code 28403-5345
 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
 10 / 11 / 2011
Transaction ID : 4C1B896328DD712BC408
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Sarah Hays
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 W Lakeshore Dr Ste 220
 City Birmingham State AL Zip Code 35209-7271
 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
 10 / 06 / 2011
Transaction ID : F4BCA0E2F216AD98461
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. John Hazelton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4055 Highway 17
 City Murrells Inlet State SC Zip Code 29576-5032
 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
 10 / 18 / 2011
Transaction ID : 60A08495-426D-45E9-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 39 OF 96
	<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. Brian Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 3601 S 6th Ave

City Tucson State AZ Zip Code 85723-0001

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2011

Transaction ID : D6F57E77-DEA5-4ACA-

Amount of Each Receipt this Period
 300.00

B. W. Jackson Iliff
Full Name (Last, First, Middle Initial)

Mailing Address 8109 Ritchie Hwy

City Pasadena State MD Zip Code 21122-6917

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
 10 / 30 / 2011

Transaction ID : 4316AD9C52687BE8F471

Amount of Each Receipt this Period
 50.00

C. Edward Jaeger
Full Name (Last, First, Middle Initial)

Mailing Address 840 Walnut St Ste 800

City Philadelphia State PA Zip Code 19107-5109

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
 10 / 03 / 2011

Transaction ID : 4DBD6F369BC61E70A6D

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 40 OF 96
	<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. Cameron Javid
 Full Name (Last, First, Middle Initial)
 Mailing Address 6561 E Carondelet Dr
 City Tucson State AZ Zip Code 85710-2156
 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
 10 / 22 / 2011
Transaction ID : 35C05EE2-248F-455C-
 Amount of Each Receipt this Period
 2500.00

B. Gordon Johns
 Full Name (Last, First, Middle Initial)
 Mailing Address 2517 NE Kresky Ave
 City Chehalis State WA Zip Code 98532-2409
 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
 10 / 11 / 2011
Transaction ID : 15C26AC573266E3FD98
 Amount of Each Receipt this Period
 1000.00

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 ▼ 1000.00

Date of Receipt
 10 / 31 / 2011
Transaction ID : 4651926D219EA807FE82
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	3600.00
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 41 OF 96
	<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. Leslie Jones
Full Name (Last, First, Middle Initial)

Mailing Address 2041 Georgia Ave NW
Ste 2100

City Washington State DC Zip Code 20060-0001

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 ▼
291.69

Date of Receipt
10 / 08 / 2011
Transaction ID : 41099224863D3D556408

Amount of Each Receipt this Period
41.67

B. Paul Jones
Full Name (Last, First, Middle Initial)

Mailing Address 1550 Riverside Ave

City Jacksonville State FL Zip Code 32204-4161

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
10 / 18 / 2011
Transaction ID : 1ACF07F6-132F-4014-

Amount of Each Receipt this Period
1000.00

C. Jerome Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 200 Mifflin Ave

City Scranton State PA Zip Code 18503-1982

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 ▼
291.69

Date of Receipt
10 / 02 / 2011
Transaction ID : 474C959F31D05192F453

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
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 42 OF 96
	<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. Bradley Jost
Full Name (Last, First, Middle Initial)

Mailing Address 10740 N Central Expy
Ste 100

City Dallas State TX Zip Code 75231-2162

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
10 / 04 / 2011
Transaction ID : 48C803B3C885B7944EE

Amount of Each Receipt this Period
500.00

B. Emilio Justo
Full Name (Last, First, Middle Initial)

Mailing Address 19052 N R H Johnson Blvd

City Sun City West State AZ Zip Code 85375-4401

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 ▼
638.78

Date of Receipt
10 / 31 / 2011
Transaction ID : DF3E5B592D986AC6E14

Amount of Each Receipt this Period
365.00

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

Mailing Address 340 New Salem Dr

City Saint Louis State MO Zip Code 63141-8349

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
10 / 23 / 2011
Transaction ID : 12A8577C-C9B3-438D-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
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: PAGE 43 OF 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Steven Katz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1931 Williamsbridge Rd
 City Bronx State NY Zip Code 10461-1632
 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 ▼ 398.00

Date of Receipt 10 / 28 / 2011
Transaction ID : EB552A23-FFD7-454B-
 Amount of Each Receipt this Period 199.00

B. Robert 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 ▼ 365.00

Date of Receipt 10 / 21 / 2011
Transaction ID : 7D1B89D3-916A-49D5-
 Amount of Each Receipt this Period 365.00

C. T. Sunny Khamapirad
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Skyline Dr
 City Jackson State TN Zip Code 38301-3911
 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 10 / 24 / 2011
Transaction ID : 233FF595-3790-498B-
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1064.00
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 44 OF 96
	<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. David Kim
Full Name (Last, First, Middle Initial)

Mailing Address 1316 Wilmington Island Rd

City Savannah State GA Zip Code 31410-4513

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
10 / 07 / 2011
Transaction ID : 38413D18A8F28ED7A0

Amount of Each Receipt this Period
365.00

B. Tae Kim
Full Name (Last, First, Middle Initial)

Mailing Address 11829 South St Ste 202

City Cerritos State CA Zip Code 90703-6828

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
10 / 06 / 2011
Transaction ID : 5F53F3FD0FD4D865733

Amount of Each Receipt this Period
500.00

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

Mailing Address 4875 Ward Rd Ste 600

City Wheat Ridge State CO Zip Code 80033-1944

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
10 / 25 / 2011
Transaction ID : C6A9D2F34577A480DB8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
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:	PAGE 45 OF 96
	(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 Kinsler
Full Name (Last, First, Middle Initial)

