

**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="2012"/>		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	467407.99	
(c) Total Receipts (from Line 19)	28123.33	59148.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	495531.32	515058.70
7. Total Disbursements (from Line 31).....	50310.08	69837.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	445221.24	445221.24
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

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).....	22282.34	45632.34
(ii) Unitemized	5840.99	13516.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28123.33	59148.34
(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)	28123.33	59148.34
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))..... ▶	28123.33	59148.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28123.33	59148.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	996.08	1741.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	996.08	1741.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	48500.00	64500.00
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	814.00	3596.34
(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)).....	814.00	3596.34
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)) ..	50310.08	69837.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	50310.08	69837.46

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)	28123.33	59148.34
34. Total Contribution Refunds (from Line 28(d))	814.00	3596.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27309.33	55552.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	996.08	1741.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	996.08	1741.12

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

Form/Schedule: F3XA
Transaction ID :

Re-designate the 2/29/12 disbursement to Austin Scott for Congress to 2012 General.

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 32
	<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. Penny Asbell

Mailing Address 1 Gustave L Levy Pl
1183

City New York State NY Zip Code 10029-6500

FEC 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
02 / 18 / 2012
Transaction ID : F39D4502-CA27-4BBA-

Amount of Each Receipt this Period
365.00

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

Mailing Address 160 Heritage Way
Ste 202

City Kalispell State MT Zip Code 59901-3127

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 24 / 2012
Transaction ID : 080EBCBF3320A3AADBC

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Gregg Berdy

Mailing Address 12990 Manchester Rd
Ste 200

City Des Peres State MO Zip Code 63131-1860

FEC 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
02 / 09 / 2012
Transaction ID : 157B0A1D7F8CC926F0D

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 8 OF 32
	<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 Bradbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Lincoln St
 City Worcester State MA Zip Code 01605-2634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : 1FA9C3A3FC02A3D9B08
 Amount of Each Receipt this Period
 365.00

B. Cynthia Ann Bradford
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 Rena Dawn Ln
 City Edmond State OK Zip Code 73013-8079
 FEC 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 / D D / Y Y Y Y Y Y
 02 / 05 / 2012
Transaction ID : 9E4CED52-BAA9-4F36-
 Amount of Each Receipt this Period
 1000.00

C. Joyce Cassen
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 W Hind Dr Ste 212
 City Honolulu State HI Zip Code 96821-1845
 FEC 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 / D D / Y Y Y Y Y Y
 02 / 26 / 2012
Transaction ID : 7EEEDF52-9ED6-4E47-
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. S. William William Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : 4C559B56F774A3C596B1
 Amount of Each Receipt this Period
 416.66

B. Carl Clavenna
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 S Adams Rd Ste 200
 City Birmingham State MI Zip Code 48009-6863
 FEC 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
 02 / 27 / 2012
Transaction ID : E2DBC326-23A0-4AB7-
 Amount of Each Receipt this Period
 365.00

c. Mary DeFrank
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 E Main St
 City Hillsboro State OR Zip Code 97123-4137
 FEC 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
 02 / 02 / 2012
Transaction ID : 8B52D849-69E8-4E80-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1281.66
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:	PAGE 10 OF 32
	(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. Anna Luisa Luisa Di Lorenzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2877 Crooks Rd
 Ste B
 City Troy State MI Zip Code 48084-4717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 02 / 16 / 2012
Transaction ID : 49F3B46F8412214C66EB
 Amount of Each Receipt this Period 208.34

B. Donald Downer
 Full Name (Last, First, Middle Initial)
 Mailing Address 2023 Professional Center Dr
 City Orange Park State FL Zip Code 32073-4472
 FEC 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 02 / 06 / 2012
Transaction ID : DF5735ECBBE7A8FCF21
 Amount of Each Receipt this Period 365.00

