



**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="2014"/>		<input type="text" value="450006.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="450006.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="32482.13"/>	<input type="text" value="32482.13"/>
(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="482488.21"/>	<input type="text" value="482488.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="72585.09"/>	<input type="text" value="72585.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="409903.12"/>	<input type="text" value="409903.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	24578.33	24578.33
(ii) Unitemized .....	7903.80	7903.80
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	32482.13	32482.13
(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) .....	32482.13	32482.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	32482.13	32482.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	32482.13	32482.13

**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 .....	85.09	85.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	85.09	85.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	72500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
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)) ..	72585.09	72585.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72585.09	72585.09

**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) .....	32482.13	32482.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	32482.13	32482.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	85.09	85.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	85.09	85.09

**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 6 OF 24
	<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. Milhim Aswad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 980 Washington St Ste 120  
 City State Zip Code  
 Dedham MA 02026-6704  
 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  
 01 / 03 / 2014  
**Transaction ID : A8BDEA27-1C3B-479B-9**  
 Amount of Each Receipt this Period  
 365.00

**B. Duane Francis Austin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 639 Park Road  
 City State Zip Code  
 West Hartford CT 06107-2367  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : 51517883-B669-4D52-A**  
 Amount of Each Receipt this Period  
 250.00

**C. Janet Betchkal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6335 Christopher Creek Road, West  
 City State Zip Code  
 Jacksonville FL 32217  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 06 / 2014  
**Transaction ID : 3C538B09-0F8E-498E-B**  
 Amount of Each Receipt this Period  
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
	<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. William Hugh Bray**  
Full Name (Last, First, Middle Initial)

Mailing Address 510 S Cowley St

City Spokane State WA Zip Code 99202-1332

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  
01 / 07 / 2014  
Transaction ID : **8B4B8706-4083-4E7F-A**

Amount of Each Receipt this Period  
500.00

**B. Donna Dodson Brown**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226

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  
01 / 15 / 2014  
Transaction ID : **CAB7AFE9-B817-4896-8**

Amount of Each Receipt this Period  
500.00

**C. Mark Cabin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1555 Barrington Rd Ste 120

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
01 / 21 / 2014  
Transaction ID : **D05859F3-8EA8-4EF7-B**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. Ronald Caronia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 360 Merrick Rd Fl 3  
 City Lynbrook State NY Zip Code 11563-2526  
 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  
 01 / 07 / 2014  
**Transaction ID : 6080E833-8D26-4F3E-A**  
 Amount of Each Receipt this Period  
 365.00

**B. Tony Catanzaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 429 South 3rd St  
 City Gadsden State AL Zip Code 35901  
 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  
 01 / 17 / 2014  
**Transaction ID : C6C13AAC-BE1D-497F-A**  
 Amount of Each Receipt this Period  
 500.00

**C. Mark Cichowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1227  
 City Coupeville State WA Zip Code 98239-1227  
 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  
 01 / 03 / 2014  
**Transaction ID : 78CED0EF-5B05-4F9F-A**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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. 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)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014  
**Transaction ID : A411D46F-EE5C-4EDB-8**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. Arthur Clements**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 Candlelight Cir  
 City Fredericksburg State TX Zip Code 78624-2701  
 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 / D D / Y Y Y Y Y Y  
 01 / 09 / 2014  
**Transaction ID : D7DD8BFD-ECDB-4179-A**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date ▼  
 300.00

**C. David Demartini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 La Casa Via Ste 222  
 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:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : 7EC1B93E-59ED-4E47-8**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David Keith Emmel</b>		Date of Receipt
Mailing Address 28 Henderson Drive David K. Emmel, M.D.		<input type="text" value="01"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Avon	State CT	Zip Code 06001
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2638839F-1C5F-4407-8</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>B. James Felch</b>		Date of Receipt
Mailing Address 117 Abbottsford		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Nashville	State TN	Zip Code 37215-2439
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 3268B17C-5301-4C76-A</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Millie Fell</b>		Date of Receipt
Mailing Address 2025 Kings Hwy		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Brooklyn	State NY	Zip Code 11229-1463
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : F7DF0D32-20A6-4943-B</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1730.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Robert Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4661 Livingston Ave  
 City Dallas State TX Zip Code 75209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 02 / 2014  
**Transaction ID : C230A462-9615-4857-8**  
 Amount of Each Receipt this Period  
 365.00

