

**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.....	292506.39	
(c) Total Receipts (from Line 19)	49058.31	49058.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	341564.70	341564.70
7. Total Disbursements (from Line 31).....	7555.04	7555.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334009.66	334009.66
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).....	37646.33	37646.33
(ii) Unitemized	11411.98	11411.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	49058.31	49058.31
(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)	49058.31	49058.31
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	49058.31	49058.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49058.31	49058.31

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	275.62	275.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	275.62	275.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
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	1279.42	1279.42
(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)).....	1279.42	1279.42
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)) ..	7555.04	7555.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7555.04	7555.04

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)	49058.31	49058.31
34. Total Contribution Refunds (from Line 28(d))	1279.42	1279.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47778.89	47778.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	275.62	275.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	275.62	275.62

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

Form/Schedule: F3XA
Transaction ID :

Amended February Monthly Report includes Contribution Received of \$30.42 and Refund of Contribution Received of \$50.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<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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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. Jack Abrams
 Full Name (Last, First, Middle Initial)
 Mailing Address 6450 Medical Center St Ste 100
 City Las Vegas State NV Zip Code 89148-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : 57203FA8-4E05-42A4-B
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. John Altenburg
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 205
 6101 Webb Rd
 City Tampa State FL Zip Code 33615-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : 19526522-F737-4004-A
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

C. William Andreoni
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 240
 1524 Atwood Ave
 City Johnston State RI Zip Code 02919-3228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : 4B7D4CA3-0253-4700-9
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<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. David Auerbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Pkwy S Ste 200
 City Maitland State FL Zip Code 32751-6108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : 29ADE5BE-9736-4BB7-B
 Amount of Each Receipt this Period
 365.00

B. F. Jane Barton
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 N 25th St
 City Camp Hill State PA Zip Code 17011-2101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 75C407E4-319F-4C27-8
 Amount of Each Receipt this Period
 1000.00

C. Janet Betchkal
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Shircliff Way
 Dillon Bldg Ste 134
 City Jacksonville State FL Zip Code 32204-4757
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 06 / 2013
Transaction ID : 62D59591-7F44-4656-9
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
	<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. Louis Blumenfeld
 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 ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : 9C63B0D0-8852-4CF7-A
 Amount of Each Receipt this Period
 365.00

B. James Caudill
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 102
 331 Laidley St
 City Charleston State WV Zip Code 25301-1675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : FCEF936D-08DF-4273-8
 Amount of Each Receipt this Period
 500.00

C. Andrew Choy
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 108
 4100 Long Beach Boulevard
 City Long Beach State CA Zip Code 90807-2696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2013
Transaction ID : FFC414FA-4083-4F28-8
 Amount of Each Receipt this Period
 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. S. William William Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2013
Transaction ID : DF68F302-4F73-40EA-8
 Amount of Each Receipt this Period
 208.33

B. Keith Dahlhauser
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 101
 1703 S Meridian
 City Puyallup State WA Zip Code 98371-7590
 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 ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : 05BA3A23-3083-4B4D-A
 Amount of Each Receipt this Period
 750.00

C. Peter Diedrichsen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1275
 City Columbus State NE Zip Code 68602-1275
 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
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : AC7CFCB6-3DB4-4009-8
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1208.33
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 11 OF 30
	<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. David Keith Emmel
Full Name (Last, First, Middle Initial)

Mailing Address 1260 Silas Deane Hwy

City Wethersfield State CT Zip Code 06109

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
01 / 07 / 2013
Transaction ID : 07790CEF-CE2D-4F02-A

Amount of Each Receipt this Period
1000.00

B. Gunnar Erickson
Full Name (Last, First, Middle Initial)

Mailing Address 2 Hawk Ln

City North Oaks State MN Zip Code 55127

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 07 / 2013
Transaction ID : 27A2617E-27E9-41D1-9

Amount of Each Receipt this Period
500.00

C. Ivan Garcia
Full Name (Last, First, Middle Initial)

Mailing Address 2925 Lord Baltimore Drive Suite 300

City Baltimore State MD Zip Code 21244

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 ▼ 5000.00

Date of Receipt
01 / 09 / 2013
Transaction ID : 0E36E854-EBB8-47AB-9

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
	<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. David Glasser
Full Name (Last, First, Middle Initial)

