

**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"/> | | 292506.39 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 372459.14 | |
| (c) Total Receipts (from Line 19) | 16536.98 | 434420.62 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 388996.12 | 726927.01 |
| 7. Total Disbursements (from Line 31)..... | 47173.07 | 385103.96 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 341823.05 | 341823.05 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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)..... | 14744.70 | 351956.58 |
| (ii) Unitemized | 1792.28 | 78964.04 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 16536.98 | 430920.62 |
| (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) | 16536.98 | 430920.62 |
| 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))..... ▶ | 16536.98 | 434420.62 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 16536.98 | 434420.62 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 173.07 | 1959.54 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 173.07 | 1959.54 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 47000.00 | 379000.00 |
| 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)) .. | 47173.07 | 385103.96 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 47173.07 | 385103.96 |

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) | 16536.98 | 430920.62 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 4144.42 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 16536.98 | 426776.20 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 173.07 | 1959.54 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 173.07 | 1959.54 |

**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 35 |
| | <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. Husam Ansari
Full Name (Last, First, Middle Initial)

Mailing Address 29 Parker Rd

City Needham State MA Zip Code 02494-2001

FEC 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
 09 / 29 / 2013
Transaction ID : 53CC32EE-1439-4716-A

Amount of Each Receipt this Period
 365.00

B. Dennis Asselin
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Lac de Ville Blvd

City Rochester State NY Zip Code 14618

FEC 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
 09 / 09 / 2013
Transaction ID : C648AF06-F615-4BC0-9

Amount of Each Receipt this Period
 500.00

C. Norbert Mathias Becker
Full Name (Last, First, Middle Initial)

Mailing Address Suite 100
1000 S Randall Rd

City Geneva State IL Zip Code 60134

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 10 / 2013
Transaction ID : AFDCC9FD-21FA-4C28-8

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 35 |
| | <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. Maria Berrocal
Full Name (Last, First, Middle Initial)

Mailing Address 6 Mariano Ramirez St
PH-B

City San Juan State PR Zip Code 00907

FEC 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
09 / 29 / 2013
Transaction ID : **CDA67D63-9C11-4033-B**

Amount of Each Receipt this Period
365.00

B. James Bobrow
Full Name (Last, First, Middle Initial)

Mailing Address 121 Hunter Ave
Ste 102

City Clayton State MO Zip Code 63124-2082

FEC 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
09 / 24 / 2013
Transaction ID : **32310DF5-61FF-46AE-8**

Amount of Each Receipt this Period
500.00

C. 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 ▼
307.53

Date of Receipt
09 / 15 / 2013
Transaction ID : **FB260F52-3EDB-4CB1-9**

Amount of Each Receipt this Period
30.42

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 895.42 |
| 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 8 OF 35 |
| | <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. Dean Brick
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 100
 6422 E Speedway Blvd
 City Tucson State AZ Zip Code 85710-1151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 05 / 2013
Transaction ID : 9579D728-C2A6-4645-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

B. John Burchfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 2865 N Reynolds Rd
 Ste 170
 City Toledo State OH Zip Code 43615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 15 / 2013
Transaction ID : D41ACC59-61F0-470E-8
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date
 225.00

C. 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)

Date of Receipt
 09 / 15 / 2013
Transaction ID : 399D8B93-DD62-40AA-A
 Amount of Each Receipt this Period
 833.31
 Aggregate Year-to-Date
 833.31

SUBTOTAL of Receipts This Page (optional)..... **608.33**
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 9 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Donald Cinotti | | Date of Receipt |
| Mailing Address 600 Pavonia Ave 6th Fl | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Jersey City | NJ | 07306-2932 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : B3C2126B-B158-43F2-9 |
| 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="4000.00"/> | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. S. William William Clark | | Date of Receipt |
| Mailing Address 502 Isabella St | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Waycross | GA | 31501-3638 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 438D34FE-AB5C-4C0F-B |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Self | Ophthalmologist | <input type="text" value="208.33"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1874.97"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Victor Crosby | | Date of Receipt |
| Mailing Address 140 Trinity Pl Bldg B | | <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Athens | GA | 30607-2100 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 5F3E86D8-000B-4845-B |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Self | Ophthalmologist | <input type="text" value="365.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="365.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1073.33"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

