

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) 655 Beach Street  
 Check if different than previously reported. (ACC)  
San Francisco CA 94109

2. **FEC IDENTIFICATION NUMBER** C00196246  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 08 01 2011 through 08 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer Electronically Filed by Steven Rausch Date 09 16 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		353076.28
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	320540.71									
(c) Total Receipts (from Line 19) .....	33792.39	322761.26								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	354333.10	675837.54								
7. Total Disbursements (from Line 31) .....	16873.54	338377.98								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	337459.56	337459.56								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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) .....	27972.96	261765.23
(ii) Unitemized .....	5819.43	60506.03
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33792.39	322271.26
(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) .....	33792.39	322271.26
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	490.00
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 Transfer (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)) .....	33792.39	322761.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	33792.39	322761.26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	1156.86	17682.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1156.86	17682.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	15500.00	314000.00
24. Independent Expenditure (use Schedule E) .....	0.00	3900.00
25. Coordinated Expenditures Made by Party Committees (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 .....	216.68	2795.34
(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)) .....	216.68	2795.34
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	16873.54	338377.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16873.54	338377.98

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) .....	33792.39	322271.26
34. Total Contribution Refunds (from Line 28(d)) .....	216.68	2795.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33575.71	319475.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1156.86	17682.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1156.86	17682.64

**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 / 40
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Aiello		Date of Receipt	
	Mailing Address 275 W 28th St Attn: Marlene		M M / D D / Y Y Y Y Y 08 / 28 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 4403AB0278C1DD1D449C
	Yuma	AZ	85364-7308	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		83.34	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		583.38		
<input type="checkbox"/> Other (specify) ▼				

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Bahr		Date of Receipt	
	Mailing Address 150 E Manning St		M M / D D / Y Y Y Y Y 08 / 19 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> E556349A4A062376244
	Providence	RI	02906-5109	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		365.00	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00		
<input type="checkbox"/> Other (specify) ▼				

<b>C.</b>	Full Name (Last, First, Middle Initial) Norbert Mathias Becker		Date of Receipt	
	Mailing Address 1000 Randall Rd Ste 100		M M / D D / Y Y Y Y Y 08 / 15 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> F22B66E6F7D9E382FB4
	Geneva	IL	60134-2591	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼				

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 40  
(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)  
Rulon Beesley

Mailing Address 44404 16th St W  
Ste 102

City Lancaster State CA Zip Code 93534-2839

FEC 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 08 / 01 / 2011

Transaction ID: A38941381CD64B60A70

Amount of Each Receipt this Period 365.00

**B.**

Full Name (Last, First, Middle Initial)  
J. Chandler Berg

Mailing Address 2709 Meredyth Dr  
Ste 110

City Albany State GA Zip Code 31707-0201

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 01 / 2011

Transaction ID: DC42CF7198076FF2678

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Bradley Black

Mailing Address 5220 Flanders Dr

City Baton Rouge State LA Zip Code 70808-9112

FEC 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 08 / 29 / 2011

Transaction ID: 64F316FA-AE15-4FA9-

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: PAGE 8 / 40  
(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)  
David Blandford

Mailing Address 1937 Old Main St  
Ste 2

City Maysville State KY Zip Code 41056-8956

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 08 / 01 / 2011

Transaction ID: 437982D487CDAB7DC295

Amount of Each Receipt this Period 83.34

**B.**

Full Name (Last, First, Middle Initial)  
David Blandford

Mailing Address 1937 Old Main St  
Ste 2

City Maysville State KY Zip Code 41056-8956

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt 08 / 31 / 2011

Transaction ID: 40DDB64974C4E2BC6486

Amount of Each Receipt this Period 83.34

**C.**

Full Name (Last, First, Middle Initial)  
Steven Bodine

Mailing Address 915 Palmer Rd  
Retina Consultations

City Bronxville State NY Zip Code 10708-3304

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt 08 / 28 / 2011

Transaction ID: 451B8E05DA216F81DA14

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 208.35

**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 9 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
H. Culver Boldt