Mailing Address 6350 Stevens Forest Rd
Suite 101

City Columbia State MD Zip Code 21046

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 29 / 2013
Transaction ID : 9EE4E24B-7AC1-4E5A-8

Amount of Each Receipt this Period
365.00

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

Mailing Address Ste 400
8222 Douglas Ave

City Dallas State TX Zip Code 75225-5935

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 08 / 2013
Transaction ID : 6925B522-363A-4AEA-A

Amount of Each Receipt this Period
365.00

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

Mailing Address PO Box 2539
3747 Sunset Lane

City Antioch State CA Zip Code 94531-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 07 / 2013
Transaction ID : 5D446D53-E2D8-423A-8

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<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. Richard Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Avenue K SW Ste 200
 City Winter Haven State FL Zip Code 33880-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2013
Transaction ID : 804717D6-57B3-4D51-A
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Cynthia Hampton
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 Saddletree Rd
 City Oxford State NC Zip Code 27565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2013
Transaction ID : AEE0C4CC-8524-45B3-A
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. David Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 210
 8101 E Lowry Blvd
 City Denver State CO Zip Code 80230-7195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : BF116875-C189-439C-9
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Johnson		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2013 Transaction ID : 8C116C8B-655C-4D62-9
Mailing Address 110 Med Tech Pkwy		Amount of Each Receipt this Period 500.00
City Johnson City	State TN	
	Zip Code 37604-4004	
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	

Full Name (Last, First, Middle Initial) B. George Khouri		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 02 / 2013 Transaction ID : 788B1A95-221C-4CB3-A
Mailing Address Palm Beach Eye Ctr 1411 N Flagler Dr Ste 8100		Amount of Each Receipt this Period 500.00
City West Palm Beach	State FL	
	Zip Code 33401	
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	

Full Name (Last, First, Middle Initial) C. James Klein		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 24 / 2013 Transaction ID : E0CE917E-AAF0-45B4-B
Mailing Address 21711 Greater Mack Ave		Amount of Each Receipt this Period 1000.00
City St Clair Shores	State MI	
	Zip Code 48080-2418	
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 ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Douglas Kopp		Date of Receipt
Mailing Address 2222 W 24th St Unit 10		M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2013
City Plainview	State TX	Zip Code 79072-1802
FEC ID number of contributing federal political committee. C		Transaction ID : 5C562790-B851-4B68-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 ▼	
		1050.00

Full Name (Last, First, Middle Initial) B. Eligijus Lelis		Date of Receipt
Mailing Address 14488 Hawthorn Dr		M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2013
City Lemont	State IL	Zip Code 60439
FEC ID number of contributing federal political committee. C		Transaction ID : F6C74A08-688C-4ED5-A
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) C. Amy Lin		Date of Receipt
Mailing Address 2160 South First Ave		M M M / D D D / Y Y Y Y Y Y 01 / 03 / 2013
City Maywood	State IL	Zip Code 60153
FEC ID number of contributing federal political committee. C		Transaction ID : 3CCFF128-B819-4257-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		199.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		199.00

SUBTOTAL of Receipts This Page (optional).....▶	1564.00
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 16 OF 30
	<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. Amy Lin
Full Name (Last, First, Middle Initial)

Mailing Address 2160 South First Ave

City Maywood State IL Zip Code 60153

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 ▼
199.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 03 / 2013
Transaction ID : BA4982D6-8894-4132-9

Amount of Each Receipt this Period
 199.00

B. McGregor Lott
Full Name (Last, First, Middle Initial)

Mailing Address 413 Lister Street

City Waycross State GA Zip Code 31501

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
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : B2934896-6488-4FC5-9

Amount of Each Receipt this Period
 250.00

C. Roger Luskind
Full Name (Last, First, Middle Initial)

Mailing Address Ste 100
400 Saybrook Rd

City Middletown State CT Zip Code 06457-4774

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
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : B602B5C6-A437-4E8C-A