Full Name (Last, First, Middle Initial)
A. Michael Elman

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 ▼
1273.78

Date of Receipt
09 / 15 / 2013
Transaction ID : 9A3E375B-DEF9-49FB-B

Amount of Each Receipt this Period
30.42

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

Mailing Address Ste A
112 N Akers St

City Visalia State CA Zip Code 93291-5121

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
09 / 15 / 2013
Transaction ID : 271682E6-626C-4D3C-9

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Martin Fishman

Mailing Address Ste 3
431 Monterey Ave

City Los Gatos State CA Zip Code 95030-5319

FEC 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
09 / 24 / 2013
Transaction ID : BAA0DADE-70C3-4491-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 572.09

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 35 |
| | <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. 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 ▼ **273.78**

Date of Receipt
09 / 15 / 2013
Transaction ID : 961091D9-9C4F-409C-B

Amount of Each Receipt this Period
30.42

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

Mailing Address Ste 8
5 Cambridge Ctr

City Cambridge State MA Zip Code 02142-1493

FEC 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
09 / 25 / 2013
Transaction ID : 49E116BC-CE51-4B86-8

Amount of Each Receipt this Period
1000.00

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 ▼ **243.36**

Date of Receipt
09 / 15 / 2013
Transaction ID : 79639129-1A7A-49C1-8

Amount of Each Receipt this Period
30.42

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1060.84 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Michael Green
 Full Name (Last, First, Middle Initial)
 Mailing Address 854 Lone Oak Dr
 City Gallatin State TN Zip Code 37066-3694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2013
Transaction ID : 93B20548-55F4-4F67-9
 Amount of Each Receipt this Period
 365.00

B. Vamsi Gullapalli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6906 Sir Lancelot
 City Corpus Christi State TX Zip Code 78413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : E89EB07C-703D-4C6C-A
 Amount of Each Receipt this Period
 83.33

C. 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 ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : F6922145-3A7B-49B4-B
 Amount of Each Receipt this Period
 83.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 531.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 35 |
| | <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 Harbin
Full Name (Last, First, Middle Initial)

Mailing Address 3225 Cumberland Blvd
Suite 900

City Atlanta State GA Zip Code 30339

FEC 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
09 / 12 / 2013
Transaction ID : E4E0FEB1-4FC7-401A-9

Amount of Each Receipt this Period
365.00

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 ▼
297.87

Date of Receipt
09 / 15 / 2013
Transaction ID : DE5CB9F3-40A7-40D7-8

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 ▼
333.36

Date of Receipt
09 / 15 / 2013
Transaction ID : F2FD290D-EE68-4733-A

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 429.05

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

| | | |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Craig King | | Date of Receipt MM / DD / YYYY 09 / 15 / 2013 |
| Mailing Address Ste 100 3209 N 4th St | | Transaction ID : 92B5DF9B-BA60-4BA1-B |
| City Longview | State TX | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 30.42 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 243.36 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Judith Kirby | | Date of Receipt MM / DD / YYYY 09 / 15 / 2013 |
| Mailing Address 4209 Bordeaux Ave | | Transaction ID : DD247C10-7916-40CD-8 |
| City Dallas | State TX | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.33 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 583.31 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Benjamin Mason | | Date of Receipt MM / DD / YYYY 09 / 15 / 2013 |
| Mailing Address 1110 Eagle Ridge Rd | | Transaction ID : C2557FCB-A52B-4DBF-A |
| City Cedar Falls | State IA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.67 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 416.70 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 155.42 |
| 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 35 |
| | <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. Kellye McElroy
 Full Name (Last, First, Middle Initial)
 Mailing Address 594 E Millsap Rd
 City Fayetteville State AR Zip Code 72703-4096
 FEC 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
 09 / 24 / 2013
Transaction ID : 64655720-1783-4D99-A
 Amount of Each Receipt this Period
 365.00

B. Robert Melendez
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 Grey Hawk Dr NE
 City Rio Rancho State NM Zip Code 87144-4709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 09 / 30 / 2013
Transaction ID : F990E70A-28C3-4120-8
 Amount of Each Receipt this Period
 41.67