Mailing Address 200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1007

FEC 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 08 / 01 / 2011  
**Transaction ID: A8B28EC706F67699C8F**  
 Amount of Each Receipt this Period 365.00

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

Mailing Address 1016 Kirkpatrick Rd

City Burlington State NC Zip Code 27215-9714

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

Date of Receipt 08 / 07 / 2011  
**Transaction ID: 4415A384D2C08B77C42A**  
 Amount of Each Receipt this Period 30.41

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

Mailing Address 165 Calle Reina Isabel  
La Villa De Torrimar

City Guaynabo State PR Zip Code 00969-3284

FEC 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 08 / 01 / 2011  
**Transaction ID: D0771F8DC1801C8C74E**  
 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **760.41**

**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 / 40
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Lisa Sharon Bunin		Date of Receipt MM / DD / YYYY 08 / 08 / 2011		
	Mailing Address 1611 Pond Rd Paragon Center, Ste 403		<b>Transaction ID:</b> B4DFECBB338B7C401D7		
	City Allentown	State PA	Zip Code 18104-2258	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Burns		Date of Receipt MM / DD / YYYY 08 / 06 / 2011		
	Mailing Address 13324 Shelbyville Rd		<b>Transaction ID:</b> 4D3BB9995BEAA9A5CD57		
	City Louisville	State KY	Zip Code 40223-3936	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04			

<b>C.</b>	Full Name (Last, First, Middle Initial) Keith Carter		Date of Receipt MM / DD / YYYY 08 / 05 / 2011		
	Mailing Address 200 Hawkins Dr		<b>Transaction ID:</b> 1CCD4465BBEE27D373F		
	City Iowa City	State IA	Zip Code 52242-1007	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.72			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1583.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Keith Carter

Mailing Address 200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1007

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 10 / 2011  
**Transaction ID:** 4AFD9A09F622D8912E8E  
 Amount of Each Receipt this Period 83.34

**B.**

Full Name (Last, First, Middle Initial)  
Donald Cinotti

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 18 / 2011  
**Transaction ID:** 474E9CDF2AA53A95019A  
 Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Clark

Mailing Address 1252 Hidden Lake Dr

City Bloomfield Hills State MI Zip Code 48302-1955

FEC 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 08 / 26 / 2011  
**Transaction ID:** 05617695AD0A20D580C  
 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **548.34**

**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: PAGE 12 / 40

(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)

S. William William Clark

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 ▼

3333.28

Date of Receipt

MM / DD / YYYY  
08 / 23 / 2011

Transaction ID: 4B4D97A528DD596C0799

Amount of Each Receipt this Period

416.66

**B.**

Full Name (Last, First, Middle Initial)

Joseph Conner

Mailing Address 707 W Tipton St

City

Seymour

State

IN

Zip Code

47274-2157

FEC 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

MM / DD / YYYY  
08 / 26 / 2011

Transaction ID: 4AD4128C2A6161B9C0C

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

F. Michael Cornell

Mailing Address 11003 SE 119th Ct

City

Happy Valley

State

OR

Zip Code

97086-2722

FEC 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

MM / DD / YYYY  
08 / 22 / 2011

Transaction ID: CF2F6B13E76F10DD9A9

Amount of Each Receipt this Period

365.00

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

3281.66

**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 13 / 40  
(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)  
Russell Crain

Mailing Address 11011 Hefner Pointe Dr  
Ste B

City State Zip Code  
Oklahoma City OK 73120-5005

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2011

**Transaction ID:** 48A599B0CFAB0DB7041C

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Terry Croyle

Mailing Address 2375 S Main St

City State Zip Code  
Moultrie GA 31768-6517

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2011

**Transaction ID:** 40929B497B70F81DDE6F

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Roger Dailey

Mailing Address 3375 SW Terwilliger Blvd

City State Zip Code  
Portland OR 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 ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2011

**Transaction ID:** 5152F442CD0C7226154

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **445.00**

**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 14 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Richard Davenport