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 699.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
	<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. Nick Mamalis
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Mario Capecchi Dr
 City Salt Lake City State UT Zip Code 84132-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : 9108D95D-5973-4F87-8
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. William Mieler
 Full Name (Last, First, Middle Initial)
 Mailing Address 5740 S Kimbark Ave
 City Chicago State IL Zip Code 60637-1615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2013
Transaction ID : C6822F88-EE96-4F3B-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. David Misch
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 Avenue K SW Suite 200
 City Winter Haven State FL Zip Code 33880-3919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2013
Transaction ID : C6FEDE95-55E3-406C-9
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<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. Christie Morse
Full Name (Last, First, Middle Initial)
Mailing Address 2 Mulherrin Farm Road
City Hanover State NH Zip Code 03755
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2013
Transaction ID : C9CC74F8-FA0E-4264-9
Amount of Each Receipt this Period 500.00

B. Kevin O'Neal
Full Name (Last, First, Middle Initial)
Mailing Address 209 W Camden Forest Dr
City Cary State NC Zip Code 27518-9041
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2013
Transaction ID : A3F7B5B8-45FA-4733-B
Amount of Each Receipt this Period 250.00

C. Dante Pieramici
Full Name (Last, First, Middle Initial)
Mailing Address CA Retina Consultants
515 E Micheltorena Ste C
City Santa Barbara State CA Zip Code 93103
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 29 / 2013
Transaction ID : C8D3451E-CD2A-4AFC-8
Amount of Each Receipt this Period 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<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. Francis Price Jr.		Date of Receipt
Mailing Address Ste 100 9002 N Meridian St		<input type="text" value="01"/> / <input type="text" value="03"/> / <input type="text" value="2013"/>
City Indianapolis	State IN	Zip Code 46260-5349
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : E3862376-DBE3-4005-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Brian Ranelle		Date of Receipt
Mailing Address 1872 Norwood Dr		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Hurst	State TX	Zip Code 76054-3066
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C2C21CC1-A319-4071-B
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. William Read		Date of Receipt
Mailing Address 3510 Magnolia Cove, Suite 180		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Monroe	State LA	Zip Code 71203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : E3741C8F-2E96-4C7C-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
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 20 OF 30
	<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. James Reece Jr.		Date of Receipt 01 / 30 / 2013 Transaction ID : 08D24B62-5F33-42E6-9
Mailing Address 3939 J Street Suite 280		Amount of Each Receipt this Period 500.00
City Sacramento	State CA	
Zip Code 95819-3666		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Noel Saks		Date of Receipt 01 / 24 / 2013 Transaction ID : 2B98210F-5F34-4ECB-9
Mailing Address 845 Beverly Pl		Amount of Each Receipt this Period 365.00
City Deerfield	State IL	
Zip Code 60015-3441		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. David Schwartzfarb		Date of Receipt 01 / 22 / 2013 Transaction ID : D6F6B5D3-A168-413A-9
Mailing Address 5162 Linton Blvd Suite 203		Amount of Each Receipt this Period 365.00
City Delray Beach	State FL	
Zip Code 33484		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....	1230.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
	<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. Debra Shetlar
Full Name (Last, First, Middle Initial)

Mailing Address Ste 112C
2002 Holcombe Blvd

City Houston State TX Zip Code 77030-4211

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 16 / 2013
Transaction ID : **E8A22253-7535-4330-A**

Amount of Each Receipt this Period
365.00

B. Brian Smith
Full Name (Last, First, Middle Initial)

Mailing Address 138 W Avon Pkwy

City Asheville State NC Zip Code 28804-1410

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
01 / 06 / 2013
Transaction ID : **CB9EF67A-3A27-4C01-B**

Amount of Each Receipt this Period
365.00

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

Mailing Address 138 W Avon Pkwy

City Asheville State NC Zip Code 28804-1410

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
01 / 06 / 2013
Transaction ID : **DAA4C919-7C24-41A6-9**

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
	<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. John Stabile
Full Name (Last, First, Middle Initial)

Mailing Address 111 Dean Dr

City Tenafly State NJ Zip Code 07670-2764

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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 1A2FED8D-10FA-4D3B-9

Amount of Each Receipt this Period
 1200.00

B. Jan Harris Stahl
Full Name (Last, First, Middle Initial)

Mailing Address Ste 100
13772 Denver West Pkwy

City Lakewood State CO Zip Code 80401-3139

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2013
Transaction ID : 882AC287-C384-4AAE-9

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3320 Franklin Road S.W.

