



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	369125.13	
(c) Total Receipts (from Line 19) .....	94962.68	175873.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	464087.81	631783.72
7. Total Disbursements (from Line 31).....	31970.67	199666.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	432117.14	432117.14
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  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).....	85337.45	147886.58
(ii) Unitemized .....	9625.23	26986.78
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	94962.68	174873.36
(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) .....	94962.68	174873.36
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	1000.00
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))..... ▶	94962.68	175873.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	94962.68	175873.36

**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 .....	1240.67	3744.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1240.67	3744.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	189647.69
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 .....	2230.00	6274.68
(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)).....	2230.00	6274.68
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)) ..	31970.67	199666.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31970.67	199666.58

**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) .....	94962.68	174873.36
34. Total Contribution Refunds (from Line 28(d)) .....	2230.00	6274.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	92732.68	168598.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1240.67	3744.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1240.67	3744.21

**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 64
	<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. Thomas Aaberg Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2081 Hunters Run NE

City State Zip Code  
Ada MI 49301-9559

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 M / D D D / Y Y Y Y Y Y  
04 / 25 / 2012

**Transaction ID : 4174E1F4-334D-4323-**

Amount of Each Receipt this Period  
500.00

**B. Chris Albanis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2041 W Moffat St

City State Zip Code  
Chicago IL 60647-5516

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 M / D D D / Y Y Y Y Y Y  
04 / 25 / 2012

**Transaction ID : B2C53C45-2DC7-4174-**

Amount of Each Receipt this Period  
365.00

**C. Emilio Arce-Lopez**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Calle Atlantic Pl  
Apt 1

City State Zip Code  
San Juan PR 00911-1300

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 M / D D D / Y Y Y Y Y Y  
04 / 25 / 2012

**Transaction ID : 42F5C793-A3E5-4171-**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 64
	<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. Laurie Gray Barber**

Mailing Address 10 River Oaks Cir

City Little Rock State AR Zip Code 72207-1702

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  
 04 / 26 / 2012

**Transaction ID : A7531F70-2917-45E5-**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**B. Charles Barr**

Mailing Address 301 E Muhammad Ali Blvd

City Louisville State KY Zip Code 40202-1511

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  
 04 / 25 / 2012

**Transaction ID : DC52DBEB-EBD0-4567-**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 3629 Wright Rd SW

City Rochester State MN Zip Code 55902-1417

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  
 04 / 26 / 2012

**Transaction ID : 1AC619B3-E31A-4A0B-**

Amount of Each Receipt this Period  
 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 64
	<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. Evan Black**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29201 Telegraph Rd  
 Ste 324  
 City Southfield State MI Zip Code 48034-7646  
 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  
 04 / 30 / 2012  
**Transaction ID : F05D8DA224058EB5150**  
 Amount of Each Receipt this Period  
 1000.00

**B. Michael Borne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1190 N State St  
 Ste 500  
 City Jackson State MS Zip Code 39202-2473  
 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  
 04 / 26 / 2012  
**Transaction ID : 05162D68-7F17-4217-**  
 Amount of Each Receipt this Period  
 500.00

**C. Brian Boxer Wachler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 465 N Roxbury Dr  
 Ste 902  
 City Beverly Hills State CA Zip Code 90210-4212  
 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  
 04 / 30 / 2012  
**Transaction ID : 90B9BE5E-1445-47C7-**  
 Amount of Each Receipt this Period  
 500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Michael Brennan</b>		Date of Receipt
Mailing Address 1016 Kirkpatrick Rd		M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012
City Burlington	State NC	Zip Code 27215-9714
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 6E362893-F693-49D0-</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
		500.00

Full Name (Last, First, Middle Initial) <b>B. William Bridges Jr.</b>		Date of Receipt
Mailing Address 406 Vanderbilt Rd		M M M / D D D / Y Y Y Y Y Y 04 / 23 / 2012
City Asheville	State NC	Zip Code 28803-3004
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 407B8A0B30323A9E2C03</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	83.34
		1333.36

Full Name (Last, First, Middle Initial) <b>C. William Bridges Jr.</b>		Date of Receipt
Mailing Address 406 Vanderbilt Rd		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012
City Asheville	State NC	Zip Code 28803-3004
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : 3438DDF1-C332-44A8-</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	1000.00
		1333.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Dawn Buckingham</b>		Date of Receipt
Mailing Address 404 Hurst Creek Rd		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012
City Lakeway	State TX	Zip Code 78734-3463
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 4974879C-F6E1-485B-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>B. Frank Burns</b>		Date of Receipt
Mailing Address 301 Pepperbush Rd		M M M / D D D / Y Y Y Y Y Y 04 / 06 / 2012
City Louisville	State KY	Zip Code 40207-5707
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 4F1F8502B96026C7F1CA</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.02	

Full Name (Last, First, Middle Initial) <b>C. Tyree Carr</b>		Date of Receipt
Mailing Address 49 Princeville Ln		M M M / D D D / Y Y Y Y Y Y 04 / 27 / 2012
City Las Vegas	State NV	Zip Code 89113-1369
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 4B1AC518-D819-4D9E-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Tyree Carr</b>		Date of Receipt
Mailing Address 49 Princeville Ln		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89113-1369
FEC ID number of contributing federal political committee.		<b>Transaction ID : 1185CE68-3FE1-42F1-</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
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>B. David Chang</b>		Date of Receipt
Mailing Address 762 Altos Oaks Dr Ste 1		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Altos	CA	94024-5435
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 8C603FBF-559D-46BA-</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1095.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Chang</b>		Date of Receipt
Mailing Address 762 Altos Oaks Dr Ste 1		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Altos	CA	94024-5435
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C4EEC124-011A-4B94-</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1095.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 64		
	<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