Mailing Address 2424 S 90th St  
Ste 204

City State Zip Code  
West Allis WI 53227-2455

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.01

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2011

**Transaction ID:** 454D932C8CE072E1E13

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
William Deegan

Mailing Address 6355 Walker Ln  
Retina Group of Washington, Ste 50

City State Zip Code  
Alexandria VA 22310-3251

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2011

**Transaction ID:** 94FE846B7A5D74C73ED

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Anna Luisa Luisa Di Lorenzo

Mailing Address 2877 Crooks Rd  
Ste B

City State Zip Code  
Troy MI 48084-4717

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3416.68

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID:** 460491EEF910B0A1BC01

Amount of Each Receipt this Period  
208.34

**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 15 / 40
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andrew Doan		Date of Receipt MM / DD / YYYY 08 / 07 / 2011		
	Mailing Address 31515 Rancho Pueblo Rd Ste 103		<b>Transaction ID:</b> 4103BB69BD1D2E98B9B4		
	City Temecula	State CA	Zip Code 92592-4837	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35			

<b>B.</b>	Full Name (Last, First, Middle Initial) Joseph Doe		Date of Receipt MM / DD / YYYY 08 / 18 / 2011		
	Mailing Address 4016 W Main St		<b>Transaction ID:</b> 4441B8A7EC9C1CFD1840		
	City Kalamazoo	State MI	Zip Code 49006-2745	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.36			

<b>C.</b>	Full Name (Last, First, Middle Initial) Alexander Eaton		Date of Receipt MM / DD / YYYY 08 / 15 / 2011		
	Mailing Address 1567 Hayley Ln Retina Health Center, Ste 101		<b>Transaction ID:</b> 533B6C886EE32C1756C		
	City Fort Myers	State FL	Zip Code 33907-2109	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2572.09
<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 16 / 40  
(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)  
William Ehlers

Mailing Address 125 Secret Lake Rd

City Avon State CT Zip Code 06001-3465

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 08 / 12 / 2011

Transaction ID: 4686BA03A0676EE3C730

Amount of Each Receipt this Period 41.67

**B.**

Full Name (Last, First, Middle Initial)  
James Finegan

Mailing Address 236 Roseberry St

City Phillipsburg State NJ Zip Code 08865-1632

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 08 / 07 / 2011

Transaction ID: 446D8F1049DE1CBC3577

Amount of Each Receipt this Period 83.34

**C.**

Full Name (Last, First, Middle Initial)  
James Finegan

Mailing Address 236 Roseberry St

City Phillipsburg State NJ Zip Code 08865-1632

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 08 / 15 / 2011

Transaction ID: 48CFA64A34A0E892E566

Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 208.35

**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 / 40
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Wayne Fung		Date of Receipt	
	Mailing Address 2100 Webster St Ste 214		M M / D D / Y Y Y Y 08 / 18 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 10D27C50BF527EA08CD
	San Francisco	CA	94115-2375	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼				

<b>B.</b>	Full Name (Last, First, Middle Initial) Sunir Garg		Date of Receipt	
	Mailing Address 840 Walnut St Ste 1020		M M / D D / Y Y Y Y 08 / 27 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 4117BA028C710C09CA62
	Philadelphia	PA	19107-5109	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		30.42	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		212.94		
<input type="checkbox"/> Other (specify) ▼				

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Gilbert		Date of Receipt	
	Mailing Address 12301 NE 10th Pl Ste 200		M M / D D / Y Y Y Y 08 / 03 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 4E3580DD8EB40D01C9F0
	Bellevue	WA	98005-2487	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		83.34	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		416.70		
<input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1113.76
<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 18 / 40  
(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)  
Roy Goodart

Mailing Address 6545 Canyon Cove Dr

City State Zip Code  
Salt Lake City UT 84121-6340

FEC 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  
MM / DD / YYYY  
08 / 01 / 2011

**Transaction ID:** D062B0FA67BA1FAF8AC

Amount of Each Receipt this Period  
365.00

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

Mailing Address 6545 Rutgers Ave

City State Zip Code  
Houston TX 77005-3850

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2011

**Transaction ID:** 41D3A10E4A7766543C78

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2400 Patterson St  
Ste 201

City State Zip Code  
Nashville TN 37203-1587

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.70

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID:** 4156A068F178919491CF

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **548.34**

**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: PAGE 19 / 40  
(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)  
Kenneth Grossman