C. Michael Edward Edward Migliori
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St Ste 301
 City Providence State RI Zip Code 02905-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.98

Date of Receipt
 09 / 15 / 2013
Transaction ID : 86D67C70-2AD3-4EA7-8
 Amount of Each Receipt this Period
 83.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 490.00 |
| 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 16 OF 35 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Amalia Miranda | | Date of Receipt |
| Mailing Address Bldg A # 700 3435 NW 56th St | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Oklahoma City | OK | 73112-4442 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : D907E00C-9472-465C-8 |
| Self | Ophthalmologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1131.64"/> | <input type="text" value="83.33"/> |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Sok Nam | | Date of Receipt |
| Mailing Address 4278 W 3rd St | | <input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Los Angeles | CA | 90020-3449 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : 07B07AD7-2F7D-4BFA-B |
| Self | Ophthalmologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="583.31"/> | <input type="text" value="83.33"/> |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Louis Nichamin | | Date of Receipt |
| Mailing Address 50 Waterford Pike | | <input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2013"/> |
| City | State | Zip Code |
| Brookville | PA | 15825-2518 |
| FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer | Occupation | Transaction ID : C9B4446D-592E-45B2-9 |
| Self | Ophthalmologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="666.66"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 35 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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

A. Marilu O'Byrne
Full Name (Last, First, Middle Initial)

Mailing Address 1580 W Causeway Approach

City Mandeville State LA Zip Code 70471-3033

FEC 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
09 / 17 / 2013
Transaction ID : 4E55B561E02B1679D305

Amount of Each Receipt this Period
30.41

B. Julie Perry
Full Name (Last, First, Middle Initial)

Mailing Address Ste 200
999 Adams St

City St Helena State CA Zip Code 94574-1171

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
09 / 15 / 2013
Transaction ID : 27FFBCB9-C2EA-492B-9

Amount of Each Receipt this Period
41.67

C. Lawrence Piazza
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1539

City Blue Hill State ME Zip Code 04614-1539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.65

Date of Receipt
09 / 15 / 2013
Transaction ID : 2B4F2789-F666-4201-8

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.41

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: (check only one) | PAGE 18 OF 35 |
| | <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. Dustin Pomerleau
 Full Name (Last, First, Middle Initial)
 Mailing Address 195 Fore River Pkwy Ste 480
 City Portland State ME Zip Code 04102-2787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 12 / 2013
Transaction ID : 86CC67EF-B939-486F-B
 Amount of Each Receipt this Period
 75.00

B. Steven Rosenfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 16201 S Military Trl
 City Delray Beach State FL Zip Code 33484-6503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : 40CEE66F-98F6-49DA-B
 Amount of Each Receipt this Period
 365.00

C. Mark Ruchman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1449 Old Waterbury Rd Suite 203
 City Southbury State CT Zip Code 06488
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 322.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : CBC2BAE8-D8A3-4253-A
 Amount of Each Receipt this Period
 41.67

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 481.67 |
| 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 19 OF 35 |
| | <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 Rummel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 Willow Creek Rd
 Ste 200
 City Prescott State AZ Zip Code 86301-1609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : 973ABEC2-9010-4A3C-B
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 249.00

B. Sophia Sarkos
 Full Name (Last, First, Middle Initial)
 Mailing Address 126 W 1st St
 City Hinsdale State IL Zip Code 60521-4013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 09 / 2013
Transaction ID : 82D7C968-A1E7-4B00-8
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

C. David Shulman
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 127
 999 E Basse Rd
 City San Antonio State TX Zip Code 78209-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 620C9BBB-BD50-42F6-8
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 749.98

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1282.33 |
| 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 20 OF 35 |
| | <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. Kent Small
Full Name (Last, First, Middle Initial)