Mailing Address 426 W Main St

City Salem State VA Zip Code 24153-3610

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
10 / 21 / 2011
Transaction ID : 1BB747D7-EE77-487A-

Amount of Each Receipt this Period
500.00

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

Mailing Address 11900 N Pennsylvania St Ste 104

City Carmel State IN Zip Code 46032-4694

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
10 / 11 / 2011
Transaction ID : 84AE9C7884E8426BB1E

Amount of Each Receipt this Period
250.00

C. James Klein
Full Name (Last, First, Middle Initial)

Mailing Address 21711 Greater Mack Ave

City Saint Clair Shores State MI Zip Code 48080-2418

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
10 / 05 / 2011
Transaction ID : 4A71A7C546B28F7597C7

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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 46 OF 96
	<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. Craig Kliger
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Galewood Cir
 City San Francisco State CA Zip Code 94131-1132
 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 ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2011
Transaction ID : 4B359A93E99733753E14
 Amount of Each Receipt this Period
 30.42

B. Jerry Knauer III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2535 Riverside Ave
 City Jacksonville State FL Zip Code 32204-4710
 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
 10 / 22 / 2011
Transaction ID : 76800338-DC59-4078-
 Amount of Each Receipt this Period
 1000.00

C. Paula Ko
 Full Name (Last, First, Middle Initial)
 Mailing Address 1207 N Scott St
 City Wilmington State DE Zip Code 19806-4059
 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
 10 / 21 / 2011
Transaction ID : 6F5E7935-F3DF-460B-
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1280.42
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 47 OF 96
	<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. Douglas Kopp
Full Name (Last, First, Middle Initial)

Mailing Address 2222 W 24th St
Unit 10

City Plainview State TX Zip Code 79072-1802

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
10 / 08 / 2011
Transaction ID : 49579DDE003CD2133761

Amount of Each Receipt this Period
500.00

B. Jan Kronish
Full Name (Last, First, Middle Initial)

Mailing Address 16201 S Military Trl

City Delray Beach State FL Zip Code 33484-6503

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
10 / 03 / 2011
Transaction ID : 26F36521-A8C3-4BC4-

Amount of Each Receipt this Period
365.00

C. H. Michael Lambert
Full Name (Last, First, Middle Initial)

Mailing Address 2727 Gramercy St
Ste 200

City Houston State TX Zip Code 77025-1716

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
10 / 14 / 2011
Transaction ID : FA29C0954CA4C0E2ECE

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1415.00

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 48 OF 96
	<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. Wayne Larrison		Date of Receipt 10 / 01 / 2011 Transaction ID : 4309FF41-4D30-4CC3-
Mailing Address 46 Prince St Ste 203		Amount of Each Receipt this Period 500.00
City New Haven	State CT	
Zip Code 06519-1600		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Cecily Lesko		Date of Receipt 10 / 11 / 2011 Transaction ID : F924C85D-CD87-49EC-
Mailing Address 1005 Clifton Ave Ste 1		Amount of Each Receipt this Period 500.00
City Clifton	State NJ	
Zip Code 07013-3520		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Sue Lim		Date of Receipt 10 / 08 / 2011 Transaction ID : 4D6885C50B3E2692B772
Mailing Address 263 Harrington Dr		Amount of Each Receipt this Period 25.00
City Troy	State MI	
Zip Code 48098-3027		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
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 96
	<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)

Full Name (Last, First, Middle Initial) A. Bradford Liva		Date of Receipt 10 / 21 / 2011 Transaction ID : 698E32FA-A44B-4FEF-
Mailing Address 1 W Ridgewood Ave Ste 208		Amount of Each Receipt this Period 500.00
City Paramus	State NJ	
Zip Code 07652-2350		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
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. Daniel Long		Date of Receipt 10 / 19 / 2011 Transaction ID : 8C099440-6501-41F1-
Mailing Address 120 Meadowcrest St Ste 330		Amount of Each Receipt this Period 1000.00
City Gretna	State LA	
Zip Code 70056-5249		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
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) C. Peter Lowe		Date of Receipt 10 / 16 / 2011 Transaction ID : 4C9684176B2AAD65054A
Mailing Address 4175 S Congress Ave Ste V		Amount of Each Receipt this Period 83.34
City Lake Worth	State FL	
Zip Code 33461-4725		Aggregate Year-to-Date ▼ 333.36
FEC ID number of contributing federal political committee. C		
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 ▼ 333.36		

SUBTOTAL of Receipts This Page (optional).....▶	1583.34
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 50 OF 96
	<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)

Full Name (Last, First, Middle Initial)
A. Robert Lowery

Mailing Address 105 Central Ave

City Searcy State AR Zip Code 72143-7329

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 ▼ **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : 7518A275CAE4B4AA756

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Brian Lueth

Mailing Address 3930 Hoyt Ave

City Everett State WA Zip Code 98201-4919

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
10 / 31 / 2011

Transaction ID : DD76D38BF6B934A451C

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Masud Malik

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

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 ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 16 / 2011

Transaction ID : 49B3BDE7188492B8F67F

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	948.34
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 51 OF 96
	<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. 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) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2011
Transaction ID : 1E3C0019BEFC6CAEAB2
 Amount of Each Receipt this Period
 1000.00