Mailing Address 580 Collins Dr

City Merced State CA Zip Code 95348-3121

FEC 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 08 / 26 / 2011  
**Transaction ID: 4C65FBF4BEA548ECFF8**  
Amount of Each Receipt this Period 2500.00

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

Mailing Address 76 Adams Rd

City Saratoga Springs State NY Zip Code 12866-9008

FEC 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 08 / 30 / 2011  
**Transaction ID: 57220F73-61A6-418F-**  
Amount of Each Receipt this Period 500.00

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

Mailing Address 311 W 24th St Ste 301

City Erie State PA Zip Code 16502-2666

FEC 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 08 / 15 / 2011  
**Transaction ID: 3B6DF0C9A195B2D0445**  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3365.00

**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 20 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1729 New Hanover Medical Park Dr

City State Zip Code  
Wilmington NC 28403-5345

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2011

**Transaction ID:** 466D9FDDFE8F49E52756

Amount of Each Receipt this Period  
50.00

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

Mailing Address 8109 Ritchie Hwy

City State Zip Code  
Pasadena MD 21122-6917

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2011

**Transaction ID:** 46CD943B9ECAC587CE4A

Amount of Each Receipt this Period  
50.00

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

Mailing Address 770 Magnolia Ave Ste 1X

City State Zip Code  
Corona CA 92879-3122

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2011

**Transaction ID:** 8F092FCB408AFB131C8

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**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 21 / 40  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.**

Full Name (Last, First, Middle Initial)  
Randolph Johnston

Mailing Address 1300 E 20th St

City Cheyenne State WY Zip Code 82001-4021

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2011

**Transaction ID:** 4E40A62599801378E728

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Leslie Jones

Mailing Address 2041 Georgia Ave NW Ste 2100

City Washington State DC Zip Code 20060-0001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 08 / 08 / 2011

**Transaction ID:** 4E589145D39978A6AB27

Amount of Each Receipt this Period 41.67

**C.**

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

Mailing Address 200 Mifflin Ave

City Scranton State PA Zip Code 18503-1982

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 08 / 02 / 2011

**Transaction ID:** 4C0D969A97B91FAB2603

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **183.34**

**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: PAGE 22 / 40  
(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)  
Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City State Zip Code  
Sun City West AZ 85375-4401

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2011

**Transaction ID:** 459080FE225D53BD999A

Amount of Each Receipt this Period  
30.42

**B.**

Full Name (Last, First, Middle Initial)  
Martin Kaplan

Mailing Address 6533 Drew Ave S  
Southdale Eye Clinic

City State Zip Code  
Edina MN 55435-2103

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2011

**Transaction ID:** 4EE7176E2752D228BE1

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 21711 Greater Mack Ave

City State Zip Code  
Saint Clair Shores MI 48080-2418

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2011

**Transaction ID:** 452CB83FD910DAFF7FAD

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **495.42**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 40  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Craig Kliger

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt 08 / 24 / 2011

Transaction ID: 42B4A633AE97D7D0406D

Amount of Each Receipt this Period 30.42

**B.**

Full Name (Last, First, Middle Initial)  
Douglas Kopp

Mailing Address 2222 W 24th St Unit 10

City Plainview State TX Zip Code 79072-1802

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 08 / 2011

Transaction ID: 476C8A6B6CAAFFE368EF

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
David Levine

Mailing Address 19271 Montgomery Village Ave Ste H2

City Montgomery Village State MD Zip Code 20886-5029

FEC 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 08 / 04 / 2011

Transaction ID: FBC5FAC643B27C4A575

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 580.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 40
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Masud Malik	Date of Receipt MM / DD / YYYY 08 / 16 / 2011
	Mailing Address 3865 N Mulford Rd	<b>Transaction ID:</b> 440BBEB392369C3E23E6
	City State Zip Code Rockford IL 61114-5603	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sheron Marshall	Date of Receipt MM / DD / YYYY 08 / 08 / 2011
	Mailing Address 7075 Campus Dr Ste 100	<b>Transaction ID:</b> 410E807937A878F6BEF5
	City State Zip Code Colorado Springs CO 80920-6524	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Marvelli	Date of Receipt MM / DD / YYYY 08 / 18 / 2011
	Mailing Address 6273 Granbury Rd	<b>Transaction ID:</b> 3D29B56B79E54CFDD1A
	City State Zip Code Fort Worth TX 76133-3401	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	490.01
<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 25 / 40