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

Full Name (Last, First, Middle Initial)  
**A. David Chang**

Mailing Address 762 Altos Oaks Dr  
Ste 1

City Los Altos State CA Zip Code 94024-5435

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 ▼  
1095.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : D1C9225E-6570-4097-**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**B. Kenneth Paul Cheng**

Mailing Address 215 Hunt Rd

City Pittsburgh State PA Zip Code 15215-1558

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  
 04 / 25 / 2012  
**Transaction ID : 10106AE8-7F66-4697-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 502 Isabella St

City Waycross State GA Zip Code 31501-3638

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1666.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012  
**Transaction ID : 4860AA041587DC242A94**

Amount of Each Receipt this Period  
416.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1281.66

**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 64
	<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. William Clifford**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Drury Ln

City Garden City State KS Zip Code 67846-9671

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  
04 / 27 / 2012

Transaction ID : **B659F40A783BC50F78C**

Amount of Each Receipt this Period  
1000.00

**B. Anne Louise Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Stein Plz Ste 2118

City Los Angeles State CA Zip Code 90095-7065

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  
04 / 27 / 2012

Transaction ID : **0D1FC9DE-8D99-4371-**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 5713 Saint Albans Way

City Baltimore State MD Zip Code 21212-2455

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  
04 / 25 / 2012

Transaction ID : **C5B90CF0-8C6F-46E8-**

Amount of Each Receipt this Period  
500.00

**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 14 OF 64
	<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. Atyz Cope**

Mailing Address PO Box 239

City Statesboro State GA Zip Code 30459-0239

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2012**

**Transaction ID : 4A92AC6352151DD82ADD**

Amount of Each Receipt this Period  
**83.34**

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

Mailing Address 7708 Rocton Ave

City Chevy Chase State MD Zip Code 20815-3916

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  
**04 / 25 / 2012**

**Transaction ID : 6FD75586-6538-4050-**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 613 Del Prado Blvd S

City Cape Coral State FL Zip Code 33990-2611

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  
**04 / 25 / 2012**

**Transaction ID : 73551001-4AD2-4077-**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2083.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 64
	<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 Dagianis**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Crestwood Dr

City Hollis State NH Zip Code 03049-6003

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  
 04 / 27 / 2012  
**Transaction ID : 57965DB3B9320AB6B4B**

Amount of Each Receipt this Period  
 1000.00

**B. Richard Davenport**  
Full Name (Last, First, Middle Initial)

Mailing Address 17555 Emily Ann Ct Unit B

City Brookfield State WI Zip Code 53045-2045

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  
 04 / 25 / 2012  
**Transaction ID : 51BA27D1-5FFC-4093-**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 1325 Pilgrim Ave

City Birmingham State MI Zip Code 48009-4803

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 ▼  
1833.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : 4935A157863053BAB334**

Amount of Each Receipt this Period  
 208.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1573.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<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. Anna Luisa Luisa Di Lorenzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Pilgrim Ave  
 City Birmingham State MI Zip Code 48009-4803  
 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  
 04 / 25 / 2012  
**Transaction ID : 1709AEA1-4229-4A91-**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1833.36

**B. Jane Edmond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6610 Auden St  
 City Houston State TX Zip Code 77005-4304  
 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  
 04 / 27 / 2012  
**Transaction ID : 64D576F9-8019-466E-**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

**C. James Finegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 Roseberry St  
 City Phillipsburg State NJ Zip Code 08865-1632  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2012  
**Transaction ID : 426991387260D1DF8FCB**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 333.36

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 64
	<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. Joanna Fisher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 769 Fetters Mill Rd  
City Huntingdon Valley State PA Zip Code 19006-5105  
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  
04 / 25 / 2012  
**Transaction ID : EE04759B-E524-4BA5-**  
Amount of Each Receipt this Period  
500.00

**B. Tamara Fountain**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1445 Coral Pkwy  
City Northbrook State IL Zip Code 60062-5192  
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 ▼ 625.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2012  
**Transaction ID : FF343C49-12F1-4F4A-**  
Amount of Each Receipt this Period  
500.00

**C. Bradley Dean Dean Fouraker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4905 W Bay Way PI  
City Tampa State FL Zip Code 33629-4833  
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  
04 / 26 / 2012  
**Transaction ID : 1FFDD032-A39E-4CBA-**  
Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<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. Michael Gilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 1364 91st Ave NE

City State Zip Code  
Clyde Hill WA 98004-3326

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 ▼  
333.36

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2012

**Transaction ID : 4DC58E86A674CB1A6751**

Amount of Each Receipt this Period  
83.34

**B. Ravi Goel**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Parnell Dr

City State Zip Code  
Cherry Hill NJ 08003-2201

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 M / D D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : 50D52E82-3A42-4E04-**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5824 Wild Orange Gate

City State Zip Code  
Clarksville MD 21029-1656

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 M / D D D / Y Y Y Y Y Y  
04 / 26 / 2012

**Transaction ID : 351C2A02-218B-4F00-**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2083.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 64
	<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. Jeffrey Goldstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 51 Robinhood Rd

