



**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="2013"/>		<input type="text" value="292506.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="357793.43"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23904.07"/>	<input type="text" value="417883.64"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="381697.50"/>	<input type="text" value="710390.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9238.36"/>	<input type="text" value="337930.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="372459.14"/>	<input type="text" value="372459.14"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20719.30	337211.88
(ii) Unitemized .....	3184.77	77171.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23904.07	414383.64
(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) .....	23904.07	414383.64
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	3500.00
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))..... ▶	23904.07	417883.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23904.07	417883.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	238.36	1786.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	238.36	1786.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	332000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	4144.42
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4144.42
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9238.36	337930.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9238.36	337930.89

**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) .....	23904.07	414383.64
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	4144.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23904.07	410239.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	238.36	1786.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	238.36	1786.47

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 29
	<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. Bradley Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 5220 Flanders Dr  
5220 Flanders Dr.

City Baton Rouge State LA Zip Code 70808

FEC 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 / 08 / 2013  
**Transaction ID : 1D2A7201-D6B2-45B2-A**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 2509 Walton Way

City Augusta State GA Zip Code 30904-4561

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
277.11

Date of Receipt  
08 / 15 / 2013  
**Transaction ID : C3CF191E-224D-480A-A**

Amount of Each Receipt this Period  
30.42

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

Mailing Address 200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1009

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
08 / 09 / 2013  
**Transaction ID : BA31A65A-EFE7-4600-8**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 760.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 29
	<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. Hoda Boutros**  
Full Name (Last, First, Middle Initial)

Mailing Address 6900 Royal Ln

City Dallas State TX Zip Code 75230-4215

FEC 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  
08 / 01 / 2013  
Transaction ID : 4AD86C50-A923-48E7-9

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13324 Shelbyville Rd.

City Louisville State KY Zip Code 40223

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 749.98

Date of Receipt  
08 / 15 / 2013  
Transaction ID : 07ED438B-B7E8-49CF-B

Amount of Each Receipt this Period  
83.33

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

Mailing Address Box 359608  
325 9th Ave

City Seattle State WA Zip Code 98104-2499

FEC 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  
08 / 27 / 2013  
Transaction ID : 3EBD9AF0-6E22-43FE-A

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2083.33

**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 29
	<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. Jeffrey Chung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1439  
 City Laurel State MD Zip Code 20725-1439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 08 / 27 / 2013  
**Transaction ID : DD5F315B-B5A6-4B15-B**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date  
 1000.00

**B. Donald Cinotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Pavonia Ave 6th Fl  
 City Jersey City State NJ Zip Code 07306-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : 3FC9EE58-E92B-43AD-9**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 3500.00

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

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : 01BA5F3C-8AB9-43D0-8**  
 Amount of Each Receipt this Period  
 208.33  
 Aggregate Year-to-Date  
 1666.64

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1708.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 29
	<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. William Constad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1266 Mt Horeb Road  
 600 Pavonia Ave  
 City Martinsville State NJ Zip Code 08836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 565.00

Date of Receipt 08 / 27 / 2013  
**Transaction ID : 3B0C06A0-9F32-43CF-9**  
 Amount of Each Receipt this Period 365.00

**B. Elena Drudy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Walnut Hollow Ln  
 City Lincroft State NJ Zip Code 07738  
 FEC 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 08 / 29 / 2013  
**Transaction ID : 9C444EA1-3705-4901-9**  
 Amount of Each Receipt this Period 250.00

**C. Michael Elman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 310  
 9114 Philadelphia Rd  
 City Baltimore State MD Zip Code 21237-4350  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1243.36

Date of Receipt 08 / 15 / 2013  
**Transaction ID : 2BF4CB54-D1F5-4112-9**  
 Amount of Each Receipt this Period 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	645.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. E. Elmquist**

Mailing Address 12670 New Brittany Blvd Ste 102

City Fort Myers	State FL	Zip Code 33907-3650
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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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  
 08 / 20 / 2013

Transaction ID : **64A3EF08-CBD8-4B05-8**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 648 N Main St

City Ashland	State OR	Zip Code 97520-1710
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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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  
 08 / 01 / 2013

Transaction ID : **D7E0B48B-2A2E-4D21-8**

Amount of Each Receipt this Period  
365.00

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

Mailing Address Ste A  
112 N Akers St

City Visalia	State CA	Zip Code 93291-5121
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2013

Transaction ID : **DEF4BDE4-C0D0-49E3-A**

Amount of Each Receipt this Period  
41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1406.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 29
	<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. Jerry Ford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Fleischmann Rd  
 City Tallahassee State FL Zip Code 32308-4599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : BB3A1122-FC2F-4781-9**  
 Amount of Each Receipt this Period  
 30.42