(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)

Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code  
Cedar Falls IA 50613-1514

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.01

Date of Receipt

M M / D D / Y Y Y Y  
08 / 29 / 2011

Transaction ID: 4F81BC08366B456FB7E1

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Travis Meredith

Mailing Address 5151 Bioinformatics Building Cb  
# 7040

City State Zip Code  
Chapel Hill NC 27599-0001

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 05 / 2011

Transaction ID: 7EAF9E64A4A1E0FA694

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

William Mieler

Mailing Address 1855 W Taylor St  
Department of Ophthalmology and Vi

City State Zip Code  
Chicago IL 60612-7242

FEC 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  
08 / 30 / 2011

Transaction ID: 6612BF3F-8268-4238-

Amount of Each Receipt this Period

500.00

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

1041.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 40
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Edward Edward Migliori		Date of Receipt	
	Mailing Address 120 Dudley St Ste 301		M M / D D / Y Y Y Y 08 / 08 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 40EDBCB79CEF2ACAB883
	Providence	RI	02905-2429	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		83.34	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.04		

<b>B.</b>	Full Name (Last, First, Middle Initial) Aaron Miller		Date of Receipt	
	Mailing Address 13414 Medical Complex Dr Ste 4		M M / D D / Y Y Y Y 08 / 23 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 4254B64C059D58D4E0A8
	Tomball	TX	77375-3333	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		50.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Amalia Miranda		Date of Receipt	
	Mailing Address 3435 NW 56th St Building A # 700		M M / D D / Y Y Y Y 08 / 14 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> 44DF91EE131FCC0AC819
	Oklahoma City	OK	73112-4448	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		100.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	233.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 40

(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)

Louis Nichamin

Mailing Address 50 Waterford Pike

City State Zip Code  
Brookville PA 15825-2518

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 1 1

Transaction ID: 413118B2BA666AA3F1E

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen O'Connell

Mailing Address 340 Hulse Rd  
Naval Aerospace Medical Institute

City State Zip Code  
Pensacola FL 32508-1089

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 1 1

Transaction ID: 4D7B9800B07DA4F47ED6

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City State Zip Code  
Fairfield OH 45014-3668

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 666.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 1 1

Transaction ID: 47CBAA0267C2AB898422

Amount of Each Receipt this Period

83.34

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

1625.01

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 40  
(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)  
Emil Mitchel Opremcak

Mailing Address 262 Neil Ave  
Ste 220

City Columbus State OH Zip Code 43215-7310

FEC 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  
MM / DD / YYYY  
08 / 05 / 2011

**Transaction ID:** 086CC1A328431A5275B

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Orr

Mailing Address 15840 Medical Dr S  
Ste A

City Findlay State OH Zip Code 45840-7833

FEC 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  
MM / DD / YYYY  
08 / 17 / 2011

**Transaction ID:** 213367173953EA48A23

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
David Richardson

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 ▼ 2536.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2011

**Transaction ID:** 41C8923D618EF57F8B34

Amount of Each Receipt this Period  
317.00

**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: PAGE 29 / 40  
(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)  
Carey Robinson

Mailing Address 1960 Electric Rd

City State Zip Code  
Roanoke VA 24018-1601

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2011

**Transaction ID:** 4D53015259C95CBD880

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Rosenfeld

Mailing Address 16201 S Military Trl

City State Zip Code  
Delray Beach FL 33484-6503

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2011

**Transaction ID:** 15B06014-B7C8-4136-

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce Schwartz

Mailing Address 707 N Michigan St Ste 210

City State Zip Code  
South Bend IN 46601-1069

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2011

**Transaction ID:** A68E7CD8A8F2053FBB7

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 40  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jerry Sebag