City Asheville State NC Zip Code 28804-1635

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  
 04 / 30 / 2012

**Transaction ID : BFFADABB7CBFF6A8444**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 6545 Rutgers Ave

City Houston State TX Zip Code 77005-3850

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2012

**Transaction ID : 4843811655D19576EC18**

Amount of Each Receipt this Period  
 100.00

**c. David Gossage**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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  
 04 / 25 / 2012

**Transaction ID : 70BA290B-E06A-4F7D-**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 64
	<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 Gossage**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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  
04 / 26 / 2012  
**Transaction ID : 84B6E595-DD48-462E-**

Amount of Each Receipt this Period  
365.00

**B. Thomas Graul**  
Full Name (Last, First, Middle Initial)

Mailing Address 2525 S 24th St

City Lincoln State NE Zip Code 68502-4007

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  
04 / 25 / 2012  
**Transaction ID : EC929E72-5BB1-4756-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2400 Patterson St Ste 201

City Nashville State TN Zip Code 37203-1587

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
04 / 16 / 2012  
**Transaction ID : 4D77953DF95DBFE8028D**

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 948.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Eugene Gullingsrud</b>		Date of Receipt
Mailing Address 10411 White Tail Xing		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Eden Prairie	MN	55347-5026
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 6CB79473-E993-4848-</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. R. Mark Mark Hatfield</b>		Date of Receipt
Mailing Address PO Box 3970		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Charleston	WV	25339-3970
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 51565346-D7EC-460E-</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="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Isaac Hearne</b>		Date of Receipt
Mailing Address 2375 Virginia Vista Dr		<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Reno	NV	89521-6208
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : DB4408F1-12DE-424A-</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="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
<b>TOTAL</b> 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 22 OF 64
	<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. Kurt Frederick Heitman**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Simpson St

City Greenville State SC Zip Code 29605-4413

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  
 04 / 01 / 2012

**Transaction ID : C8BBB803-0858-4DC4-**

Amount of Each Receipt this Period  
 1000.00

**B. Morriss Henry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2579 N Common Dr

City Fayetteville State AR Zip Code 72703-3570

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  
 04 / 26 / 2012

**Transaction ID : E2892A16-89D0-4138-**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 925 N 87th St  
the Eye Institute

City Milwaukee State WI Zip Code 53226-4812

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  
 04 / 27 / 2012

**Transaction ID : 93175A0A-F3BC-4F84-**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 64
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Gary Hirshfield</b>		Date of Receipt
Mailing Address 11 Hillside Ave		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Port Washington	NY	11050-2723
FEC ID number of contributing federal political committee.		Transaction ID : <b>B76D7DAE-7279-4666-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William Holcomb</b>		Date of Receipt
Mailing Address Suite 410 1890 Highway 157		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cullman	AL	35058-0689
FEC ID number of contributing federal political committee.		Transaction ID : <b>4B0EBC9F066697891B11</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Holds</b>		Date of Receipt
Mailing Address 8025 Daytona Dr		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Clayton	MO	63105-2509
FEC ID number of contributing federal political committee.		Transaction ID : <b>CB65B8B1-B81A-49DE-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1583.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Lawrence Hurvitz</b>		Date of Receipt
Mailing Address 3920 Bee Ridge Rd Ste B		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Sarasota	State FL	Zip Code 34233-1207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : E313EFC583B02CCAE67</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>

Full Name (Last, First, Middle Initial) <b>B. Roger Husted</b>		Date of Receipt
Mailing Address 46 Cambridge Dr		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Red Hook	State NY	Zip Code 12571-1611
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : C3B8C1B7-A342-493B-</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
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) <b>C. B. Hutchinson</b>		Date of Receipt
Mailing Address 50 Staniford St Ste 600		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Boston	State MA	Zip Code 02114-2539
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 8FB01C8C-703E-40D0-</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
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"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
<b>TOTAL</b> 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 25 OF 64
	<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 Ingvaldstad**  
Full Name (Last, First, Middle Initial)

Mailing Address 1340 S 90th St

City Omaha State NE Zip Code 68124-1204

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 04 / 25 / 2012  
**Transaction ID : A8AFB9C5-5F70-4000-**

Amount of Each Receipt this Period 500.00

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

Mailing Address 3711 E 26th Ave

City Denver State CO Zip Code 80205-5017

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 04 / 25 / 2012  
**Transaction ID : 64F7E7F7-DABB-4278-**

Amount of Each Receipt this Period 1000.00

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

Mailing Address 1300 E 20th St

City Cheyenne State WY Zip Code 82001-4021

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : 4EC08069B02C53D712C3**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1600.00

**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 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Jones</b>		Date of Receipt
Mailing Address 1236 Woodbridge Trl		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Owensboro	KY	42303-7544
FEC ID number of contributing federal political committee.		Transaction ID : <b>208CC3F2-B4FA-40CE-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sanjay Kedhar</b>		Date of Receipt
Mailing Address 970 Kent Ave Apt 410		<input type="text" value="04"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brooklyn	NY	11205-4477
FEC ID number of contributing federal political committee.		Transaction ID : <b>B8CAC37D-127A-4E29-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wonsuck Kim</b>		Date of Receipt
Mailing Address 2411 Covemont Dr SE		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Huntsville	AL	35801-2271
FEC ID number of contributing federal political committee.		Transaction ID : <b>D2BBA446-D704-49B2-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 64
	<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. Laura King**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Brighton Rd NE