Mailing Address 3134 Corda Dr

City Los Angeles State CA Zip Code 90049-1104

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : 202CC730-34CD-4302-9

Amount of Each Receipt this Period
 1000.00

B. Cameron Stone
Full Name (Last, First, Middle Initial)

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 9719C147-5BBF-4BFF-B

Amount of Each Receipt this Period
 208.33

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

Mailing Address 7308 NE 101st Street

City Oklahoma City State OK Zip Code 73151

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : 5F820345-034F-422E-B

Amount of Each Receipt this Period
 83.33

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1291.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Donald Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 7308 NE 101st Street
 City Oklahoma City State OK Zip Code 73151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 30 / 2013
Transaction ID : E5F4276F-F17C-4FFF-8
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 416.65

B. Prem Subramanian
 Full Name (Last, First, Middle Initial)
 Mailing Address Woods 457
 600 N Wolfe St
 City Baltimore State MD Zip Code 21287-0005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 30 / 2013
Transaction ID : 76FF762B-CEE1-4842-B
 Amount of Each Receipt this Period
 30.42
 Aggregate Year-to-Date ▼
 243.36

C. Scot Sullivan
 Full Name (Last, First, Middle Initial)
 Mailing Address 311 NW 12th Ave
 #1301
 City Portland State OR Zip Code 97209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 06 / 2013
Transaction ID : 2680A46E-82A1-442C-9
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1113.75 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Charles Sung
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 N Delaware St
 City Kennewick State WA Zip Code 99336-7750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 15 / 2013
Transaction ID : EB53156C-46B6-43AC-9
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date
 250.02

B. Kevin Treacy
 Full Name (Last, First, Middle Initial)
 Mailing Address 645 Ridgewood Rd
 City Duluth State MN Zip Code 55804-1856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 14 / 2013
Transaction ID : B2270E52-99A2-441D-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

C. Peter Utrata
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Neil Ave Ste 320
 City Columbus State OH Zip Code 43215-7311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 02 / 2013
Transaction ID : 44148D08C0B06D3C9731
 Amount of Each Receipt this Period
 30.41
 Aggregate Year-to-Date
 273.69

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 572.08 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 35 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. James Vander
 Full Name (Last, First, Middle Initial)
 Mailing Address 4060 Butler Pike Ste 200
 City Plymouth Mtng State PA Zip Code 19462-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2013
Transaction ID : 16FEC238-6C24-404F-9
 Amount of Each Receipt this Period
 1000.00

B. Joseph Walsh
 Full Name (Last, First, Middle Initial)
 Mailing Address NY Eye & Ear Infirmary
 310 E 14th St
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2013
Transaction ID : 02EE166D-E54A-4A1B-A
 Amount of Each Receipt this Period
 250.00

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 ▼ 1249.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : E64015FD-F0E6-42DD-8
 Amount of Each Receipt this Period
 83.33

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1333.33 |
| 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 24 OF 35 |
| | <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. 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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2013
Transaction ID : CFDFC128-C3CA-46C3-B
 Amount of Each Receipt this Period
 83.33

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2013
Transaction ID : 472FBA3A346ED24D583A
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 166.67 |
| TOTAL This Period (last page this line number only).....▶ | 14744.70 |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX charges - Sep 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 |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 3 |

Transaction ID : 04F56EA5E98A183D02C

Amount of Each Disbursement this Period

| | | | |
|---|---|---|---|
| 4 | . | 1 | 8 |
|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Sep 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 |
| 0 | 9 | | 3 | 0 | | 2 | 0 | 1 | 3 |

Transaction ID : 73F863ADEE34C03AB96

Amount of Each Disbursement this Period

| | | | | | |
|---|---|---|---|---|---|
| 1 | 6 | 8 | . | 8 | 9 |
|---|---|---|---|---|---|

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 |
| | | | | | | | | | |

Amount of Each Disbursement this Period

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | 7 | 3 | . | 0 | 7 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | 7 | 3 | . | 0 | 7 |
|---|---|---|---|---|---|

**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. America Works PAC

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

America Works PAC

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 99FBFF976746C449681

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Benishek for Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Daniel J. Benishek

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : F1AFDEB7FD743B253A5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. Md for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Charles W. Boustany Jr.