C. Jay Duker
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 Washington St
 # 450
 City Boston State MA Zip Code 02111-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 06 / 2012
Transaction ID : CCB9953B-CDCC-47B8-
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 1073.34
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 11 OF 32
	<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 Emerson
Full Name (Last, First, Middle Initial)

Mailing Address 710 E 24th St
Ste 304

City Minneapolis State MN Zip Code 55404-3846

FEC 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
02 / 02 / 2012
Transaction ID : **E25C20D0-7B48-42EB-**

Amount of Each Receipt this Period
250.00

B. David Keith Emmel
Full Name (Last, First, Middle Initial)

Mailing Address 1260 Silas Deane Hwy

City Wethersfield State CT Zip Code 06109-4362

FEC 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
02 / 08 / 2012
Transaction ID : **68447EDB523813EEC1F**

Amount of Each Receipt this Period
1000.00

C. K. David David Epley
Full Name (Last, First, Middle Initial)

Mailing Address 11800 NE 128th St
Ste 430

City Kirkland State WA Zip Code 98034-7299

FEC 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
02 / 27 / 2012
Transaction ID : **D621D7F8-8115-4FC6-**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 32
	<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. Robert Erickson
Full Name (Last, First, Middle Initial)

Mailing Address 800 S Adams Rd
Ste 201

City Birmingham State MI Zip Code 48009-7008

FEC 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
02 / 01 / 2012
Transaction ID : 92B2D294BD39BEB4854

Amount of Each Receipt this Period
365.00

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

Mailing Address 3424 N Leavitt St

City Chicago State IL Zip Code 60618-6014

FEC 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
02 / 02 / 2012
Transaction ID : AB245380-32E6-464E-

Amount of Each Receipt this Period
500.00

C. Lealis Hale
Full Name (Last, First, Middle Initial)

Mailing Address 619 Cambridge Ave NE

City Fort Walton Beach State FL Zip Code 32547-1839

FEC 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
02 / 22 / 2012
Transaction ID : 29220FCD-281B-42FA-

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 13 OF 32
	<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. Clarence Harris
Full Name (Last, First, Middle Initial)

Mailing Address 2023 Professional Center Dr
Clay Eye Physicians and Surgeons

City Orange Park State FL Zip Code 32073-4472

FEC 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
02 / 06 / 2012
Transaction ID : 48F2CBA2D6F0F3C2745

Amount of Each Receipt this Period
365.00

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

Mailing Address 1501 50th St
Ste 133

City West Des Moines State IA Zip Code 50266-5920

FEC 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
02 / 25 / 2012
Transaction ID : E124741F-B7A4-4469-

Amount of Each Receipt this Period
500.00

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

Mailing Address 20 W 13th St

City New York State NY Zip Code 10011-7995

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt
02 / 25 / 2012
Transaction ID : 919B50D8-E5BC-4202-

Amount of Each Receipt this Period
499.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1364.00

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 14 OF 32
	<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. James Kinsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 Erie Blvd E
 City Syracuse State NY Zip Code 13210-1148
 FEC 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 **02 / 11 / 2012**
Transaction ID : 43FEEE5B-7211-4202-
 Amount of Each Receipt this Period **500.00**

B. F. Randall Kirchner
 Full Name (Last, First, Middle Initial)
 Mailing Address 471 Ashley Ridge Blvd
 City Shreveport State LA Zip Code 71106-7229
 FEC 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 **02 / 13 / 2012**
Transaction ID : 7485B3B9-E6A9-431F-
 Amount of Each Receipt this Period **365.00**

C. Steven Kirkham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1462 Marion Waldo Rd
 Marion Eye Center
 City Marion State OH Zip Code 43302-7422
 FEC 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 **02 / 02 / 2012**
Transaction ID : 33953FB2-5885-4A68-
 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: (check only one)	PAGE 15 OF 32
	<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 Lichtenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 8921 N Wood Sage Rd
 City Peoria State IL Zip Code 61615-7822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2012
Transaction ID : 1AE9E50B-3E44-4761-
 Amount of Each Receipt this Period
 1000.00

