

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
☐ July 15 Quarterly Report (Q2)
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE)
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☒ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on / / in the State of

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)
POST-Election Report for the:

Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

/ /

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
02 01 2013 To: M M / D D / Y Y Y Y Y Y
02 28 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		292506.39
(b) Cash on Hand at Beginning of Reporting Period.....	334009.66	
(c) Total Receipts (from Line 19)	23877.71	72936.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	357887.37	365442.41
7. Total Disbursements (from Line 31)	4613.51	12168.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	353273.86	353273.86
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
02 01 2013

To:

M M / D D / Y Y Y Y Y
02 28 2013
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).....

18270.66

55916.99

(ii) Unitemized

5607.05

17019.03

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

23877.71

72936.02

(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)

23877.71

72936.02

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))..... ▶

23877.71

72936.02

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

23877.71

72936.02

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	248.51	524.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	248.51	524.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	10000.00
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	365.00	1644.42
(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)).....	365.00	1644.42
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)) ..	4613.51	12168.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4613.51	12168.55

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)	23877.71	72936.02
34. Total Contribution Refunds (from Line 28(d))	365.00	1644.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23512.71	71291.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	248.51	524.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	248.51	524.13

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

Amended March Monthly Report reflects corrected Beginning and Ending Cash on Hand.

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: PAGE 7 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Abbott

Mailing Address UCSF Beckman Vision Ctr
 10 Koret Way K-301

City State Zip Code
 San Francisco CA 94143

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 27 2013

Transaction ID : 340D52DA-A3B7-4522-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Eric Adams

Mailing Address 6315 North Center Drive
 Suite 230

City State Zip Code
 Norfolk VA 23502-4006

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 27 2013

Transaction ID : 920B0071-5F57-44DE-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Steven Andersen

Mailing Address Ste B
 38707 Stivers St

City State Zip Code
 Fremont CA 94536

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 04 2013

Transaction ID : FFCAEAB9-6E8E-4E76-9

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: PAGE 8 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. F. Jane Barton

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 26 / 2013

Transaction ID : 73F093E8-40A1-485D-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Norbert Mathias Becker

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2013

Transaction ID : DCAE6631-F032-4E49-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frank Burns

Mailing Address 13324 Shelbyville Rd.

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2013

Transaction ID : C265D8CA-41CD-4D6A-B

Amount of Each Receipt this Period

83.33

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

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

2083.33

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Mailing Address 600 Pavonia Ave
6th Fl

City State Zip Code
Jersey City NJ 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : DCA42FCE-024A-4CF4-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. S. William William Clark

Mailing Address 502 Isabella St

City State Zip Code
Waycross GA 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 ▼

416.66

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 15 / 2013

Transaction ID : E50C925D-BCB5-4DD3-B

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

C. Kathleen Cronin

Mailing Address PO Box 356

City State Zip Code
Monument Beach MA 02553-0356

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
02 / 15 / 2013

Transaction ID : 5AA15976-29F2-42B0-A

Amount of Each Receipt this Period

365.00

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

1073.33

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Linda Day

Mailing Address 6309 Evanston Ave N

City
Seattle

State
WA

Zip Code
98103-5642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 03 / 2013

Transaction ID : F7AE2DAD-100B-4F67-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Allen Fishman

Mailing Address 9229 Queens Blvd
Ste 2I

City

Rego Park

State

NY

Zip Code

11374-1072

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 ▼

300.00

Date of Receipt

02 / 27 / 2013

Transaction ID : 1704AF19-0450-458E-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Avit Gremillion

Mailing Address 962 Tommy Munro Dr.
Suite B

City

Biloxi

State

MS

Zip Code

39532-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

02 / 28 / 2013

Transaction ID : 8F7FF7E9-18C6-4B6B-9

Amount of Each Receipt this Period

365.00

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

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

1030.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mireille Hamparian

Mailing Address 2355 Roanoke Rd

City State Zip Code
 San Marino CA 91108-2636

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
 02 / 25 / 2013

Transaction ID : F30FEF0E-6338-42D6-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. John Hazelton

Mailing Address 4803 Saint Johns Pl

City State Zip Code
 Murrells Inlet SC 29576-6808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
 02 / 01 / 2013

Transaction ID : DBCC03AB-B2F1-48FD-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kurt Heitman

Mailing Address 113 Doctors Dr

City State Zip Code
 Greenville SC 29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : 4D67F9EF-8E2B-4C38-A

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cameron Javid

Mailing Address 6561 E Carondelet Dr

City State Zip Code
Tucson AZ 85710-2156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 27 / 2013

Transaction ID : FD01BCA9-6165-41C6-A

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Stephen Knight

Mailing Address 930 Springdale Rd NE

City State Zip Code
Atlanta GA 30306-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 01 / 2013

