

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

Office Use Only

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

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

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

C C00196246

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

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

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 27 2012

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2012

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

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 08 2013

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	220798.84	
(c) Total Receipts (from Line 19) .....	105804.50	807525.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	326603.34	1263436.29
7. Total Disbursements (from Line 31) .....	34096.95	970929.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	292506.39	292506.39
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	7		2	0	1	2		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	2		3	1		2	0	1	2		

**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).....

91047.09

659627.76

(ii) Unitemized .....

14757.41

138499.17

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

105804.50

798126.93

(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) .....

105804.50

798126.93

## 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

7000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2399.00

## 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))..... ▶

105804.50

807525.93

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

105804.50

807525.93

**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 .....	1756.95	17862.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1756.95	17862.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	597347.69
24. Independent Expenditures (use Schedule E) .....	0.00	340082.90
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 .....	2340.00	15636.68
(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)).....	2340.00	15636.68
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)) ..	34096.95	970929.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34096.95	970929.90

**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) .....	105804.50	798126.93
34. Total Contribution Refunds (from Line 28(d)) .....	2340.00	15636.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	103464.50	782490.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1756.95	17862.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	1756.95	17862.63

# **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 100

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Stacey Ackerman**

Mailing Address Ste 302

1113 Hospital Dr

City

Willingboro

State

NJ

Zip Code

08046-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : D6D01705-51BB-484D-A**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Ashim Aggarwal**

Mailing Address 4660 S. Hagadorn, Suite 200

City

East Lansing

State

MI

Zip Code

48823

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  
11 / 30 / 2012

**Transaction ID : CDBB49DB-8829-4C79-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Manek Anklesaria**

Mailing Address 4415 S Harvard Ave Ste 120

City

Tulsa

State

OK

Zip Code

74135-2620

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 ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : C225F5D0-9129-46E0-A**

Amount of Each Receipt this Period

125.00

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

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

875.00

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

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

FOR LINE NUMBER: PAGE 7 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Andrew Antoszyk**

Mailing Address 4832 Sentinel Post Road

City State Zip Code  
 Charlotte NC 28226

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : 6C79838D-42BB-42FA-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Antoszyk**

Mailing Address 6035 Fairview Rd

City State Zip Code  
 Charlotte NC 28210-3256

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 ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : 005DB947-99E6-4439-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. John Armstrong**

Mailing Address 1590 Darling St

City State Zip Code  
 Ogden UT 84403-0445

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : 619EFF7E-0D3E-4998-B

Amount of Each Receipt this Period

365.00

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

1064.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jorge Arroyo**

Mailing Address 50 Edgehill Rd

City

Brookline

State

MA

Zip Code

02445-7722

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  
12 / 20 / 2012

Transaction ID : EDB75CF9-3BAB-4F7D-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Brock Bakewell**

Mailing Address 5599 N Oracle Rd

City

Tucson

State

AZ

Zip Code

85704-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 7E3C0083-FE88-4F76-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. E. Michael Balok**

Mailing Address 4050 River Rd

City

East China

State

MI

Zip Code

48054-2908

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  
11 / 30 / 2012

Transaction ID : 3C16AA5E-909F-42A7-A

Amount of Each Receipt this Period

1000.00

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

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

2365.00



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 100

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Tracy Baltz**

Mailing Address 9800 Baptist Health Dr Ste 400

City  
Little Rock

State  
AR

Zip Code  
72205-6238

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

12 / 18 / 2012

**Transaction ID : 852660F9-7079-45EA-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. James Barad**

Mailing Address 525 N Tejon St

City  
Colorado Springs

State  
CO

Zip Code  
80903-1109

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 ▼

550.00

Date of Receipt

12 / 04 / 2012

**Transaction ID : 0F35317E-2E87-47F5-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. James Barad**

Mailing Address 525 N Tejon St

City  
Colorado Springs

State  
CO

Zip Code  
80903-1109

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 ▼

550.00

Date of Receipt

12 / 04 / 2012

**Transaction ID : 72E386C6-B833-4B76-B**

Amount of Each Receipt this Period

50.00

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

1050.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 10 OF 100

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ronald Barke**

Mailing Address 910 N Davis Dr  
Ste 100

City State Zip Code  
Arlington TX 76012-3200

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2012

**Transaction ID : 4D308FDB6F10B80E2B9C**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Joseph Barron**

Mailing Address 3101 Mercedes Dr

City State Zip Code  
Monroe LA 71201-5159

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2012

**Transaction ID : 5627ACDC-C690-4D79-9**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Roger Alfred Barth**

Mailing Address 160 Heritage Way Ste 202

City State Zip Code  
Kalispell MT 59901-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : C119D693-EA6E-4334-B**

Amount of Each Receipt this Period

500.00

**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: PAGE 11 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ivan Battle**

Mailing Address 9301 W 74th St  
Ste 210

City State Zip Code  
Shawnee Mission KS 66204-2235

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 4C4AB7EA148FBC8D32A8**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Ivan Battle**

Mailing Address 9301 W 74th St  
Ste 210

City State Zip Code  
Shawnee Mission KS 66204-2235

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

**Transaction ID : 45E39FBA5ACDDAD0BB49**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jeffrey Baumann**

Mailing Address 17560 W Hwy 441

City State Zip Code  
Mount Dora FL 32757

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 ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 83ABE28E-A691-4EA5-B**

Amount of Each Receipt this Period

365.00

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

448.34

**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: PAGE 12 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Ivan Baumwell**