**B. Robert Gilliam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3330  
 City Victoria State TX Zip Code 77903-3330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : E353759B-6C10-4873-9**  
 Amount of Each Receipt this Period  
 365.00

**C. Robert Gold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 790 Concourse Parkway South Suite 200  
 City Maitland State FL Zip Code 32751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : A765CDAD-1ABF-4A2B-B**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 503 Broadway

City Everett State MA Zip Code 02149

FEC 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 / 22 / 2013  
Transaction ID : **D4350D6B-371B-4137-9**

Amount of Each Receipt this Period 365.00

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

Mailing Address 9401 N Oak Trfy Ste 200

City Kansas City State MO Zip Code 64155-3393

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 15 / 2013  
Transaction ID : **4827B7E5-AC78-4175-9**

Amount of Each Receipt this Period 83.33

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

Mailing Address 1 W Lakeshore Dr Ste 220

City Birmingham State AL Zip Code 35209-7271

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 22 / 2013  
Transaction ID : **C42FDA2B-2F9C-4D6C-A**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 948.33

**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 29
	<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. Stewart Hazel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Canyon Draw  
 City Alamogordo State NM Zip Code 88310-3607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 08 / 22 / 2013  
**Transaction ID : 937D58AD-0E20-4DC3-9**  
 Amount of Each Receipt this Period  
 250.00

**B. David Hunter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Longwood Ave  
 City Boston State MA Zip Code 02115-5724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.49

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : 4A1D6C87-8D00-47E5-B**  
 Amount of Each Receipt this Period  
 22.38

**C. Robert Janigian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Ste 303  
 120 Dudley St  
 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 ▼ 291.69

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : AFD222CB-871B-4EFB-9**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	314.05
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Brian Joondeph**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 Glenmoor Lane  
City Denver State CO Zip Code 80113  
FEC 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 / 06 / 2013**  
**Transaction ID : 549D10E0-90EE-4EA8-B**  
Amount of Each Receipt this Period **500.00**

**B. Jonathan Kagan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 940 Park Ave  
City New York State NY Zip Code 10028-0311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **299.00**

Date of Receipt **08 / 27 / 2013**  
**Transaction ID : 3CA5D6BD-92D9-43BC-8**  
Amount of Each Receipt this Period **199.00**

**C. Craig King**  
Full Name (Last, First, Middle Initial)  
Mailing Address Ste 100 3209 N 4th St  
City Longview State TX Zip Code 75605-5145  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **212.94**

Date of Receipt **08 / 15 / 2013**  
**Transaction ID : 0CB335AB-7BF2-4783-A**  
Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **729.42**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Judith Kirby</b>		Date of Receipt 08 / 15 / 2013 <b>Transaction ID : E0AF2B44-395F-400E-B</b>
Mailing Address 4209 Bordeaux Ave		Amount of Each Receipt this Period 83.33
City Dallas	State TX	Zip Code 75205
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>B. Charles Lederer</b>		Date of Receipt 08 / 10 / 2013 <b>Transaction ID : 6ED5CF89-B9DC-41AE-8</b>
Mailing Address 1004 Carondelet Suite 405		Amount of Each Receipt this Period 1000.00
City Kansas City	State MO	Zip Code 64114-4801
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Christophe Christophe Maria</b>		Date of Receipt 08 / 23 / 2013 <b>Transaction ID : 10428D54-5644-4852-B</b>
Mailing Address Fava & Maria Eye Associates 875 Norman Drive		Amount of Each Receipt this Period 500.00
City Lebanon	State PA	Zip Code 17042
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>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Benjamin Mason</b>		Date of Receipt 08 / 15 / 2013 <b>Transaction ID : 96B479DD-9529-4258-8</b>
Mailing Address 1110 Eagle Ridge Rd		Amount of Each Receipt this Period 41.67
City Cedar Falls	State IA	Zip Code 50613-1514
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 375.03	