B. Jonathan Macy
 Full Name (Last, First, Middle Initial)
 Mailing Address 8635 W 3rd St Ste 360W
 City Los Angeles State CA Zip Code 90048-6149
 FEC 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
 02 / 03 / 2012
Transaction ID : 11B4DD972224DB6D495
 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 ▼ 166.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 08 / 2012
Transaction ID : 4811A4A3EB39DE62970B
 Amount of Each Receipt this Period
 83.34

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 16 OF 32
	<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. Alan Mindlin
Full Name (Last, First, Middle Initial)

Mailing Address 1750 S Telegraph Rd
Ste 303

City Bloomfield Hills State MI Zip Code 48302-0179

FEC 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
02 / 29 / 2012
Transaction ID : 7886FB6A-1FBA-463C-

Amount of Each Receipt this Period
500.00

B. Philip Nelsen
Full Name (Last, First, Middle Initial)

Mailing Address 2213 Cherry St
Mob1 Suite 400

City Toledo State OH Zip Code 43608-2603

FEC 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
02 / 03 / 2012
Transaction ID : F530CD38-0481-4C65-

Amount of Each Receipt this Period
500.00

c. John O'Grady
Full Name (Last, First, Middle Initial)

Mailing Address 2393 Schust Rd

City Saginaw State MI Zip Code 48603-1334

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
0.00

Date of Receipt
02 / 06 / 2012
Transaction ID : C79F75210982F608DBF

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 32
	<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. Susanna Park
 Full Name (Last, First, Middle Initial)
 Mailing Address 4860 Y St
 Ste 2400
 City Sacramento State CA Zip Code 95817-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2012
Transaction ID : DCBAD456-2F83-4846-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Russell Pecoraro
 Full Name (Last, First, Middle Initial)
 Mailing Address 2023 Professional Center Dr
 City Orange Park State FL Zip Code 32073-4472
 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
 02 / 06 / 2012
Transaction ID : D94A7FC4CB0D3548EA8
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

C. John Phillips
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Crestview Plz
 City Jacksonville State AR Zip Code 72076-4341
 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
 02 / 27 / 2012
Transaction ID : 08D87DE1-8919-4592-
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 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 18 OF 32
	<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. James Pinke
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Cots St
 Shelton Medical Center, Ste 1A
 City Shelton State CT Zip Code 06484-3866
 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
 02 / 25 / 2012
Transaction ID : 9A62E0F2-0FF3-4661-
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 199.00

B. James Pinke
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Cots St
 Shelton Medical Center, Ste 1A
 City Shelton State CT Zip Code 06484-3866
 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
 02 / 25 / 2012
Transaction ID : 13AE014D-951F-47F9-
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 199.00

C. Jonathan Prenner
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Littlebrook Rd
 City Princeton State NJ Zip Code 08540-4074
 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
 02 / 26 / 2012
Transaction ID : 87264BEA-AFAD-4623-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	898.00
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 19 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. P. Rao
Full Name (Last, First, Middle Initial)

Mailing Address 660 S Euclid Ave
8096

City Saint Louis State MO Zip Code 63110-1010

FEC 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
02 / 26 / 2012
Transaction ID : 3ED6FF6E-84B0-443D-

Amount of Each Receipt this Period
500.00

B. 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) ▼

Aggregate Year-to-Date ▼
634.00

Date of Receipt
02 / 26 / 2012
Transaction ID : 45DCB4D64DBB6B662FFB

Amount of Each Receipt this Period
317.00

C. Kevin Smith
Full Name (Last, First, Middle Initial)

Mailing Address 408 S Main St

City Greenville State PA Zip Code 16125-1773

FEC 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
02 / 10 / 2012
Transaction ID : 747035B4B2ED9BD2E36

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1317.00

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 20 OF 32
	<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 Steinemann
Full Name (Last, First, Middle Initial)
Mailing Address 2703 Cranlyn Rd
City Shaker Heights State OH Zip Code 44122-2003
FEC 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 02 / 21 / 2012
Transaction ID : 12325BF05FE4FFE90C6
Amount of Each Receipt this Period 500.00