**B. Cynthia Hampton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 Saddletree Rd  
 City Oxford State NC Zip Code 27565  
 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 / D D / Y Y Y Y Y Y  
 01 / 07 / 2014  
**Transaction ID : BE047DE3-83F4-406E-9**  
 Amount of Each Receipt this Period  
 500.00

**C. Stephen Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 W Centre Ave  
 City Portage State MI Zip Code 49024-4624  
 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 / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : D775B825-2356-40EA-B**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
	<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. Edward Hu**  
Full Name (Last, First, Middle Initial)

Mailing Address 8921 N Wood Sage Road

City Peoria State IL Zip Code 61615

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  
01 / 24 / 2014  
Transaction ID : 52C94A46-EE5A-4F97-8

Amount of Each Receipt this Period  
500.00

**B. Steven Kitay**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Douglas Dr

City Newport News State VA Zip Code 23601-3610

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 ▼  
365.00

Date of Receipt  
01 / 31 / 2014  
Transaction ID : A4DC4CC7-795C-4CEF-8

Amount of Each Receipt this Period  
365.00

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

Mailing Address 3805A Spring St  
PO Box 1677

City Racine State WI Zip Code 53401-1677

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  
01 / 07 / 2014  
Transaction ID : D4D48B6D-7A03-4ACE-A

Amount of Each Receipt this Period  
1000.00

**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:	PAGE 13 OF 24
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Mailing Address 407 Ave K SE

City Winter Haven State FL Zip Code 33880

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2014  
**Transaction ID : 6DDB6336-468B-4477-A**

Amount of Each Receipt this Period  
 365.00

**B. Jonathan Lowry**  
Full Name (Last, First, Middle Initial)

Mailing Address 335 E Parker Rd

City Morganton State NC Zip Code 28655-5112

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : 25AE324E-EF7F-46DD-8**

Amount of Each Receipt this Period  
 365.00

**C. Jonathan Macy**  
Full Name (Last, First, Middle Initial)

Mailing Address 8635 W 3rd St Ste 360W

City Los Angeles State CA Zip Code 90048-6101

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 / D D / Y Y Y Y Y Y  
 01 / 08 / 2014  
**Transaction ID : 89F14483-58DE-40AF-A**

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 24
	(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. Thomas Millman**  
Full Name (Last, First, Middle Initial)

Mailing Address 375 Barclay Cir

City Rochester State MI Zip Code 48307-4511

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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : 57161DB1-EA05-4C03-B**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 366 Colt Hwy Rte 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) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2014

**Transaction ID : A11C7E17-7E67-4050-A**

Amount of Each Receipt this Period  
 500.00

**C. G. Peyton Neatrou**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 First Colonial Rd

City Virginia Beach State VA Zip Code 23454-2217

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  
 01 / 24 / 2014

**Transaction ID : D87070D2-FD97-428F-8**

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

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

Full Name (Last, First, Middle Initial) <b>A. Karen Nixon</b>		Date of Receipt
Mailing Address N5390 Rancho Viejo Rd		M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2014
City Fond Du Lac	State WI	Zip Code 54937-9373
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 317DC0B1-9822-4EB7-A</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1000.00

Full Name (Last, First, Middle Initial) <b>B. Gary Pearce</b>		Date of Receipt
Mailing Address 211 US Hwy 27 South		M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2014
City Lake Placid	State FL	Zip Code 33852
FEC ID number of contributing federal political committee. C		<b>Transaction ID : F0B79D68-2A5E-459E-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		365.00

Full Name (Last, First, Middle Initial) <b>C. Dale Reynolds</b>		Date of Receipt
Mailing Address 2330 Troop Dr Unit 104		M M M / D D D / Y Y Y Y Y Y 01 / 02 / 2014
City Sartell	State MN	Zip Code 56377-4580
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C61FC64D-B03C-4508-9</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<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. Sophia Sarkos**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 W 1st St

City Hinsdale State IL Zip Code 60521-4013

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  
01 / 29 / 2014  
**Transaction ID : E8AF3400-E218-42F2-8**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1408 E Barnett Rd