Full Name (Last, First, Middle Initial) <b>B. Paul Maurer</b>		Date of Receipt 08 / 27 / 2013 <b>Transaction ID : FB09A513-2830-43B7-A</b>
Mailing Address 3708 N Roosevelt Blvd		Amount of Each Receipt this Period 365.00
City Key West	State FL	Zip Code 33040-4533
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Melendez</b>		Date of Receipt 08 / 30 / 2013 <b>Transaction ID : 8168CCC9-00FA-401F-9</b>
Mailing Address 735 Grey Hawk Dr NE		Amount of Each Receipt this Period 41.67
City Rio Rancho	State NM	Zip Code 87144-4709
FEC ID number of contributing federal political committee. <b>C</b>		
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 ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	448.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mark Michels</b>		Date of Receipt
Mailing Address Ste 350 3399 Pga Blvd		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Palm Beach Gardens	FL	33410-2804
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4527319D-5822-4831-8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael Edward Edward Migliori</b>		Date of Receipt
Mailing Address 120 Dudley St Ste 301		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Providence	RI	02905-2429
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 0468FEEE-D953-4A6F-B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="666.65"/>	

Full Name (Last, First, Middle Initial) <b>C. Adrienne Millett</b>		Date of Receipt
Mailing Address 207 Wimberly Place		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	KY	40475-3541
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 6E6C2C62-5C6C-4AA9-B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3083.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 29
	<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 Millman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 375 Barclay Cir  
 City Rochester State MI Zip Code 48307-4511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 08 / 28 / 2013  
**Transaction ID : C475C447-0128-4452-B**  
 Amount of Each Receipt this Period  
 300.00  
 Aggregate Year-to-Date  
 300.00

**B. Carl Minning Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2935 Maple Ave  
 City Zanesville State OH Zip Code 43701-1748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : 177EE8A2-F2EF-42B0-B**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date  
 2000.00

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

Date of Receipt  
 08 / 15 / 2013  
**Transaction ID : 02B68189-AF2E-4172-A**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date  
 1048.31

**SUBTOTAL** of Receipts This Page (optional)..... **1383.33**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Sok Nam</b>		Date of Receipt
Mailing Address 4278 W 3rd St		M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2013
City	State	Zip Code
Los Angeles	CA	90020-3449
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>880EA2BC-1C0C-4B05-A</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	499.98	

Full Name (Last, First, Middle Initial) <b>B. Mohit Nanda</b>		Date of Receipt
Mailing Address Ste 350 600 Peter Jefferson Pkwy		M M M / D D D / Y Y Y Y Y Y 08 / 06 / 2013
City	State	Zip Code
Charlottesville	VA	22911-8836
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>0D8BE14F-E355-4488-8</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	365.00	

Full Name (Last, First, Middle Initial) <b>c. Marilu O'Byrne</b>		Date of Receipt
Mailing Address 1580 W Causeway Approach		M M M / D D D / Y Y Y Y Y Y 08 / 17 / 2013
City	State	Zip Code
Mandeville	LA	70471-3033
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>4B9BBBF8FC9BA7772</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		30.41
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	212.87	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	478.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Lanny Odin</b>		Date of Receipt 08 / 09 / 2013 <b>Transaction ID : E38426D3-D447-4F83-9</b>
Mailing Address 5109 Blackwolf Rd		Amount of Each Receipt this Period 1000.00
City Springfield	State IL	Zip Code 62711-7894
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Ozog</b>		Date of Receipt 08 / 19 / 2013 <b>Transaction ID : 965B4BD7-4AC0-464D-B</b>
Mailing Address 1417 9th St S Ste 100		Amount of Each Receipt this Period 365.00
City Great Falls	State MT	Zip Code 59405-4509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Julie Perry</b>		Date of Receipt 08 / 15 / 2013 <b>Transaction ID : FE729722-2E0B-4546-8</b>
Mailing Address Ste 200 999 Adams St		Amount of Each Receipt this Period 41.67
City St Helena	State CA	Zip Code 94574-1171
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1406.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Piazza</b>		Date of Receipt
Mailing Address PO Box 1539		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Blue Hill	ME	04614-1539
FEC ID number of contributing federal political committee.		<b>Transaction ID : 0AC948AE-225A-4E41-B</b>
Name of Employer		Amount of Each Receipt this Period
Self		<input type="text" value="83.33"/>
Occupation		
Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="833.32"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dustin Pomerleau</b>		Date of Receipt
Mailing Address 195 Fore River Pkwy Ste 480		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Portland	ME	04102-2787
FEC ID number of contributing federal political committee.		<b>Transaction ID : 38F488D6-E52B-4CA2-A</b>
Name of Employer		Amount of Each Receipt this Period
Self		<input type="text" value="75.00"/>
Occupation		
Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="600.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Rinkoff</b>		Date of Receipt
Mailing Address 748 State St		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Medford	OR	97504
FEC ID number of contributing federal political committee.		<b>Transaction ID : 389F088E-5BD3-4C87-9</b>
Name of Employer		Amount of Each Receipt this Period
Self		<input type="text" value="500.00"/>
Occupation		
Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="658.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Paul Rosenberg</b>		Date of Receipt
Mailing Address Ocusight Eye Care Center 1015 Ridge Rd		M M M / D D D / Y Y Y Y Y Y 08 / 11 / 2013
City Webster	State NY	Zip Code 14580-2907
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 8130A481-9A3C-433C-9</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>B. Mark Ruchman</b>		Date of Receipt
Mailing Address 1449 Old Waterbury Rd Suite 203		M M M / D D D / Y Y Y Y Y Y 08 / 15 / 2013
City Southbury	State CT	Zip Code 06488
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 0B4AAA01-32E9-4BCB-9</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		280.44