B. Michael Tedford
Full Name (Last, First, Middle Initial)
Mailing Address 254 Route 17K Ste 204
City Newburgh State NY Zip Code 12550-8300
FEC 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 02 / 09 / 2012
Transaction ID : 6C4FFBB901DF3E7789D
Amount of Each Receipt this Period 250.00

C. Eric Thomas
Full Name (Last, First, Middle Initial)
Mailing Address 6601 S Minnesota Ave Ste 200
City Sioux Falls State SD Zip Code 57108-2564
FEC 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 02 / 03 / 2012
Transaction ID : 1ADFE29B-2E41-4855-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<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. Anthony Viti
 Full Name (Last, First, Middle Initial)
 Mailing Address 1870 Amherst St
 Ste 3B
 City Winchester State VA Zip Code 22601-2848
 FEC 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
 02 / 03 / 2012
Transaction ID : 3C9585D6DF8D1F00BA1
 Amount of Each Receipt this Period
 365.00

B. Marc Von Roemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Highway 70
 Invision
 City Lakewood State NJ Zip Code 08701-5895
 FEC 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
 02 / 06 / 2012
Transaction ID : A199BE0E2E836DB0272
 Amount of Each Receipt this Period
 500.00

C. Maynard Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 827 Covered Bridge Ln
 PO Box 538
 City Grantham State NH Zip Code 03753-5427
 FEC 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
 02 / 27 / 2012
Transaction ID : 3CA90E4B-E175-4A3E-
 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 22 OF 32
	<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 Wilcox Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2763 Holly Point Rd E
 City Orange Park State FL Zip Code 32073-5636
 FEC 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
 02 / 06 / 2012
Transaction ID : 113F92BB48F5377CAFD
 Amount of Each Receipt this Period
 365.00

B. David Wilson
 Full Name (Last, First, Middle Initial)
 Mailing Address 3375 SW Terwilliger Blvd
 City Portland State OR Zip Code 97239-4146
 FEC 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 / D D / Y Y Y Y Y Y
 02 / 22 / 2012
Transaction ID : 463051ED15BC06A2B8D
 Amount of Each Receipt this Period
 1000.00

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

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

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
TOTAL This Period (last page this line number only).....▶	22282.34

**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. AAO

Mailing Address 655 Beach St.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement
PAC Admin Check was deposited into Ophthpac Account

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : VB9713D72C285ACAC3E3

Amount of Each Disbursement this Period

199.00

Full Name (Last, First, Middle Initial)

B. AAO

Mailing Address 655 Beach St.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement
Transfer to AAO-SSF

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 08 / 2012

Transaction ID : VCF42E79DFC16D6A18D2

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Feb 2012

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2012

Transaction ID : B4BF86ECBC1DD132A23

Amount of Each Disbursement this Period

159.56

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

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

458.56

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Feb 2012

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2012

Transaction ID : CF2A6F00A93BE4373BC

Amount of Each Disbursement this Period

537.52

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

537.52

996.08

**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. Austin Scott for Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

James Austin Scott

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	29	/	2012

Transaction ID : 7A7C00D2F035C1E5C14

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Cantwell Victory 2012

Mailing Address 3518 Fremont Avenue North
#545

City Seattle State WA Zip Code 98103

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Cantwell Victory 2012

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	08	/	2012

Transaction ID : 6B88713229CB88A8CFB

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Connolly for Congress

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Gerald E. Connolly

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	29	/	2012

Transaction ID : 47FD39989A91FCEAD03

Amount of Each Disbursement this Period

2500.00

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

7500.00

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. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 General Contribution

011

Category/
Type

Candidate Name
Dave Camp

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2012

Transaction ID : 21635-7392846941948

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2012 Primary Contribution

011

Category/
Type

Candidate Name
Jeffrey Denham

Office Sought: House
 Senate
 President
State: CA District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2012