Transaction ID : E70EB581-CA8A-4E38-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alexandra Kostick

Mailing Address Ste 104
3 Pine Cone Dr

City State Zip Code
Palm Coast FL 32137-8684

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
02 / 04 / 2013

Transaction ID : 54B970ED-14B5-4E12-8

Amount of Each Receipt this Period

365.00

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

3115.00

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 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Janice Law

Mailing Address 2311 Pierce Ave

City

Nashville

State

TN

Zip Code

37232-8808

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 ▼

525.00

Date of Receipt

02 / 06 / 2013

Transaction ID : E1843843-E80B-46F8-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kenneth Low

Mailing Address 38707 Stivers St Ste B

City

Fremont

State

CA

Zip Code

94536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2013

Transaction ID : EF6F9D43-EFBA-4A29-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jonathan Macy

Mailing Address 8635 W 3rd St Ste 360W

City

Los Angeles

State

CA

Zip Code

90048-6101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 19 / 2013

Transaction ID : 25732EDC-802B-4E23-8

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Linn Mangano

Mailing Address 1926 Fox Hollow Rd

City State Zip Code
 Cape Girardeau MO 63701-2283

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
 02 / 27 / 2013

Transaction ID : CB1D62C6-461F-4BD6-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Mills

Mailing Address 1221 Madison St Ste 1124

City State Zip Code
 Seattle WA 98104-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
 02 / 20 / 2013

Transaction ID : 01BAB4C4-0C5A-467A-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Anne Nachazel

Mailing Address Ste A
 25511 Little Mack Ave

City State Zip Code
 St Clair Shores MI 48081-3372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

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
 02 / 03 / 2013

Transaction ID : A0418168-8B76-4F0D-A

Amount of Each Receipt this Period

365.00

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

1230.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code
Blue Hill ME 04614-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : 758AE502-7AC5-4AE0-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code
Blue Hill ME 04614-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 10 / 2013

Transaction ID : 43DAB195D356F172DF3B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Marcos Reyes

Mailing Address Mason Eye Institute
One Hospital Dr

City State Zip Code
Columbia MO 65212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2013

Transaction ID : 1FB5C7E4-0D03-4156-B

Amount of Each Receipt this Period

1000.00

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

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

1125.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Carey Robinson

Mailing Address 1960 Electric Rd

City State Zip Code
 Roanoke VA 24018-1601

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : 44900537-2D96-44EE-A

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Steven Rubin

Mailing Address Division Ped Ophth Ste 220
 600 Northern Blvd

City State Zip Code
 Great Neck NY 11021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013

Transaction ID : 0BD90D88-4033-4280-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Steven Sicher

Mailing Address 8921 N Wood Sage Rd

City State Zip Code
 Peoria IL 61615-7822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 06 / 2013

Transaction ID : 5461A56E-7CFB-4D9D-9

Amount of Each Receipt this Period

1000.00

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

1550.00

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 17 OF 20

(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. N. Niki Silverstein

Mailing Address 408 Main Street

City State Zip Code
 Chester NJ 07930

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
 02 / 01 / 2013

Transaction ID : 6BC80614-9752-4D31-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Swedberg

Mailing Address 21827 76th Ave W
 Ste 102

City State Zip Code
 Edmonds WA 98026-7981

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
 02 / 04 / 2013

Transaction ID : E9689739-2CDD-47CF-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Marshall Wareham

Mailing Address 5250 Far Hills Ave

City State Zip Code
 Dayton OH 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 ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : F5A392F2-6255-4496-8

Amount of Each Receipt this Period

199.00

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

1199.00

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

18270.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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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	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
AMEX charges - Feb 2013

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : 45C3E350CF1FEFFD2F7

Amount of Each Disbursement this Period

22.14

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
Bank charges - Feb 2013

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

State: District:

Disbursement For:	☐ Primary	☐ General
	☐ Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2013

Transaction ID : 94FAB3DC381096F16B0

Amount of Each Disbursement this Period

226.37

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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)..... ►

248.51

248.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Heller for Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Dean Heller

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : 17EB5FC688986C5963E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Heller for Senate

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement
Void Check issued on 12/19/12

011

Candidate Name

Dean Heller

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2013

Transaction ID : 18B21F1E7D14368B151

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

C. Udall for Colorado

Mailing Address PO Box 40158

City	State	Zip Code
Denver	CO	80204

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mark E. Udall

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		06		2013

Transaction ID : B3D304A1C3566DCDDC9

Amount of Each Disbursement this Period

4000.00

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

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

4000.00

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Brian Smith

Mailing Address 138 W Avon Pkwy

City	State	Zip Code
Asheville	NC	28804-1410

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2013

Transaction ID : 5F3A1CB73B9580435B4

Amount of Each Disbursement this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President
State:	District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

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).....▶

365.00

365.00