City Atlanta State GA Zip Code 30309-1521

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  
 04 / 30 / 2012

**Transaction ID : 26D09C627D5C98153C7**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 3911 Nassau Cir W

City Englewood State CO Zip Code 80113-5126

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  
 04 / 26 / 2012

**Transaction ID : 9AE6BB1C-637B-44D8-**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 325 9th Ave # 359608

City Seattle State WA Zip Code 98104-2420

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  
 04 / 23 / 2012

**Transaction ID : B88F48143CEE071A340**

Amount of Each Receipt this Period  
 500.00

**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 28 OF 64
	<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. James Klein**  
Full Name (Last, First, Middle Initial)

Mailing Address 21711 Greater Mack Ave

City Saint 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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 05 / 2012**

**Transaction ID : 428CA1208CFABEAA8D82**

Amount of Each Receipt this Period  
**100.00**

**B. Craig Kliger**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **621.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2012**

**Transaction ID : 81A38920942B77E856D**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 7703 Maple Ave  
Lanciano Professional Center

City Pennsauken State NJ Zip Code 08109-3374

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  
**04 / 26 / 2012**

**Transaction ID : 0D4F448B-C613-471D-**

Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>965.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64
	<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. Janice Law**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2311 Pierce Ave  
City Nashville State TN Zip Code 37232-0025  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **275.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : 8E5595BB-3AFC-4678-**  
Amount of Each Receipt this Period **200.00**

**B. Andrew Lee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6560 Fannin St Scurlock 450  
City Houston State TX Zip Code 77030-2731  
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 **04 / 26 / 2012**  
**Transaction ID : 743EDEF7-97C1-4957-**  
Amount of Each Receipt this Period **500.00**

**C. Richard Lee**  
Full Name (Last, First, Middle Initial)  
Mailing Address 172 Alvarado Rd  
City Berkeley State CA Zip Code 94705-1559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 25 / 2012**  
**Transaction ID : 98DB010A-90DD-4374-**  
Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **3200.00**  
**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 30 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Cecily Lesko</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 <b>Transaction ID : 94034683-9151-4FA6-</b>
Mailing Address 1005 Clifton Ave Ste 1		Amount of Each Receipt this Period 500.00
City Clifton	State NJ	
Zip Code 07013-3520		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>B. Andrew Lewis</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2012 <b>Transaction ID : 668F646B-1937-46A5-</b>
Mailing Address 102 Dawn Pl		Amount of Each Receipt this Period 365.00
City Yorktown	State VA	
Zip Code 23693-3628		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) <b>C. Edward Lim</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2012 <b>Transaction ID : 900DAD99-3C03-46A5-</b>
Mailing Address 262 Stone House Ln		Amount of Each Receipt this Period 365.00
City Guilford	State CT	
Zip Code 06437-2854		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) ▼

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64
	<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. Scott Limstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 3500 Latouche St

City Anchorage State AK Zip Code 99508-4260

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  
 04 / 26 / 2012

**Transaction ID : 6C22BA54-1F42-4B49-**

Amount of Each Receipt this Period  
500.00

**B. Kenneth Lindahl**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 N Union St Ste 101

City Rochester State NY Zip Code 14607-1345

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  
 04 / 02 / 2012

**Transaction ID : 2AAF18715764689ECA8**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4175 S Congress Ave Ste V

City Lake Worth State FL Zip Code 33461-4725

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : 4D3C93A1767A8710BF08**

Amount of Each Receipt this Period  
83.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64
	<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. Robert Lytle**  
Full Name (Last, First, Middle Initial)

Mailing Address 841 Commonwealth Ave

City Newton Centre State MA Zip Code 02459-1037

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  
 04 / 26 / 2012

**Transaction ID : 040D1053-075C-4EFE-**

Amount of Each Receipt this Period  
 500.00

**B. Mathew Maccumber**  
Full Name (Last, First, Middle Initial)

Mailing Address 1116 W Oakdale Ave

City Chicago State IL Zip Code 60657-4320

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  
 04 / 25 / 2012

**Transaction ID : F99244C6-21D0-4D69-**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : 470996707302170A2DEF**

Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1083.34

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 64
	<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. Jeff Maltzman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3565 E Placita De La Raza

City Tucson State AZ Zip Code 85718-7448

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  
04 / 25 / 2012  
Transaction ID : **FB6EEB8C-6400-42EF-**

Amount of Each Receipt this Period  
1000.00

**B. Nick Mamalis**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Mario Capecchi Dr

City Salt Lake City State UT Zip Code 84132-0005

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  
04 / 10 / 2012  
Transaction ID : **AF1A79BB8604BC870E5**

Amount of Each Receipt this Period  
500.00

**c. Mark Christophe Christophe Maria**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 Quail Ln

City Lebanon State PA Zip Code 17042-9403

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  
04 / 26 / 2012  
Transaction ID : **40D256EF-B452-4FBA-**