City Medford State OR Zip Code 97504-8279

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 ▼ 208.33

Date of Receipt  
01 / 31 / 2014  
**Transaction ID : B74FD3AF-4B86-478D-A**

Amount of Each Receipt this Period  
208.33

**C. Gregory Skuta**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Stanton L Young Blvd Rm 509

City Oklahoma City State OK Zip Code 73104-5065

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  
01 / 09 / 2014  
**Transaction ID : 3B57F93E-467C-49C3-8**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3208.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Alan Solinsky</b>		Date of Receipt
Mailing Address 1013 Farmington Ave		M M M / D D D / Y Y Y Y Y Y 01 / 28 / 2014
City	State	Zip Code
West Hartford	CT	06107-2106
FEC ID number of contributing federal political committee.		Transaction ID : <b>399FF52F-DB7A-4D38-9</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		365.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	365.00	

Full Name (Last, First, Middle Initial) <b>B. Mitchell Brian Stein</b>		Date of Receipt
Mailing Address 69 S Moger Ave		M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2014
City	State	Zip Code
Mount Kisco	NY	10549-2217
FEC ID number of contributing federal political committee.		Transaction ID : <b>46553E48-F8FD-48E3-B</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>c. Shigemi Sugiki</b>		Date of Receipt
Mailing Address 1380 Lusitana St Ste 714		M M M / D D D / Y Y Y Y Y Y 01 / 30 / 2014
City	State	Zip Code
Honolulu	HI	96813-2443
FEC ID number of contributing federal political committee.		Transaction ID : <b>53304681-CB3A-49CF-8</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
	<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. Vincent Sutton**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6068

City Lincoln State NE Zip Code 68506-0068

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : 8E11FA5D-4EB5-4472-9**

Amount of Each Receipt this Period  
 500.00

**B. Victor Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland State FL Zip Code 32751-6108

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  
 01 / 03 / 2014  
**Transaction ID : 6AC668BB-FEA1-42B5-B**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 655 Medical Center Dr NE

City Salem State OR Zip Code 97301-2751

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  
 01 / 30 / 2014  
**Transaction ID : FE5556B8-A9F8-4398-A**

Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. W. Lee Wan</b>		Date of Receipt
Mailing Address 115 Cleveland Ct		<input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Ventura	State CA	Zip Code 93003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 1A7C484F-3E2A-46C2-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ann Warn</b>		Date of Receipt
Mailing Address 6711 NW Oak Dale Dr		<input type="text" value="01"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Lawton	State OK	Zip Code 73505-1261
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 541601E0-28DA-451A-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Maynard Wheeler</b>		Date of Receipt
Mailing Address 827 Covered Bridge Lane PO Box 538		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Grantham	State NH	Zip Code 03753-0538
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 08DB0DC5-86A1-4454-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
	<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. Curtis Whittington Jr.**

Mailing Address 1190 N State St Ste 403

City Jackson	State MS	Zip Code 39202-2413
-----------------	-------------	------------------------

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  
 01 / 07 / 2014

**Transaction ID : E6EC6F11-4091-458D-B**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Robert Wiggins**

Mailing Address 8 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 ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : 704EAC24-C7EB-4608-9**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrienne Young**

Mailing Address 635 Foster Dr

City Des Moines	State IA	Zip Code 50312-2517
--------------------	-------------	------------------------

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  
 01 / 29 / 2014

**Transaction ID : E48EB881-E1B6-4029-8**

Amount of Each Receipt this Period  
365.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Steven Young**

Mailing Address 1300 N 500 E Ste 220

City Logan State UT Zip Code 84341-2472

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 03 / 2014**

**Transaction ID : 3ECD9F88-F68C-4411-A**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>24578.33</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Democratic Congressional Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

**Transaction ID : 84949E335B413D3E524**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**Democratic Senatorial Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

**Transaction ID : 16452FB031E68EF8D54**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Raymond Eugene Green**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

**Transaction ID : 62E36BF6165EA5A352B**

Amount of Each Disbursement this Period

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

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

3	2	5	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. McConnell Senate Committee '14**

Mailing Address PO Box 1496

City State Zip Code  
Louisville KY 40201

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
01 / 29 / 2014

**Transaction ID : 3C287AF93DBAA044A6B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**National Republican Congressional Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2014

**Transaction ID : 97754BAF97C5422A6CF**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2014

**Transaction ID : 207E052FB06981D5634**

Amount of Each Disbursement this Period

15000.00

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

32500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. New Democrat Coalition PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2014 Contribution

011

Candidate Name

**New Democrat Coalition PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2014

**Transaction ID : F902AEFAACF60D299C2**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Victory in November Election PAC (VINEPAC)**

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2013 Contribution

011

Candidate Name

**Victory in November Election PAC (VINEPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 13 / 2014

**Transaction ID : A3D65BB3D78457228D3**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

7500.00

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

72500.00