Mailing Address 7677 Center Ave  
Vmr Institute, Ste 400

City State Zip Code  
Huntington Beach CA 92647-3098

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2011

**Transaction ID:** 54E504CBDDAA6179E4F

Amount of Each Receipt this Period  
365.00

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

Mailing Address 999 E Basse Rd  
Ste 127

City State Zip Code  
San Antonio TX 78209-1802

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2011

**Transaction ID:** 46038D92594A43524400

Amount of Each Receipt this Period  
83.34

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

Mailing Address 2100 Webster St  
Ste 214

City State Zip Code  
San Francisco CA 94115-2375

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2011

**Transaction ID:** 4013ABA118AE8C485B83

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **548.34**

**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: PAGE 31 / 40  
(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
							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)  
Susan Stegeman

Mailing Address 301 N 8th St  
Springfield Eye Consultants Pc, St

City Springfield State IL Zip Code 62701-1064

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

Date of Receipt 08 / 14 / 2011  
Transaction ID: 43F1B00360FC65735651  
Amount of Each Receipt this Period 30.41

**B.**

Full Name (Last, First, Middle Initial)  
Donald Stone

Mailing Address 748 Tuscany Way

City Edmond State OK Zip Code 73034-6786

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 02 / 2011  
Transaction ID: 45BCAA210EDD89ECB470  
Amount of Each Receipt this Period 50.00

**C.**

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

Mailing Address 1919 Vassar St  
Apt B

City Houston State TX Zip Code 77098-5454

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 08 / 23 / 2011  
Transaction ID: 4932933CF47232854AE2  
Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► 163.75

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 40  
(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)  
Gary Tanner

Mailing Address 10 Jacobs Ln

City State Zip Code  
Newport News VA 23606-2815

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2011

**Transaction ID:** 483DA562976A7A98072C

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Alice Townshend

Mailing Address 1905 E Huebbe Pkwy

City State Zip Code  
Beloit WI 53511-1842

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2011

**Transaction ID:** B0C2F16A8F8C33F6699

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
William Thomas Walton

Mailing Address 13919 Bluff Wind

City State Zip Code  
San Antonio TX 78216-7923

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2011

**Transaction ID:** 3DF904DF86F87765C2D

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **456.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 40
	<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) Thomas Peter Ward		Date of Receipt MM / DD / YYYY 08 / 14 / 2011
Mailing Address 18 Old Stone Xing		<b>Transaction ID:</b> 497EB30AE63A50513C8B
City West Hartford	State Zip Code CT 06117-1859	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Aaron Weingeist		Date of Receipt MM / DD / YYYY 08 / 05 / 2011
Mailing Address 3934 S Americus St		<b>Transaction ID:</b> 4724BD4AF59BAC064428
City Seattle	State Zip Code WA 98118-1640	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Dana Weinkle		Date of Receipt MM / DD / YYYY 08 / 08 / 2011
Mailing Address 3131 S Tamiami Trl Ste 201		<b>Transaction ID:</b> 97C78587E549AE20AA3
City Sarasota	State Zip Code FL 34239-5101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	465.00
<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 34 / 40
	(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) Torsten Wiegand		Date of Receipt MM / DD / YYYY 08 / 01 / 2011
Mailing Address 50 Staniford St Ste 600		<b>Transaction ID:</b> 2C3DF811EE435C70EAB
City Boston	State MA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Carol Ziel		Date of Receipt MM / DD / YYYY 08 / 10 / 2011
Mailing Address 2025 Frontis Plaza Blvd Ste 100		<b>Transaction ID:</b> 44CA8A3E06DB654ABD08
City Winston Salem	State NC	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 500.04
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>406.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>27972.96</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)

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<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges - Aug 2011 Candidate Name	Transaction ID: 31BAE96DC110ACAF738 Date of Disbursement 08 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 813.32
<b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement AMEX discount - Aug 2011 Candidate Name	Transaction ID: E4FD1D092127397666B Date of Disbursement 08 / 31 / 2011 <hr/> Amount of Each Disbursement this Period 343.54