B. Majid Mani
 Full Name (Last, First, Middle Initial)
 Mailing Address 8736 Glenwick Ln
 City La Jolla State CA Zip Code 92037-2039
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2011
Transaction ID : 88AC060F-6BC7-4FB8-
 Amount of Each Receipt this Period
 300.00

C. Sheron Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 7075 Campus Dr Ste 100
 City Colorado Springs State CO Zip Code 80920-6524
 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 ▼ 291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2011
Transaction ID : 42D4AFB593ACE5B61D79
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	1341.67
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:	PAGE 52 OF 96
	(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)

Full Name (Last, First, Middle Initial) A. Benjamin Mason		Date of Receipt
Mailing Address 1110 Eagle Ridge Rd		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Cedar Falls State IA Zip Code 50613-1514		Transaction ID : 4936864D2890F2700B4E
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self Occupation Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="508.35"/>

Full Name (Last, First, Middle Initial) B. Gary Mason		Date of Receipt
Mailing Address 7777 Southwest Fwy Ste 934		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Houston State TX Zip Code 77074-1813		Transaction ID : 69390D69-C4FB-425F-
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self 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) C. James Matthews		Date of Receipt
Mailing Address 53 Avenue of Champions		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City Nicholasville State KY Zip Code 40356-9720		Transaction ID : 350105354D56F4B30AC
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self 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"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="906.67"/>
TOTAL 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 53 OF 96
	<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. Ronald May		Date of Receipt
Mailing Address 740 Waukegan Rd Ste 360		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2011"/>
City Deerfield	State IL	Zip Code 60015-4472
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 7C0214D5-C144-40F3-
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. Peter McCanna		Date of Receipt
Mailing Address 1025 Regent St		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City Madison	State WI	Zip Code 53715-1248
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 1BD8556E-491D-4DC3-
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) C. Michael McCracken		Date of Receipt
Mailing Address 1630 Clarkson St Apt 314		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Denver	State CO	Zip Code 80218-1480
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 2AFA2385C995A5BFE1A
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="199.00"/>
	<input type="text" value="398.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1064.00"/>
TOTAL 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 54 OF 96
	<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. Timothy McInnis
Full Name (Last, First, Middle Initial)

Mailing Address 300 N Willson Ave
Ste 1003

City Bozeman State MT Zip Code 59715-3551

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
10 / 14 / 2011
Transaction ID : 478D8025A8BB59BA1F1D

Amount of Each Receipt this Period
250.00

B. Calvin Mein
Full Name (Last, First, Middle Initial)

Mailing Address 9480 Huebner Rd
Ste 310

City San Antonio State TX Zip Code 78240-1657

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
10 / 10 / 2011
Transaction ID : CB3DC324-11C5-439F-

Amount of Each Receipt this Period
500.00

C. 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 ▼
666.72

Date of Receipt
10 / 08 / 2011
Transaction ID : 4307B8EAECACF70AC02B

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 608.34

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 55 OF 96
	<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 Miller

Mailing Address 13414 Medical Complex Dr
Ste 4

City Tomball State TX Zip Code 77375-3333

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
 10 / 23 / 2011

Transaction ID : 4785BD0994A3BC092433

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. C. Mark Millsap

Mailing Address 2845 Farrell Cres

City Owensboro State KY Zip Code 42303-1393

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
 10 / 21 / 2011

Transaction ID : 3234EAFD-1B0E-455C-

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Harvey Minatoya

Mailing Address 1003 Pensacola St

City Honolulu State HI Zip Code 96814-1927

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
 10 / 07 / 2011

Transaction ID : B5F0ACD240A2482C302

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	665.00
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 56 OF 96
	<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 Minturn
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 103rd St
 Ste 1030
 City Indianapolis State IN Zip Code 46290-1017
 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
 10 / 21 / 2011
Transaction ID : 8702FA1B-79CB-4867-
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Amalia Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 NW 56th St
 Building A # 700
 City Oklahoma City State OK Zip Code 73112-4448
 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
 10 / 14 / 2011
Transaction ID : 416FA92086AE516FF1EB
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 1000.00

C. Paul Mitchell
 Full Name (Last, First, Middle Initial)
 Mailing Address 366 Colt Hwy
 Route 6
 City Farmington State CT Zip Code 06032-2547
 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
 10 / 14 / 2011
Transaction ID : 9FB6A2412599475E5C6
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 57 OF 96
	<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. Thomas Moore		Date of Receipt
Mailing Address 2001 Coolidge Rd		M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2011
City	State	Zip Code
East Lansing	MI	48823-1378
FEC ID number of contributing federal political committee. C		Transaction ID : 1471B0D2-A5B6-468E-
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. Mahmud Naser		Date of Receipt
Mailing Address 551 N Highway 27		M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2011
City	State	Zip Code
Whitley City	KY	42653-4083
FEC ID number of contributing federal political committee. C		Transaction ID : 271A57BD-DF21-4F8F-
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) C. Sanjeev Nath		Date of Receipt
Mailing Address 56 E 66th St		M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2011
City	State	Zip Code
New York	NY	10065-6538
FEC ID number of contributing federal political committee. C		Transaction ID : A4EA10F1-C944-434D-
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	

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
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 58 OF 96
	<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. Richard Neahrng
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Liberty St SE
 City Salem State OR Zip Code 97302-4245
 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 ▼ 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2011
Transaction ID : A9DA87736A7513F7D60
 Amount of Each Receipt this Period
 199.00

B. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6405 France Ave S Ste W460
 City Edina State MN Zip Code 55435-2189
 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
 10 / 02 / 2011
Transaction ID : 4FB892B9E897DDB84A47
 Amount of Each Receipt this Period
 25.00