Full Name (Last, First, Middle Initial) <b>C. Nelson Sabates</b>		Date of Receipt
Mailing Address 11261 Nall Ave		M M M / D D D / Y Y Y Y Y Y 08 / 02 / 2013
City Leawood	State KS	Zip Code 66211-1669
FEC ID number of contributing federal political committee. C		<b>Transaction ID : C88F9017-C281-4E63-B</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1541.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 29
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. David Shulman</b>		Date of Receipt 08 / 15 / 2013 <b>Transaction ID : D293E08A-D300-4DE7-A</b>
Mailing Address Ste 127 999 E Basse Rd		Amount of Each Receipt this Period 83.33
City San Antonio	State TX	
Zip Code 78209-1802		Aggregate Year-to-Date ▼ 666.65
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. Cameron Stone</b>		Date of Receipt 08 / 15 / 2013 <b>Transaction ID : F4318904-9A2E-4489-9</b>
Mailing Address 21 Medical Park Dr		Amount of Each Receipt this Period 208.33
City Asheville	State NC	
Zip Code 28803-2493		Aggregate Year-to-Date ▼ 1124.99
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. Charles Sung</b>		Date of Receipt 08 / 15 / 2013 <b>Transaction ID : 6D35877F-B99D-4B8C-8</b>
Mailing Address 317 N Delaware St		Amount of Each Receipt this Period 41.67
City Kennewick	State WA	
Zip Code 99336-7750		Aggregate Year-to-Date ▼ 208.35
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 29
	<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. Frank Terrell**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1317

City Stephenville State TX Zip Code 76401

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 09 / 2013  
**Transaction ID : 0C3D1A95-1A2E-4DB1-8**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 262 Neil Ave Ste 320

City Columbus State OH Zip Code 43215-7311

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2013  
**Transaction ID : 4ABF901355520860AE06**

Amount of Each Receipt this Period  
**30.41**

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

Mailing Address Ste 400 2801 Lemmon Ave

City Dallas State TX Zip Code 75204-2399

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1166.64**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013  
**Transaction ID : 057E3FDC-1D0E-4F77-B**

Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>613.74</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 25 OF 29
<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. Jeremy Wolfe**  
Full Name (Last, First, Middle Initial)

Mailing Address 3535 West 13 Mile Rd Ste 344

City Royal Oak	State MI	Zip Code 48073
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
958.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 15 / 2013

**Transaction ID : C6D432EC-D415-4AC7-9**

Amount of Each Receipt this Period  
83.34

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

Mailing Address 3535 W 13 Mile Rd Ste 344

City Royal Oak	State MI	Zip Code 48073-6770
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
958.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2013

**Transaction ID : 4A6DA31DB58FC986A26E**

Amount of Each Receipt this Period  
83.34

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.68
<b>TOTAL</b> This Period (last page this line number only).....▶	20719.30

**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 - Aug 2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

**Transaction ID : 01C1A86F98CAB048DE8**

Amount of Each Disbursement this Period

203.00

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
AMEX charges - Aug 2013

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2013

**Transaction ID : DC500C7A46291C8A238**

Amount of Each Disbursement this Period

35.36

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

238.36

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

238.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Garland Hale Barr IV**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2013

Transaction ID : **0B25B4C00504041F2DD**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 34

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2013

Transaction ID : **5C74D3D3402920EDA57**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Cathy McMorris Rodgers**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2013

Transaction ID : **0EC3BAA787E43BAA338**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends for Chris Stewart, Inc.**

Mailing Address 542 E Lakeview Way

City Farmington State UT Zip Code 84025

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Christopher Douglas Stewart**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2013

**Transaction ID : 83AD7653EB421AF844F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**David G. Reichert**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
08 / 05 / 2013

**Transaction ID : E60583CD7718C95123F**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Kansans for Huelskamp**

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844-0410

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Tim A. Huelskamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2013

**Transaction ID : A477B9E6D3CAE866A3A**

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