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : F5BC5565762CBF3F273

Amount of Each Disbursement this Period

1000.00

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

8500.00

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. Chesapeake PAC

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Chesapeake PAC

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : B6ABAB2D1212CA5A404

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Susan Margaret Collins

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: ME District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : DA6C80F14B99F6A08C6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Linda T. Sanchez

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 88472E2F831B6A45844

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. Courtney for Congress

Mailing Address PO Box 1372

City State Zip Code
Vernon CT 06066

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph D. Courtney

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : E8E1ED5A2C7E67F391E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement
2014 Primary

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : A8E56B15F7FF88D8C76

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Daniel Webster for Congress

Mailing Address 3400 Old Winter Garden Road

City State Zip Code
Orlando FL 32805

Purpose of Disbursement
2014 Primary

011

Candidate Name

Daniel K. Webster

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 78A7D4004B24259BF0B

Amount of Each Disbursement this Period

1000.00

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)

Full Name (Last, First, Middle Initial)

A. Duckworth for Congress

Mailing Address PO Box 59568

City State Zip Code
Schaumburg IL 60159

Purpose of Disbursement
2014 Primary

011

Candidate Name

L. Tammy Duckworth

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 1 | | 2 | 0 | 1 | 3 |

Transaction ID : 23E00951A3187402F20

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

B. Engel for Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
2014 Primary

011

Candidate Name

Eliot L. Engel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 9 | | 2 | 0 | 1 | 3 |

Transaction ID : 784291254A1BF0099A1

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Full Name (Last, First, Middle Initial)

C. Friends of Dan Maffei

Mailing Address PO Box 230

City State Zip Code
Syracuse NY 13201

Purpose of Disbursement
2014 Primary

011

Candidate Name

Daniel Benjamin Maffei

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 1 | | 2 | 0 | 1 | 3 |

Transaction ID : 990F9D177B1DCECF387

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

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

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

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name
Lois Capps

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2013

Transaction ID : 29D8E384B982E1BA94E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Sam Johnson

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name
Samuel Robert Johnson

Office Sought: House
 Senate
 President
State: TX District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : CF980ABE10F02056CA7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name
Charles E. Schumer

Office Sought: House
 Senate
 President
State: NY District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 4702BF6EC623E396381

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

**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. Healthcare Freedom Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Healthcare Freedom Fund

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : A393C0AF031BAF31830

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Kurt Schrader for Congress

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Kurt Schrader

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 6AF320892C78AD273FB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Leonard Lance

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : F2A2BD804D2B3AE3EC7

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)..... ▶

**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. Lone Star Leadership PAC

Mailing Address PO Box 30844

City State Zip Code
Bethesda MD 20824

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Lone Star Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 1BAB95FDD3820680BBF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202-2334

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Michael Clifton Burgess

Office Sought: House
 Senate
 President

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

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : E2A11D1A7234473640C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Michael Grimm for Congress

Mailing Address PO Box 61806

City State Zip Code
Staten Island NY 10306-7806

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Michael G. Grimm

Office Sought: House
 Senate
 President

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

State: NY District: 11

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 9F983627E81F2CC72AB

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Morgan Griffith for Congress

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement
2014 Primary

011

Candidate Name

H. Morgan Griffith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : BEF0B580700D6177316

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. New Democrat Coalition PAC

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2013 Contribution

011

Candidate Name

New Democrat Coalition PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 19 / 2013

Transaction ID : 9139C5F92D89087BB84

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston State RI Zip Code 02920

Purpose of Disbursement
2014 Primary

011

Candidate Name

Jack Francis Reed

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2013

Transaction ID : 045081CF2D2D2B2E5C46B

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name

Patrick J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

/ /

Transaction ID : F237171A74252FC8198

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name

Patrick J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

/ /

Transaction ID : AE7193855F3D78B18D4

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Van Hollen for Congress

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
2014 Primary

Category/
Type

Candidate Name

Christopher Van Hollen

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

/ /

Transaction ID : 4B1CDE888D848B378BC

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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)

Full Name (Last, First, Middle Initial)

A. Welch for Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Peter F. Welch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VT District: 01

Date of Disbursement

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Transaction ID : FF7640C58FA6374AFBC

Amount of Each Disbursement this Period

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|---------|
| 1000.00 |
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
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Amount of Each Disbursement this Period

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|--|

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

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Amount of Each Disbursement this Period

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

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

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