C. Nicholas Neubaum
 Full Name (Last, First, Middle Initial)
 Mailing Address 3004 Silver Fox Dr
 City Montrose State CO Zip Code 81401-7468
 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
 10 / 06 / 2011
Transaction ID : E13552EB-17DF-4551-
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1224.00
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 96
	<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. Philip Niswander		Date of Receipt
Mailing Address 40 N Union Rd		M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2011
City Williamsville	State NY	Zip Code 14221-5339
FEC ID number of contributing federal political committee.	C	Transaction ID : 8F0E88D5D686E5A6A9D
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 ▼	500.00
		500.00

Full Name (Last, First, Middle Initial) B. Stephen O'Connell		Date of Receipt
Mailing Address 340 Hulse Rd Naval Aerospace Medical Institute,		M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2011
City Pensacola	State FL	Zip Code 32508-1089
FEC ID number of contributing federal political committee.	C	Transaction ID : 49A2B118CD33E0FFFF91
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 ▼	41.67
		41.67

Full Name (Last, First, Middle Initial) C. Kelly Patrick O'Neill		Date of Receipt
Mailing Address 563 Wessel Dr		M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2011
City Fairfield	State OH	Zip Code 45014-3668
FEC ID number of contributing federal political committee.	C	Transaction ID : 44A3B246C5C73F4B0971
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 ▼	83.34
		83.34

SUBTOTAL of Receipts This Page (optional).....▶	625.01
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 60 OF 96
<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

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. Michael Oats		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2011 Transaction ID : 10ADB442-4CF0-46E0-
Mailing Address PO Box 1022		Amount of Each Receipt this Period 1000.00
City Sandwich	State MA	Zip Code 02563-1022
FEC ID number of contributing federal political committee. C		
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. Lanny Odin		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2011 Transaction ID : 4B0B57F6-A8B6-4C4E-
Mailing Address 5109 Blackwolf Rd		Amount of Each Receipt this Period 1000.00
City Springfield	State IL	Zip Code 62711-7894
FEC ID number of contributing federal political committee. C		
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) C. Mildred M. G. Olivier		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2011 Transaction ID : 8E494ECB-6D71-4D14-
Mailing Address 1555 Barrington Rd Ste 110		Amount of Each Receipt this Period 500.00
City Hoffman Estates	State IL	Zip Code 60169-1062
FEC ID number of contributing federal political committee. C		
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	

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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 61 OF 96
	<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 Orloff
Full Name (Last, First, Middle Initial)

Mailing Address 178 E 71st St

City New York State NY Zip Code 10021-5131

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
10 / 15 / 2011
Transaction ID : 412D8E78DDF4026DA6C6

Amount of Each Receipt this Period
125.00

B. Laura Pallan
Full Name (Last, First, Middle Initial)

Mailing Address 543 Backbone Rd

City Sewickley State PA Zip Code 15143-1486

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
10 / 18 / 2011
Transaction ID : E050A4885C63A69A3F3

Amount of Each Receipt this Period
365.00

C. Millicent Palmer
Full Name (Last, First, Middle Initial)

Mailing Address 4101 Woolworth Ave Ste 112

City Omaha State NE Zip Code 68105-1850

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 ▼ 416.67

Date of Receipt
10 / 19 / 2011
Transaction ID : 9D952462-89F4-45B5-

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 565.00

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 62 OF 96
	<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. Millicent Palmer		Date of Receipt
Mailing Address 4101 Woolworth Ave Ste 112		M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2011
City Omaha	State NE	Zip Code 68105-1850
FEC ID number of contributing federal political committee. C		Transaction ID : 4891954902A15E4FD902
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		416.67

Full Name (Last, First, Middle Initial) B. Paul Pare		Date of Receipt
Mailing Address 304 SE Hospital Ave		M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2011
City Stuart	State FL	Zip Code 34994-2338
FEC ID number of contributing federal political committee. C		Transaction ID : 22C9552F-9CD7-49BA-
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) C. Milan Patel		Date of Receipt
Mailing Address 6375 Hospital Pkwy Ste 100		M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2011
City Johns Creek	State GA	Zip Code 30097-1831
FEC ID number of contributing federal political committee. C		Transaction ID : 5A131410B43BFC68383
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

SUBTOTAL of Receipts This Page (optional).....▶	1541.67
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 63 OF 96
	<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. James Patterson		Date of Receipt
Mailing Address 1666 S University Blvd		M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2011
City	State	Zip Code
Denver	CO	80210-2853
FEC ID number of contributing federal political committee. C		Transaction ID : 76D4749F-48EC-4B7B-
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		199.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	398.00	

Full Name (Last, First, Middle Initial) B. William Penland		Date of Receipt
Mailing Address 1020 W Buena Vista Rd		M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2011
City	State	Zip Code
Evansville	IN	47710-5150
FEC ID number of contributing federal political committee. C		Transaction ID : 15A9B167-5D85-400E-
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) C. Charles Peter		Date of Receipt
Mailing Address 2305 Tinkham Rd		M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2011
City	State	Zip Code
Akron	OH	44313-4467
FEC ID number of contributing federal political committee. C		Transaction ID : 4128D09D72F4BD69160
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	

SUBTOTAL of Receipts This Page (optional).....▶	1699.00
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 64 OF 96
	<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. Scott Petermann
Full Name (Last, First, Middle Initial)
Mailing Address 4380 Kings Way
City Valdosta State GA Zip Code 31602-6921
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 10 / 21 / 2011
Transaction ID : 40BA4E0D-065D-4B7E-
Amount of Each Receipt this Period 500.00