Transaction ID : 21635-7085077166557

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name
Sherrod Brown

Office Sought: House
 Senate
 President
State: OH District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		29		2012

Transaction ID : 8FB43AB57B774CF02C2

Amount of Each Disbursement this Period

500.00

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

4000.00

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. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Raymond Eugene Green

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

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

Transaction ID : 21635-1847802996635

Amount of Each Disbursement this Period

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

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

Candidate Name

Phil Gingrey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 11

Date of Disbursement

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

Transaction ID : 21635-8360559344291

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Hoosiers for Rokita, Inc.

Mailing Address 7643 East U.S. 36

City Avon State IN Zip Code 46123

Purpose of Disbursement
2012 Primary

011

Candidate Name

Theodore Edward Rokita

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	2

Transaction ID : D417A7A35B8D5DDDA36

Amount of Each Disbursement this Period

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

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jesse Jackson Jr for Congress

Mailing Address PO Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Jesse L. Jackson Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

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

Transaction ID : 21635-8142206072807

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. John Sullivan for Congress, Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
2012 General

011

Candidate Name

John A. Sullivan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OK District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	9		2	0	1	2

Transaction ID : 1031977424A80E838BE

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Moderate Democrats PAC

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Moderate Democrats PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Contribution

Date of Disbursement

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

Transaction ID : 21635-4243890643119

Amount of Each Disbursement this Period

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

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

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

1	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Paul Broun Committee

Mailing Address PO Box 6337

City Athens State GA Zip Code 30604

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name

Paul C. Broun Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 10

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : 21635-4413568377494

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
2012 General Contribution

011

Candidate Name

Peter Anderson Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : 21635-2237817645072

Amount of Each Disbursement this Period

5000.00

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
2012 Primary

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
02 / 29 / 2012

Transaction ID : EA5F1A0C7655E56F443

Amount of Each Disbursement this Period

1500.00

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

9000.00

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. Ted Deutch for Congress Committee

Mailing Address 1050 17th St, NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
2012 Primary

011

Candidate Name
Theodore Eliot Deutch

Category/
Type

Office Sought: House
 Senate
 President
State: FL District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2012

Transaction ID : B59F83BE1F797598D44

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name
Tuesday Group Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : 21635-8731500506401

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
2012 Primary Contribution

011

Candidate Name
Fredrick Stephen Upton

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2012

Transaction ID : 21635-7355310320854

Amount of Each Disbursement this Period

2500.00

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

12500.00

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. Washington State Democratic Central Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2012

Mailing Address PO Box 4027

Transaction ID : CBC9FCB8E456028BEFA

City State Zip Code
Seattle WA 98194

Amount of Each Disbursement this Period

-2500.00

Purpose of Disbursement
Void Original Check issued 12/7/11

011
Category/ Type

Candidate Name

Washington State Democratic Central Committee

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

-2500.00

48500.00

**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. Michael Bradbury

Mailing Address 63 Lincoln St

City Worcester State MA Zip Code 01605-2634

Purpose of Disbursement
Should be AAO-SSF

010

Candidate Name

Category/
Type

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
02	/	13	/	2012

Transaction ID : 00EDA42C97A0FD7212C

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

B. John O'Grady

Mailing Address 2393 Schust Rd

City Saginaw State MI Zip Code 48603-1334

Purpose of Disbursement

010

Candidate Name

Category/
Type

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
02	/	13	/	2012

Transaction ID : 20FFFB6E3E2B524BA3F

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Pinke

Mailing Address 9 Cots St
Shelton Medical Center, Ste 1A

City Shelton State CT Zip Code 06484-3866

Purpose of Disbursement
Refund of duplicate receipt on 2/25/12.

010

Candidate Name

Category/
Type

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
02	/	28	/	2012

Transaction ID : C962A72797610018E0C

Amount of Each Disbursement this Period

199.00

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

814.00

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

814.00