Amount of Each Receipt this Period  
500.00

**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 34 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Stephanie Jones Marioneaux</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2012
Mailing Address 1013 Eden Way N Ste E		<b>Transaction ID : 9B8028B1-3292-4AFB-</b>
City Chesapeake	State VA	Zip Code 23320-2792
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Stephen Martin</b>		Date of Receipt MM / DD / YYYY 04 / 28 / 2012
Mailing Address 146 Academy Sreet Suite D		<b>Transaction ID : E6B1B455-7BF2-4BC3-</b>
City Presque Isle	State ME	Zip Code 04769-3102
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Mayle</b>		Date of Receipt MM / DD / YYYY 04 / 12 / 2012
Mailing Address 269 Hoffman Ave		<b>Transaction ID : 4C66A0D98E2BDBBB4C01</b>
City Morgantown	State WV	Zip Code 26505-7302
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 OF 64
	(check only one)
<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas McPhee</b>	Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2012 <b>Transaction ID : 5ECD7258-8D80-40F7-</b>
Mailing Address 8320 E Aster Dr	Amount of Each Receipt this Period 500.00
City State Zip Code Scottsdale AZ 85260-5236	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 500.00
Name of Employer Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Thomas McPhee</b>	Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 26 / 2012 <b>Transaction ID : 07E0661B-70CF-4EE5-</b>
Mailing Address 8320 E Aster Dr	Amount of Each Receipt this Period 500.00
City State Zip Code Scottsdale AZ 85260-5236	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 500.00
Name of Employer Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. James Merritt</b>	Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 27 / 2012 <b>Transaction ID : 76B89F58-9504-4F9D-</b>
Mailing Address 8230 Walnut Hill Ln Ste 508	Amount of Each Receipt this Period 500.00
City State Zip Code Dallas TX 75231-4400	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 500.00
Name of Employer Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	500.00

**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 36 OF 64
	<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. Shahzad Mian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3024 Andora Dr  
 City Superior Township State MI Zip Code 48198-9649  
 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  
 04 / 30 / 2012  
**Transaction ID : FC981A58AFD8C1B2D65**  
 Amount of Each Receipt this Period  
 365.00

**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) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : 6047C3DF-8D2F-47F6-**  
 Amount of Each Receipt this Period  
 500.00

**C. Michael Edward Edward Migliori**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 392 Rochambeau Ave  
 City Providence State RI Zip Code 02906-3520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2012  
**Transaction ID : 4FB79253BD224640927B**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Helen Mintz-Hittner</b>		Date of Receipt
Mailing Address 6400 Fannin St Ste 1800		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77030-1526
FEC ID number of contributing federal political committee.		Transaction ID : <b>BE470A44-6D79-4545-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self		<input type="text" value="365.00"/>
Occupation Ophthalmologist		
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"/>	

Full Name (Last, First, Middle Initial) <b>B. Amalia Miranda</b>		Date of Receipt
Mailing Address 4801 Bocage Ln		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Oklahoma City	OK	73142-5407
FEC ID number of contributing federal political committee.		Transaction ID : <b>4952ADD497F9E83A858A</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self		<input type="text" value="100.00"/>
Occupation Ophthalmologist		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Basil Morgan</b>		Date of Receipt
Mailing Address 4324 York Rd Ste 100		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	MD	21212-4800
FEC ID number of contributing federal political committee.		Transaction ID : <b>B430AC79-63EF-4B77-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self		<input type="text" value="500.00"/>
Occupation Ophthalmologist		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="965.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64
	<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 Rd  
City Hanover State NH Zip Code 03755-4904  
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  
04 / 25 / 2012  
**Transaction ID : BDA6DA6A-5A84-4A44-**  
Amount of Each Receipt this Period  
500.00

**B. C. Blake Blake Myers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 Halton Rd  
City Greenville State SC Zip Code 29607-3403  
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  
04 / 30 / 2012  
**Transaction ID : D53258AD-58DA-40A8-**  
Amount of Each Receipt this Period  
365.00

**C. Anne Nachazel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 25511 Little Mack Ave Ste A  
City Saint Clair Shores State MI Zip Code 48081-3300  
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  
04 / 27 / 2012  
**Transaction ID : 3D3361C5-C857-4959-**  
Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 64
	<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. Sok Nam**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4278 W 3rd St  
City Los Angeles State CA Zip Code 90020-3449  
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 **04 / 08 / 2012**  
**Transaction ID : 449987DA5914D67C775D**  
Amount of Each Receipt this Period **83.34**

**B. Peter Nussbaum**  
Full Name (Last, First, Middle Initial)  
Mailing Address 37 Hickory Pl  
City Livingston State NJ Zip Code 07039-3637  
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 **04 / 25 / 2012**  
**Transaction ID : 47E20DDA-CEE1-4572-**  
Amount of Each Receipt this Period **500.00**

**C. Kelly Patrick O'Neil**  
Full Name (Last, First, Middle Initial)  
Mailing Address 563 Wessel Dr  
City Fairfield State OH Zip Code 45014-3668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 09 / 2012**  
**Transaction ID : 48D9B03C934CAA7C673B**  
Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **666.68**  
**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 40 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Andrew Packer</b>		Date of Receipt
Mailing Address 42 Goodwin Cir		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hartford	CT	06105-5207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 007082B3-7817-40B1-</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Millicent Palmer</b>		Date of Receipt
Mailing Address 4102 Woolworth Ave Routing # 112		<input type="text" value="04"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Omaha	NE	68105-1851
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 45BF99CC3210F384C3AD</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.68"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Pao</b>		Date of Receipt
Mailing Address 7 Woodland Rd		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Newtown	PA	18940-2909
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2272E6EB-5A49-4E59-</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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1341.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64
	<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. Stephen Petty**

Mailing Address 850 E Harvard Ave  
Ste 155

City State Zip Code  
Denver CO 80210-5031

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 M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : 1D6D8DDC3927DDBC35C**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Michael Price**