B. David Petersen
Full Name (Last, First, Middle Initial)
Mailing Address 4400 S 700 E Ste 100
City Salt Lake City State UT Zip Code 84107-3053
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 10 / 01 / 2011
Transaction ID : C7601965-F5EA-4DA2-
Amount of Each Receipt this Period 500.00

C. Michael Petersen
Full Name (Last, First, Middle Initial)
Mailing Address 1945 Cei Dr
City Blue Ash State OH Zip Code 45242-5664
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 ▼ 400.00

Date of Receipt 10 / 22 / 2011
Transaction ID : E5805401-39F6-4D95-
Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00
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 65 OF 96
	<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. Ceaser Pitta
 Full Name (Last, First, Middle Initial)
 Mailing Address 9001 S Kendale Cir
 City Lake Worth State FL Zip Code 33467-7032
 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
 10 / 24 / 2011
Transaction ID : C46F010D-CD96-44B8-
 Amount of Each Receipt this Period
 500.00

B. David Poer
 Full Name (Last, First, Middle Initial)
 Mailing Address 8902 N Meridian St Ste 120
 City Indianapolis State IN Zip Code 46260-5306
 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
 10 / 22 / 2011
Transaction ID : CCCFBAB4-369F-4394-
 Amount of Each Receipt this Period
 500.00

C. Seth David Potash
 Full Name (Last, First, Middle Initial)
 Mailing Address 170 Maple Ave
 City White Plains State NY Zip Code 10601-4710
 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
 10 / 25 / 2011
Transaction ID : 30263C63364083239E8
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
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 66 OF 96
	<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. C. Downey Price		Date of Receipt
Mailing Address 333 N Rivershire Dr Ste 160		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City Conroe	State TX	Zip Code 77304-2711
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 96750708AE380A3AB88
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Michael Price		Date of Receipt
Mailing Address 578 Main St		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Malden	State MA	Zip Code 02148-3900
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : E661EFDF-B975-455A-
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="400.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Benjamin Proctor		Date of Receipt
Mailing Address 1109 Woodland Dr		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Elizabethtown	State KY	Zip Code 42701-2749
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A4A44EC6-4218-4A9B-
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1150.00"/>
TOTAL 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 67 OF 96
	<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. Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City Morgantown State WV Zip Code 26505-3352

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
 10 / 11 / 2011

Transaction ID : 4F9FB647B97F4DE02936

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Peter Rapoza

Mailing Address 50 Staniford St Ste 600

City Boston State MA Zip Code 02114-2539

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
 10 / 04 / 2011

Transaction ID : FC3B34C0-FABE-4B4C-

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Syamala H. Reddy

Mailing Address 200 Medical Center Dr Ste 3A

City Hazard State KY Zip Code 41701-9478

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 ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : EB4CB977-C829-49A8-

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	825.00
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 68 OF 96
	<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. Kristin Reidy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Proctor Ct
 City Santa Fe State NM Zip Code 87505-4535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 23 / 2011
Transaction ID : 7F988E46-505C-4ECD-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1000.00

B. George Reiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 6677 W Thunderbird Rd Ste F101
 City Glendale State AZ Zip Code 85306-3723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 18 / 2011
Transaction ID : F34774D887414654CF2
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 1000.00

C. David Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 207 S Santa Anita Ave Ste P25
 City San Gabriel State CA Zip Code 91776-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 26 / 2011
Transaction ID : 412D8BFD4FD31E8A2A3A
 Amount of Each Receipt this Period
 317.00
 Aggregate Year-to-Date
 3170.00

SUBTOTAL of Receipts This Page (optional).....	1817.00
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 69 OF 96
	<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. Jeffrey Rinkoff
Full Name (Last, First, Middle Initial)

Mailing Address 748 State St

City Medford State OR Zip Code 97504-8473

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
10 / 19 / 2011
Transaction ID : **34C2F8F4643775B67C5**

Amount of Each Receipt this Period
1000.00

B. Richard Roebuck
Full Name (Last, First, Middle Initial)

Mailing Address 213 Dayton St

City Hamilton State OH Zip Code 45011-1633

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 ▼ 300.00

Date of Receipt
10 / 19 / 2011
Transaction ID : **9A1EC9AED8CC5ECA85E**

Amount of Each Receipt this Period
300.00

C. Teresa Rosales
Full Name (Last, First, Middle Initial)

Mailing Address 4100 Long Beach Blvd Ste 108

City Long Beach State CA Zip Code 90807-2696

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
10 / 09 / 2011
Transaction ID : **4C5F96A43688FB6FAB5A**

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1325.00

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 70 OF 96
	<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. Jeanne Rosenthal
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 E 9th St
 City New York State NY Zip Code 10003-5944
 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
 10 / 21 / 2011
Transaction ID : 2644DBC3-50D1-44ED-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Stanley Rous
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 S Pine Island Rd Bldg A-100
 City Plantation State FL Zip Code 33324-3118
 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
 10 / 26 / 2011
Transaction ID : A620D8E1BF5228C9EA7
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 489.23

C. Mark Ruchman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Reservoir Office Park Ste 203
 City Southbury State CT Zip Code 06488-3926
 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
 10 / 28 / 2011
Transaction ID : 4BB1B3B16C19311B9E4A
 Amount of Each Receipt this Period
 30.42
 Aggregate Year-to-Date ▼
 425.84