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

1156.86

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

1156.86

**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)

A.	Full Name (Last, First, Middle Initial) 21st Century Majority Fund	Transaction ID: 38514-8236657977104
	Mailing Address 6065 Roswell Road, #2274	Date of Disbursement MM / DD / YYYY 08 / 12 / 2011
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name 21st Century Majority Fund	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution

B.	Full Name (Last, First, Middle Initial) 21st Century Majority Fund	Transaction ID: 15372-5449640154838
	Mailing Address 6065 Roswell Road, #2274	Date of Disbursement MM / DD / YYYY 08 / 16 / 2011
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name 21st Century Majority Fund	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution

C.	Full Name (Last, First, Middle Initial) 21st Century Majority Fund	Transaction ID: 15372-64182680845261
	Mailing Address 6065 Roswell Road, #2274	Date of Disbursement MM / DD / YYYY 08 / 16 / 2011
	City Atlanta State GA Zip Code 30328	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement Contribution Candidate Name 21st Century Majority Fund	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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)

PAGE 37 / 40

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Bilirakis for Congress	<b>Transaction ID:</b> 09988-5748254656791	
	Mailing Address PO Box 606	Date of Disbursement 08 / 04 / 2011	
	City Tarpon Springs State FL Zip Code 34688	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 2012 Primary Contribution Candidate Name Gus Michael Bilirakis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Todd Young	<b>Transaction ID:</b> 38514-1371118426322	
	Mailing Address PO Box 1053	Date of Disbursement 08 / 12 / 2011	
	City Bloomington State IN Zip Code 47402	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 2012 Primary Contribution Candidate Name Todd Christopher Young Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) Legpac	<b>Transaction ID:</b> 09988-32275027036667	
	Mailing Address 38 Ivy St., SE	Date of Disbursement 08 / 04 / 2011	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -5000.00	
	Purpose of Disbursement void check orig reported on 7/7/11 Candidate Name Legpac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type	

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

**-3000.00**

**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)

A.	Full Name (Last, First, Middle Initial) Legpac	Transaction ID: 09988-9466058611869
	Mailing Address 38 Ivy St., SE	Date of Disbursement 08 / 04 / 2011
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Legpac	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 87772-18716067075729
	Mailing Address PO Box 2334	Date of Disbursement 08 / 15 / 2011
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement void ck orig reported 7/7/11 Candidate Name Michael Clifton Burgess	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 87772-5799219012260
	Mailing Address PO Box 2334	Date of Disbursement 08 / 15 / 2011
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution 2012 Primary Candidate Name Michael Clifton Burgess	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Price for Congress  Mailing Address PO Box 425  City Roswell State GA Zip Code 30077  Purpose of Disbursement 2012 Primary Contribution Candidate Name Thomas E. Price, M.D.  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 86263-7094079852104 Date of Disbursement 08 / 05 / 2011
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Rand Paul for Us Senate 2016  Mailing Address PO Box 72928  City Newport State KY Zip Code 41072  Purpose of Disbursement Contribution 2016 Primary Candidate Name Rand Paul  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:  Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 09988-8693506121635 Date of Disbursement 08 / 04 / 2011
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

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

7500.00

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

15500.00

**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)

PAGE 40 / 40

<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) James Finegan	Transaction ID: 1734E79604F8D49AF5B
	Mailing Address 236 Roseberry St	Date of Disbursement 08 / 31 / 2011
	City Phillipsburg State NJ Zip Code 08865-1632	Amount of Each Disbursement this Period 83.34
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) James Finegan	Transaction ID: 454834931F3185EBCB0
	Mailing Address 236 Roseberry St	Date of Disbursement 08 / 31 / 2011
	City Phillipsburg State NJ Zip Code 08865-1632	Amount of Each Disbursement this Period 83.34
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Clifford Share	Transaction ID: FD5594CA9151A21359C
	Mailing Address 741 Dunlawton Ave	Date of Disbursement 08 / 10 / 2011
	City Port Orange State FL Zip Code 32127-9226	Amount of Each Disbursement this Period 50.00
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	010 Category/ Type

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

216.68

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

216.68