Mailing Address 12 Dorothy Rd

City State Zip Code  
Newton MA 02459-3308

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 M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012

**Transaction ID : DEFBE261-E7DD-4C22-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 118 W 79th St

City State Zip Code  
New York NY 10024-6445

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 M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2012

**Transaction ID : 7B808001-5F08-472B-**

Amount of Each Receipt this Period  
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64
	<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
-----------------------------	-----------------------------	-----------------------------

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)**

Full Name (Last, First, Middle Initial) <b>A. Jean Ramsey</b>		Date of Receipt
Mailing Address 58 Gregory Island Rd		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012
City	State	Zip Code
South Hamilton	MA	01982-2637
FEC ID number of contributing federal political committee.		Transaction ID : <b>C20C96EC-ED23-4632-</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steve Rausch</b>		Date of Receipt
Mailing Address 452 Chenery St		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012
City	State	Zip Code
San Francisco	CA	94131-3030
FEC ID number of contributing federal political committee.		Transaction ID : <b>A01F969C27728916DEE</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
AAO	Director, Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Kristin Reidy</b>		Date of Receipt
Mailing Address 1909 Proctor Ct		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012
City	State	Zip Code
Santa Fe	NM	87505-4535
FEC ID number of contributing federal political committee.		Transaction ID : <b>83BE121F-1BD7-4A72-</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00
<input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 64
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Adam Reynolds</b>		Date of Receipt
Mailing Address 1438 N Ellington Pl		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : 1E18D136-C391-4B17-</b>
Eagle	ID	Amount of Each Receipt this Period
	83616-4078	<input type="text" value="500.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David Richardson</b>		Date of Receipt
Mailing Address 207 S Santa Anita Ave Ste P25		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : 4D32935948C080E3DA93</b>
San Gabriel	CA	Amount of Each Receipt this Period
	91776-1145	<input type="text" value="317.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1268.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David Ringel</b>		Date of Receipt
Mailing Address 8 Whyte Dr		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : BC2ED52D-1D40-420A-</b>
Voorhees	NJ	Amount of Each Receipt this Period
	08043-4152	<input type="text" value="500.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1317.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 64
	<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. Luis Rivera-Rodriguez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3241

City Mayaguez State PR Zip Code 00681-3241

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  
04 / 26 / 2012  
**Transaction ID : 2F621CFB-6F49-4C8A-**

Amount of Each Receipt this Period  
365.00

**B. Philip Rizzuto**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Lafayette Ct

City Barrington State RI Zip Code 02806-3810

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  
04 / 26 / 2012  
**Transaction ID : DABF1859-C843-4B6B-**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 6046 Whipple Ave NW

City North Canton State OH Zip Code 44720-7616

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  
04 / 23 / 2012  
**Transaction ID : 9550CD47B7E3843612B**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1030.00

**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 45 OF 64
	<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. Brian Rose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3580 W Golden Ln  
 City Chandler State AZ Zip Code 85226-1325  
 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  
 04 / 25 / 2012  
**Transaction ID : EB052B09-84D3-4E30-**  
 Amount of Each Receipt this Period  
 365.00

**B. Ruben Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 71 Glen Summer Rd  
 City Pasadena State CA Zip Code 91105-1416  
 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  
 04 / 25 / 2012  
**Transaction ID : 9639CFE1-ECDD-472C-**  
 Amount of Each Receipt this Period  
 365.00

**C. Jeffrey Sandler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 White Oak Ln  
 City Weston State CT Zip Code 06883-1527  
 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  
 04 / 25 / 2012  
**Transaction ID : 3B9FE920-6A76-4937-**  
 Amount of Each Receipt this Period  
 500.00

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

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

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

FOR LINE NUMBER: PAGE 46 OF 64

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A. Gary Schemmer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2900 E Lake Hartridge Dr

City Winter Haven State FL Zip Code 33881-1453

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  
04 / 25 / 2012

**Transaction ID : 7378D1C4-A38D-4AEC-**

Amount of Each Receipt this Period  
500.00

**B. Gerald Schultz**  
Full Name (Last, First, Middle Initial)

Mailing Address 36695 Los Alamos Rd

City Rancho Mirage State CA Zip Code 92270-1943

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  
04 / 25 / 2012

**Transaction ID : 8D68378D-984E-41EA-**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 203 Lothrop St  
Eye and Ear Inst, Suite 816

City Pittsburgh State PA Zip Code 15213-2548

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  
04 / 27 / 2012

**Transaction ID : 03A11317-7109-47CB-**

Amount of Each Receipt this Period  
500.00

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

1365.00

**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 47 OF 64
	<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. Stuart Seiff**  
Full Name (Last, First, Middle Initial)

Mailing Address 1170 Tournament Dr

City Hillsborough State CA Zip Code 94010-7432

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 ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : 3E162B6E-49C7-47A8-**

Amount of Each Receipt this Period  
 365.00

**B. Cynthia Self**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Meadowbrook Rd

City Bangor State ME Zip Code 04401-5633

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  
 04 / 26 / 2012  
**Transaction ID : C64C9AA3-C2AF-4EEE-**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 400 N Flagler Dr Apt 1001