SUBTOTAL of Receipts This Page (optional)..... ▶ 729.42
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 71 OF 96
	<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)

Full Name (Last, First, Middle Initial) A. Edwin Hurlbut Ryan		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2011
Mailing Address 7760 France Ave S Ste 310		Transaction ID : D3E24799-C821-46C1-
City Minneapolis	State MN	Zip Code 55435-3216
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. Noel Saks		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2011
Mailing Address 845 Beverly Pl		Transaction ID : 7570F9703CEA97AE987
City Deerfield	State IL	Zip Code 60015-3441
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) C. E. Ronald Salvitti		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 14 / 2011
Mailing Address 750 E Beau St Southwestern Pa Eye Center		Transaction ID : 08709E42B9E6AA9FE05
City Washington	State PA	Zip Code 15301-6661
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 72 OF 96
	<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. Steven Samuelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2827 N Clarkson St
 City Fremont State NE Zip Code 68025-7714
 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
 10 / 22 / 2011
Transaction ID : 488481FBC1AE31D310F5
 Amount of Each Receipt this Period
 250.00

B. Delia Sang
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Chatham St
 City Brookline State MA Zip Code 02446-5451
 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
 10 / 05 / 2011
Transaction ID : D199027B-45FB-426B-
 Amount of Each Receipt this Period
 1000.00

C. Denise Satterfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 5301 F St Ste 202
 City Sacramento State CA Zip Code 95819-3221
 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 ▼ 1750.00

Date of Receipt
 10 / 04 / 2011
Transaction ID : 3ACFCE2B-09E9-4B36-
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
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 73 OF 96
	<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. Denise Satterfield		Date of Receipt
Mailing Address 5301 F St Ste 202		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City Sacramento	State CA	Zip Code 95819-3221
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 82F8D427-811B-48B7-
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="750.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1750.00"/>	

Full Name (Last, First, Middle Initial) B. Martin Schneider		Date of Receipt
Mailing Address 500 W Main St		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Freehold	State NJ	Zip Code 07728-2500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6CBAE1AE2F8415B1C8D
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) C. Linda Schumacher-Feero		Date of Receipt
Mailing Address 8 Thomas Dr		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City Waterville	State ME	Zip Code 04901-4406
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4E8D8C5811619D1AAD74
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="30.41"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="229.41"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1145.41"/>
TOTAL 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 74 OF 96
	(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)

Full Name (Last, First, Middle Initial) A. Jerry Sebag		Date of Receipt
Mailing Address 7677 Center Ave Vmr Institute, Ste 400		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Huntington Beach	State CA	Zip Code 92647-3074
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 3A395DBB-2A49-4197-
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="730.00"/>	

Full Name (Last, First, Middle Initial) B. Mark Shapiro		Date of Receipt
Mailing Address 1311 N Elm St		<input type="text" value="10"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City Greensboro	State NC	Zip Code 27401-6305
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : F126BAC9DBEA18618CF
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="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Peter Shelley		Date of Receipt
Mailing Address 32123 1st Ave S Ste A3		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City Federal Way	State WA	Zip Code 98003-5720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8912441D-D1C9-4CB7-
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="980.00"/>
TOTAL 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 75 OF 96
	<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. David Shulman		Date of Receipt
Mailing Address 999 E Basse Rd Ste 127		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City San Antonio	State TX	Zip Code 78209-1802
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 451A8FAD2C139666F781
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="833.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="833.40"/>	

Full Name (Last, First, Middle Initial) B. Raymond Sjaarda		Date of Receipt
Mailing Address 6569 N Charles St Ste 605		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Towson	State MD	Zip Code 21204-6833
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 0B77D973-60D1-4DE8-
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) C. J. Geoffrey Slingsby		Date of Receipt
Mailing Address 240 Minnesota St		<input type="text" value="10"/> / <input type="text" value="07"/> / <input type="text" value="2011"/>
City Rapid City	State SD	Zip Code 57701-6200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 5A3F80B0DAE86A684E2
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1583.34"/>
TOTAL 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 76 OF 96
	<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. Scott So

Mailing Address 2100 Webster St
Ste 214

City San Francisco State CA Zip Code 94115-2375

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
10 / 19 / 2011
Transaction ID : 4A85A5D470A433BF37CB

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Charles Speakman

Mailing Address 2616 Warm Springs Rd

City Columbus State GA Zip Code 31904-5323

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
10 / 21 / 2011
Transaction ID : 59C1C301-A8E3-447D-

Amount of Each Receipt this Period
250.00

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

Mailing Address 6 Tsienneto Rd
Ste 101

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 ▼
250.02

Date of Receipt
10 / 16 / 2011
Transaction ID : 4805822C81ECE3D3F602

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	391.67
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 77 OF 96
	<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. Donald Stone
Full Name (Last, First, Middle Initial)

Mailing Address 748 Tuscany Way

City Edmond State OK Zip Code 73034-6786

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
10 / 02 / 2011
Transaction ID : 42ACB8715F3BC31A25DC

Amount of Each Receipt this Period
500.00

B. Michael Alton Sumsion
Full Name (Last, First, Middle Initial)

Mailing Address 2801 Park Marina Dr
Riverside Eyecare Professionals

City Redding State CA Zip Code 96001-2822

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
10 / 19 / 2011
Transaction ID : 12A8D11A-99F7-4753-