City Roanoke State VA Zip Code 24014

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : D98FAEC6-7797-4C71-9

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	2065.00
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 23 OF 30
	<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. Brad Stuckenschneider
Full Name (Last, First, Middle Initial)
Mailing Address 3398 Legacy Dr
City Poplar Bluff State MO Zip Code 63901-8661
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 01 / 03 / 2013
Transaction ID : C6AAC8A7-32E2-42B0-8
Amount of Each Receipt this Period 1000.00

B. Lucian Szmyd
Full Name (Last, First, Middle Initial)
Mailing Address 155 Borthwick Ave Ste 200
City Portsmouth State NH Zip Code 03801-7156
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 01 / 15 / 2013
Transaction ID : 7E9F833C-000D-4D8B-A
Amount of Each Receipt this Period 250.00

C. Barry Teasley
Full Name (Last, First, Middle Initial)
Mailing Address 103 Cox Blvd
City Goldsboro State NC Zip Code 27534
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 01 / 03 / 2013
Transaction ID : 0ACC923B-F86C-420E-8
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... **1750.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 30
	<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. Lyle Thorstenson
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 632020
 City Nacogdoches State TX Zip Code 75963-2020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 02 / 2013
Transaction ID : 1651761A-2174-4AAD-9
 Amount of Each Receipt this Period
 1000.00

B. Alice Townshend
 Full Name (Last, First, Middle Initial)
 Mailing Address 2739 Natures Ridge
 City Beloit State WI Zip Code 53511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2013
Transaction ID : C041ED62-B649-4661-B
 Amount of Each Receipt this Period
 365.00

C. 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2013
Transaction ID : F62D0566-B083-41D9-B
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 30
	<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. Charles Volk
Full Name (Last, First, Middle Initial)

Mailing Address 200 S 5th St

City Bismarck State ND Zip Code 58504-5675

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 07 / 2013
Transaction ID : 1DFA9B13-E85A-43D7-8

Amount of Each Receipt this Period 500.00

B. Marshall Wareham
Full Name (Last, First, Middle Initial)

Mailing Address 5250 Far Hills Ave

City Dayton State OH Zip Code 45429

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 03 / 2013
Transaction ID : 84717F39-16E4-4EE8-B

Amount of Each Receipt this Period 250.00

C. Ann Warn
Full Name (Last, First, Middle Initial)

Mailing Address 6711 NW Oak Dale Dr

City Lawton State OK Zip Code 73505-1261

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 09 / 2013
Transaction ID : 9A589A2B-A8BA-4B34-A

Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 30
	<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)

Full Name (Last, First, Middle Initial) A. John Wells III		Date of Receipt
Mailing Address 124 Sunset Ct		<input type="text" value="01"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
West Columbia	SC	29169-2429
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : D38D3C23-7E84-4119-B
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Maynard Wheeler		Date of Receipt
Mailing Address 827 Covered Bridge Lane PO Box 538		<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Grantham	NH	03753-0538
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : D16AB999-D9AA-4A43-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="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Daniel Whipple		Date of Receipt
Mailing Address Ste 200 8244 E US Highway 36		<input type="text" value="01"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Avon	IN	46123-9621
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : DE107534-EC4F-481F-A
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="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
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 27 OF 30
	<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. Full Name (Last, First, Middle Initial)
Robert Arthur Yohai

Mailing Address 864 Second St

City Santa Rosa State CA Zip Code 95403

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2013

Transaction ID : 3B15820B-09BF-42E5-9

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	37646.33

**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 - Jan 2013

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : 0F8114BA45C3E128126

Amount of Each Disbursement this Period

217.00

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 - Jan 2013

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2013

Transaction ID : C13B6A26EDDC4675753

Amount of Each Disbursement this Period

58.62

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

Amount of Each Disbursement this Period

--

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

275.62

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

275.62

**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
2012 General Debt Retirement

011

Candidate Name

Garland Hale Barr IV

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2013

Transaction ID : EEE0B3B71CDED52E4A0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2013 Primary

011

Candidate Name

Vernon Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2013

Transaction ID : 2AE93A423E9B5710E85

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

6000.00

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Liggett

Mailing Address Ste 300
2200 Whitney Ave

City Hamden State CT Zip Code 06518-3602

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2013

Transaction ID : 02D643E5538CA7534D7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Amy Lin

Mailing Address 2160 South First Ave

City Maywood State IL Zip Code 60153

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 17 / 2013

Transaction ID : 325A6F720295B3ADF94

Amount of Each Disbursement this Period

199.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1199.00

1199.00