City West Palm Beach State FL Zip Code 33401-4302

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  
 04 / 25 / 2012  
**Transaction ID : 102D8327-97B2-40A0-**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David Shulman</b>		Date of Receipt
Mailing Address 999 E Basse Rd Ste 127		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Antonio	TX	78209-1802
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 4A9BAB76209866D48826</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="333.36"/>	<input type="text" value="83.34"/>

Full Name (Last, First, Middle Initial) <b>B. Lawrence Singerman</b>		Date of Receipt
Mailing Address 3401 Enterprise Pkwy Ste 300		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cleveland	OH	44122-7340
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 460F9E9BA9C4AE7597C6</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="500.04"/>	<input type="text" value="83.34"/>

Full Name (Last, First, Middle Initial) <b>C. Brian Sippy</b>		Date of Receipt
Mailing Address 1720 Streamside Ct		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Missoula	MT	59808-9390
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	<b>Transaction ID : 461BD17C-5B73-413C-</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="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="666.68"/>
<b>TOTAL</b> 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 49 OF 64
	<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. Gregory Skuta**

Mailing Address 1516 Sweetbriar Ct

City Edmond State OK Zip Code 73034-6555

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  
 04 / 27 / 2012

**Transaction ID : 16A08DA8FCE3E22AEAO**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2100 Webster St Ste 214

City San Francisco State CA Zip Code 94115-2375

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2012

**Transaction ID : 4AD3AE8833205F363412**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**c. Derek Sprunger**

Mailing Address 8072 Hollybrook Ct

City Indianapolis State IN Zip Code 46250-1631

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  
 04 / 25 / 2012

**Transaction ID : D134D4A6-76CA-4ABB-**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)**

Full Name (Last, First, Middle Initial) <b>A. Robert Spurny</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 <b>Transaction ID : EEFC0BB4-B2B2-48C7-</b>
Mailing Address 1440 S Country Club Dr Ste 24		Amount of Each Receipt this Period 500.00
City Mesa	State AZ	
Zip Code 85210-9704		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>B. John Stabile</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 <b>Transaction ID : 9AA9CC4E-8EDE-496D-</b>
Mailing Address 30 Farrington St		Amount of Each Receipt this Period 1000.00
City Closter	State NJ	
Zip Code 07624-1020		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Stabile</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012 <b>Transaction ID : D8266EFC-7D40-4B6E-</b>
Mailing Address 30 Farrington St		Amount of Each Receipt this Period 1000.00
City Closter	State NJ	
Zip Code 07624-1020		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 64
	<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 Stechschulte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Brittany Ln  
 City Columbus State OH Zip Code 43220-4074  
 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  
 04 / 25 / 2012  
**Transaction ID : B64D2C90-DB93-47CD-**  
 Amount of Each Receipt this Period  
 500.00

**B. Paul Sternberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 623 Royal Oaks Pl  
 City Nashville State TN Zip Code 37205-3833  
 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  
 04 / 25 / 2012  
**Transaction ID : 1DF933FC-80BA-479A-**  
 Amount of Each Receipt this Period  
 1000.00

**C. Michael Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 River Marsh Dr  
 City Ponte Vedra Beach State FL Zip Code 32082-4212  
 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  
 04 / 30 / 2012  
**Transaction ID : 6D9484FE7B774EB10F6**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 64
	<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
-----------------------------	-----------------------------	-----------------------------

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. Cameron Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 Kimberly Ave  
 City Asheville State NC Zip Code 28804-2647  
 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  
 04 / 03 / 2012  
**Transaction ID : 4C0690B7D261773D2E98**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 333.36

**B. Regina Sun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 Vassar St Apt B  
 City Houston State TX Zip Code 77098-5454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2012  
**Transaction ID : 459681720C4151CB9AC3**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 333.36

**c. John Sutphin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9310 State Line Rd  
 City Leawood State KS Zip Code 66206-1924  
 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  
 04 / 23 / 2012  
**Transaction ID : 8CCC555C0C645A9EB51**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 64
	<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
-----------------------------	-----------------------------	-----------------------------

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. John Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1428C W Joppa Rd  
 City Towson State MD Zip Code 21204-3618  
 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  
 04 / 25 / 2012  
**Transaction ID : EDDD079B-166E-479D-**  
 Amount of Each Receipt this Period  
 1000.00

**B. Trexler Topping**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 132 Farlow Rd  
 City Newton State MA Zip Code 02458-2439  
 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  
 04 / 26 / 2012  
**Transaction ID : 6CC7DA44-1705-453E-**  
 Amount of Each Receipt this Period  
 500.00

**C. James Tsai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Temple St  
 City New Haven State CT Zip Code 06510-2718  
 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 ▼ 597.00

Date of Receipt  
 04 / 27 / 2012  
**Transaction ID : ABC16149-8284-4E26-**  
 Amount of Each Receipt this Period  
 199.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1699.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 64
	<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 Tsai**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 Temple St

City New Haven State CT Zip Code 06510-2718

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 ▼ **597.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2012**

**Transaction ID : A0A480B5-81B9-457A-**

Amount of Each Receipt this Period  
**199.00**

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

Mailing Address 40 Temple St

City New Haven State CT Zip Code 06510-2718

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 ▼ **597.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 27 / 2012**