Amount of Each Receipt this Period
500.00

C. Regina Sun
Full Name (Last, First, Middle Initial)

Mailing Address 1919 Vassar St
Apt B

City Houston State TX Zip Code 77098-5454

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 ▼ 750.06

Date of Receipt
10 / 23 / 2011
Transaction ID : 4E39916850620BBAD81

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.34

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 78 OF 96
	<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. Gary Tanner		Date of Receipt
Mailing Address 10 Jacobs Ln		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Newport News	State VA	Zip Code 23606-2815
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4D049FAE1E79782C26B7
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. Joseph Townley		Date of Receipt
Mailing Address 8141 W Center Rd Ste 100		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
City Omaha	State NE	Zip Code 68124-3273
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : EC612696CE62C472074
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) C. Sebastian Troia		Date of Receipt
Mailing Address 515 N 98th St		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2011"/>
City Omaha	State NE	Zip Code 68114-2368
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 0D097491-FC69-4081-
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="915.00"/>
TOTAL 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 79 OF 96
	<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 Tuck
Full Name (Last, First, Middle Initial)

Mailing Address 3320 Franklin Rd SW

City Roanoke State VA Zip Code 24014-1310

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
 10 / 24 / 2011

Transaction ID : 6A78C9DC-A4A4-4002-

Amount of Each Receipt this Period
 365.00

B. Charles Tucker
Full Name (Last, First, Middle Initial)

Mailing Address 724 Arden Ln Ste 220

City Rock Hill State SC Zip Code 29732-2995

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
 10 / 21 / 2011

Transaction ID : 35E1E525-F53F-4292-

Amount of Each Receipt this Period
 500.00

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

Mailing Address 262 Neil Ave Ste 320

City Columbus State OH Zip Code 43215-7311

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
 10 / 14 / 2011

Transaction ID : A6B353DCFD5EC1BD7EE

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional)..... ► 1230.00

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 80 OF 96
	<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. Gerard Henderik Van Rens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1801 NH Medical Park Dr
 City State Zip Code
 Wilmington NC 28403-5351
 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
 10 / 21 / 2011
Transaction ID : 8810C2DB-E367-446C-
 Amount of Each Receipt this Period
 365.00

B. Leonardo Velazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Captain John Smith Cir
 City State Zip Code
 North Dartmouth MA 02747-3592
 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
 10 / 18 / 2011
Transaction ID : EE4AE7B5-D91C-4875-
 Amount of Each Receipt this Period
 500.00

C. William Thomas Walton
 Full Name (Last, First, Middle Initial)
 Mailing Address 13919 Bluff Wind
 City State Zip Code
 San Antonio TX 78216-7923
 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 ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : C3BEEEF1891F5CD42C3
 Amount of Each Receipt this Period
 416.70

SUBTOTAL of Receipts This Page (optional).....▶	906.67
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:	PAGE 81 OF 96
	(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)

Full Name (Last, First, Middle Initial) A. Martin Wand		Date of Receipt
Mailing Address 499 Farmington Ave		<input type="text" value="10"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
City	State	Zip Code
Farmington	CT	06032-1943
FEC ID number of contributing federal political committee.		Transaction ID : 9048BA50-A691-49D4-
<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. Thomas Peter Ward		Date of Receipt
Mailing Address 18 Old Stone Xing		<input type="text" value="10"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City	State	Zip Code
West Hartford	CT	06117-1859
FEC ID number of contributing federal political committee.		Transaction ID : 4AD9BBB5EE84B5630BC
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
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) C. Marshall Wareham		Date of Receipt
Mailing Address 5250 Far Hills Ave		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
Dayton	OH	45429-2382
FEC ID number of contributing federal political committee.		Transaction ID : 8776527C-FA0B-43D3-
<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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="915.00"/>
TOTAL 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 82 OF 96
	<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. Daniel Weaver
Full Name (Last, First, Middle Initial)
Mailing Address 2750 Gregory Dr N
City Billings State MT Zip Code 59102-0570
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 10 / 24 / 2011
Transaction ID : 6D6412AC-4526-4034-
Amount of Each Receipt this Period 250.00

B. Dana Weinkle
Full Name (Last, First, Middle Initial)
Mailing Address 3131 S Tamiami Trl Ste 201
City Sarasota State FL Zip Code 34239-5101
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 ▼ 865.00

Date of Receipt 10 / 18 / 2011
Transaction ID : 75A5C8DB-1312-48C4-
Amount of Each Receipt this Period 500.00

C. Tay Weinman
Full Name (Last, First, Middle Initial)
Mailing Address 571 W 7th St
City San Pedro State CA Zip Code 90731-3115
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 10 / 20 / 2011
Transaction ID : EC6FCF0AA49A89BADB7
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
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 83 OF 96
	<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. James Wentzien
Full Name (Last, First, Middle Initial)

Mailing Address 3600 N Interstate Ave

City Portland State OR Zip Code 97227-1106

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 10 / 12 / 2011
Transaction ID : 48A085AE6CB1CA6C76F4

Amount of Each Receipt this Period 41.67

B. Andrew Wherley
Full Name (Last, First, Middle Initial)

Mailing Address 2399 Baker Rd SW

City New Philadelphia State OH Zip Code 44663-7104

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 10 / 25 / 2011
Transaction ID : C2BB002E8CC5723D08B

Amount of Each Receipt this Period 365.00

C. Joseph Wilhelm
Full Name (Last, First, Middle Initial)

Mailing Address 702 W Lake Lansing Rd

City East Lansing State MI Zip Code 48823-8526

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 ▼ 1500.00

Date of Receipt 10 / 22 / 2011
Transaction ID : D324F223-750D-45A9-

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 906.67

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 84 OF 96
	<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 Wolken
Full Name (Last, First, Middle Initial)