**Transaction ID : 6D923D83-63F3-474B-**

Amount of Each Receipt this Period  
**199.00**

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

Mailing Address 18 Aldgate Dr W

City Plandome State NY Zip Code 11030-3951

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  
**04 / 25 / 2012**

**Transaction ID : 3F9A475E-0294-4F7A-**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>898.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Russell Van Gelder</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2012
Mailing Address 325 9th Ave # 359608		<b>Transaction ID : ED7BDAE8-2A48-49EE-</b>
City Seattle	State WA	Zip Code 98104-2420
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Woodford Van Van Meter</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2012
Mailing Address 216 Barrow Rd		<b>Transaction ID : DDF61B6-CAF5-4354-</b>
City Lexington	State KY	Zip Code 40502-1910
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Alan Wagner</b>		Date of Receipt MM / DD / YYYY 04 / 26 / 2012
Mailing Address 7106 Ocean Front Ave		<b>Transaction ID : FEE08BFE-1F6C-4796-</b>
City Virginia Beach	State VA	Zip Code 23451-2059
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 64
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Marshall Wareham</b>		Date of Receipt
Mailing Address 5250 Far Hills Ave		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012
City	State	Zip Code
Dayton	OH	45429-2382
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : E1C5B577-E153-4B62-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	365.00	

Full Name (Last, First, Middle Initial) <b>B. Ann Warn</b>		Date of Receipt
Mailing Address 3201 W Gore Blvd Ste 200		M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2012
City	State	Zip Code
Lawton	OK	73505-6350
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 96B0A666-86F8-4334-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) <b>C. John Wells III</b>		Date of Receipt
Mailing Address 8 Cedarwood Ln		M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2012
City	State	Zip Code
Columbia	SC	29205-1929
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 89C228E5-20BE-4286-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 64
	<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. Jeffrey Whitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2801 Lemmon Ave  
 Ste 400  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 284F5917-875E-479F-**  
 Amount of Each Receipt this Period  
 1000.00

**B. Peter Whitted**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1707 S 85th Ave  
 City Omaha State NE Zip Code 68124-1335  
 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  
 04 / 26 / 2012  
**Transaction ID : 3A5BDE88-3264-487F-**  
 Amount of Each Receipt this Period  
 1000.00

**C. Craig Wilkerson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Jimmy Green Rd  
 City East Helena State MT Zip Code 59635-3464  
 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  
 04 / 25 / 2012  
**Transaction ID : 6EBF41DE-BDE8-42F5-**  
 Amount of Each Receipt this Period  
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 64
	<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. Ruth Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1N611 Indian Knoll Rd

City West Chicago State IL Zip Code 60185-2459

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  
04 / 27 / 2012  
Transaction ID : 6D645E6F8D8447300A2

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1551 Renaissance Towne Dr Ste 340

City Bountiful State UT Zip Code 84010-7670

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  
04 / 06 / 2012  
Transaction ID : 81559075D9BD04B43FA

Amount of Each Receipt this Period  
300.00

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

Mailing Address 4309 Brambleridge Ln

City Midland State MI Zip Code 48640-2144

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  
04 / 25 / 2012  
Transaction ID : C702E827-173A-4492-

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	85337.45

**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 discount - Apr 2012

001

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
04		30		2012

**Transaction ID : 054A8CC3BD7DAD9B3F3**

Amount of Each Disbursement this Period

876.47
--------

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 - Apr 2012

001

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
04		30		2012

**Transaction ID : BF5EA3FE8FFB0EE9FA0**

Amount of Each Disbursement this Period

364.20
--------

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)..... ▶

1240.67
---------

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

1240.67
---------

**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

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)**

Full Name (Last, First, Middle Initial)

**A. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Charles W. Dent**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2012

**Transaction ID : 32236E8CDA75E653A5D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Erik Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2012

**Transaction ID : 642CAD2DA836CBDC10B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Joseph Heck Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2012

**Transaction ID : B43753EC7C7DF0EC924**

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. George Faught for Congress**

Mailing Address PO Box 1450

City Muskogee State OK Zip Code 74402

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**George E. Faught**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	2

**Transaction ID : 37B5A79A1FC5E9445DD**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Kirk Adams for Congress**

Mailing Address PO Box 8531

City Mesa State AZ Zip Code 85214

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Kirk David Adams**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	2

**Transaction ID : D202414FA4E68520728**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. McGoff for Congress**

Mailing Address PO Box 44188

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**John P. McGoff**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	2

**Transaction ID : DF54C95CC7BC569332D**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	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. Southwest Leadership Fund**

Mailing Address PO Box 25084

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Southwest Leadership Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 11 / 2012

**Transaction ID : 10D86701F5498EC18F4**

Amount of Each Disbursement this Period

5000.00

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) **Contribution**

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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) **Contribution**

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

5000.00

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

28500.00

**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. David Gossage**

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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  
04 / 27 / 2012

**Transaction ID : 23975B4DB9921265579**

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Thomas McPhee**

Mailing Address 8320 E Aster Dr

City Scottsdale State AZ Zip Code 85260-5236

Purpose of Disbursement Duplicate

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 27 / 2012

**Transaction ID : FEA033FA1A347BF716A**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Stuart Seiff**

Mailing Address 1170 Tournament Dr

City Hillsborough State CA Zip Code 94010-7432

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  
04 / 27 / 2012

**Transaction ID : F79AD65E3A09A2CA722**

Amount of Each Disbursement this Period

365.00

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

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

1230.00

**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. John Stable**

Mailing Address 30 Farrington St

City Closter State NJ Zip Code 07624-1020

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2012

**Transaction ID : 1E3ABB018F2B43604B0**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

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

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

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

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)..... ▶

1000.00
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2230.00
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