Mailing Address 1655 E Greenville St

City Anderson State SC Zip Code 29621-2062

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 10 / 31 / 2011
Transaction ID : 4F123CDD5C78A346161

Amount of Each Receipt this Period 365.00

B. E. M. Brendan Wyatt
Full Name (Last, First, Middle Initial)

Mailing Address 2 Office Park Cir

City Selma State AL Zip Code 36701-6538

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 10 / 18 / 2011
Transaction ID : 24FD233A-2D99-4E7A-

Amount of Each Receipt this Period 2500.00

C. George Wyhinny
Full Name (Last, First, Middle Initial)

Mailing Address 1875 Dempster St

City Park Ridge State IL Zip Code 60068-1186

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 10 / 11 / 2011
Transaction ID : EC30C8B285C26D5A1CA

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3230.00

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 85 OF 96
	<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. Lyn Yakubov
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Dutton Dr
 Eye Care Assoc Inc
 City Youngstown State OH Zip Code 44502-1818
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 19 / 2011
Transaction ID : B46B7BFBE57C9DFCC41
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

B. Dan Zebarth
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 Madison St Ste635
 City Denver State CO Zip Code 80206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 26 / 2011
Transaction ID : 82ECFD25842E05D0392
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

C. Carol Ziel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2025 Frontis Plaza Blvd
 Ste 100
 City Winston Salem State NC Zip Code 27103-5663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 10 / 2011
Transaction ID : 4BDF887334EA7EE4466E
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date
 583.38

SUBTOTAL of Receipts This Page (optional).....	1041.67
TOTAL This Period (last page this line number only).....	97342.22

**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
AMEX discount - Oct 2011

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 84BE600641CF737979D

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
Bank charges - Oct 2011

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : FB6A384E5EE01620F32

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. Benishek for Congress, Inc.

Mailing Address PO Box 2012

City Kingsford State MI Zip Code 49802

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Daniel J. Benishek

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-5564081072807

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Gus Michael Bilirakis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-2461206316947

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Blumenauer for Congress

Mailing Address 830 NE Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Earl Blumenauer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-3490259051322

Amount of Each Disbursement this Period

1000.00

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

8000.00

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. Committee To Elect Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Christopher S. Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : 96924-5023614764213

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 50 E St, SE
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : 96924-1344568133354

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. David Schweikert for Congress

Mailing Address 15749 E El Lago Blvd

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

David Schweikert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			05			2011			

Transaction ID : 15025-3984186053276

Amount of Each Disbursement this Period

1500.00

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

8500.00

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. Friends of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
2012 General Election - re-designation of 10/31 ck for Comm to Elect Chris Murphy

Candidate Name
Christopher S. Murphy

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: CT District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 38241-0960046648979

Amount of Each Disbursement this Period

5000.00

[MEMO ITEM]

(Redesignation of Comm to Elect Chris Murphy.)

Full Name (Last, First, Middle Initial)

B. Friends of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
2012 Primary Contribution

Candidate Name
Thomas Jeb Hensarling

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 05

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-5902673602104

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
2012 Primary Contribution

Candidate Name
Joseph Heck Jr.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NV District: 03

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-5856744647026

Amount of Each Disbursement this Period

1000.00

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

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

2000.00

**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. Friends of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Sherrod Brown

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
10 / 05 / 2011

Transaction ID : 14982-7803308367729

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gingrey for Congress, Inc.

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Phil Gingrey

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-1710626482963

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Glacier Pac

Mailing Address 3242 Cummins Way

City Missoula State MT Zip Code 59802

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Glacier Pac

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-6998254656791

Amount of Each Disbursement this Period

2500.00

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

5500.00

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. John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

John R. Lewis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : 96924-2228662371635

Amount of Each Disbursement this Period

1000.00

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
2012 Primary Contribution

011

Candidate Name

Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : 96924-4484063982963

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Lamborn for Congress

Mailing Address PO Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Douglas L. Lamborn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2011

Transaction ID : 96924-7891046404838

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)..... ▶

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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. Majority Committee Pac--Mc Pac

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Majority Committee Pac--Mc Pac

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : 96924-3386804461479

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Maloney for Congress

Mailing Address 49 East 92nd St

City New York State NY Zip Code 10128

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Carolyn B. Maloney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : 96924-2319909930229

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Martin Heinrich for Senate

Mailing Address PO Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Martin Heinrich

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2011			

Transaction ID : 96924-3217737078666

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)..... ▶

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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. Montanans for Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Jon Tester

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-2956811785697

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People for Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Ben Ray Lujan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-7883264422416

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
Contribution

011

Candidate Name

Fortney H. Pete Stark

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2011

Transaction ID : 96924-0300714373588

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. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	1	1

Transaction ID : 15025-6838952898979

Amount of Each Disbursement this Period

1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Vernon Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

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

Transaction ID : 96924-7857324481010

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Wally Herger for Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Walter Herger Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

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

Transaction ID : 96924-9595300555229

Amount of Each Disbursement this Period

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

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

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

5	2	0	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. Wilson for Senate

Mailing Address PO Box 10248

City Albuquerque State NM Zip Code 87184

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name

Heather A. Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2011

Transaction ID : 96924-6220056414604

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

45200.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Arezo Amirikia

Mailing Address 3535 Franklin Rd

City Bloomfield Hills State MI Zip Code 48302-0961

Purpose of Disbursement
Refund of Contribution Received

010

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2011

Transaction ID : 83344AC9A73D72A9A2E

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

500.00

500.00