Mailing Address 400 Broad St  
Ste 2020

City State Zip Code  
Sewickley PA 15143-1500

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2012

**Transaction ID : 48B6995BD2A15513371D**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **B. Robert Behar**

Mailing Address 2610 E Allegheny Ave

City State Zip Code  
Philadelphia PA 19134-5104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : B75B1BF2-1238-4D8F-B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Andrew Berman**

Mailing Address 9630 N Kenton Ave

City State Zip Code  
Skokie IL 60076

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 ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : D25DABE6-5C51-4A2B-B**

Amount of Each Receipt this Period

365.00

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

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

698.34

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Chad Betts**

Mailing Address 4333 W Coneflower Pl

City State Zip Code  
 Fayetteville AR 72704-6381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 13 2012

**Transaction ID : 5865EAAA-D421-467D-A**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Perry Binder**

Mailing Address 2500 6th Ave  
 Unit 307

City State Zip Code  
 San Diego CA 92103-6630

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

**Transaction ID : 705A286D-B882-4DB2-9**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Charles Birnbach**

Mailing Address 1750 112th Ave NE Ste D050

City State Zip Code  
 Bellevue WA 98004-3752

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 17 2012

**Transaction ID : DE11E80D-BC3A-4553-A**

Amount of Each Receipt this Period

500.00

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

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

1115.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jerry Blair**

Mailing Address 3600 Amron Ct

City  
Columbia

State  
MO

Zip Code  
65202-1918

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

11 / 30 / 2012

**Transaction ID : 4E7562BD-FE08-41C0-8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert Block**

Mailing Address 12 Curtis St

City  
Meriden

State  
CT

Zip Code  
06450-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

12 / 12 / 2012

**Transaction ID : 48B5BFE5AC6A04A51349**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Steven Bodine**

Mailing Address 915 Palmer Rd  
Retina Consultations

City  
Bronxville

State  
NY

Zip Code  
10708-3304

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 ▼

500.04

Date of Receipt

11 / 28 / 2012

**Transaction ID : 4752941660385B35133B**

Amount of Each Receipt this Period

41.67

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

333.34

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Steven Bodine**

Mailing Address 915 Palmer Rd

Retina Consultations

City

Bronxville

State

NY

Zip Code

10708-3304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

12 / 28 / 2012

**Transaction ID : 4D5B93ECB1A2BE02AFCF**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. David Bogorad**

Mailing Address 1120 15th St

City

Augusta

State

GA

Zip Code

30912-0004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

12 / 26 / 2012

**Transaction ID : 4535B694D6D90109F78D**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. Edwin Boldrey**

Mailing Address 2512 Samaritan Ct

Ste A

City

San Jose

State

CA

Zip Code

95124-4002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 19 / 2012

**Transaction ID : 1518F457-8822-4F55-8**

Amount of Each Receipt this Period

500.00

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

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

583.34

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Peter Branden**

Mailing Address Ste 100

1201 W Main St

City

Waterbury

State

CT

Zip Code

06708-3176

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

12 / 09 / 2012

Transaction ID : CCDE6F72-8272-4129-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. James Gerard Brooks Jr.**

Mailing Address 2616 Warm Springs Rd

City

Columbus

State

GA

Zip Code

31904-5323

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 ▼

500.04

Date of Receipt

12 / 22 / 2012

Transaction ID : 4FC0987A16A149BD3EE3

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Bruce Brumm**

Mailing Address 6751 N 72nd St

Ste 105

City

Omaha

State

NE

Zip Code

68122-1746

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 ▼

500.04

Date of Receipt

12 / 03 / 2012

Transaction ID : 4B7589D32B1484869266

Amount of Each Receipt this Period

41.67

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

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

448.34



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dawn Buckingham**

Mailing Address 5011 Burnet Rd

City  
Austin

State  
TX

Zip Code  
78756-2611

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 ▼

2000.00

Date of Receipt

11 / 29 / 2012

**Transaction ID : 9A6E26E2-2528-473D-A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John Bullock Jr.**

Mailing Address 6432 Roselawn Road

City

Richmond

State

VA

Zip Code

23226

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

11 / 30 / 2012

**Transaction ID : D0BF4536-0D6C-41A5-9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. John Burchfield**

Mailing Address 2865 N Reynolds Rd  
Ste 170

City

Toledo

State

OH

Zip Code

43615-2076

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

12 / 18 / 2012

**Transaction ID : 4C19B73ABF8A258950DB**

Amount of Each Receipt this Period

25.00

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

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

1525.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Frank Burns**

Mailing Address 301 Pepperbush Rd

City

Louisville

State

KY

Zip Code

40207-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

12 / 06 / 2012

Transaction ID : 43F3903EA714E0A25032

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Peter Campanella**

Mailing Address 3855 Penn Ave

City

Sinking Spring

State

PA

Zip Code

19608-1174

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

12 / 10 / 2012

Transaction ID : 42C2AFB74F6D03891F74

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Jeffrey Carlisle**

Mailing Address 3975 Lawrenceville Hwy NW

City

Lilburn

State

GA

Zip Code

30047-2817

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

12 / 18 / 2012

Transaction ID : B61283A3-E31F-46A7-A

Amount of Each Receipt this Period

250.00

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

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

375.01

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Peter Cetta**

Mailing Address 10 W Hanover Ave  
Suite 103

City Randolph State NJ Zip Code 07869-4221

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 ▼

398.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 057BA377-F18A-46C8-B**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Peter Cetta**

Mailing Address 10 W Hanover Ave  
Suite 103

City Randolph State NJ Zip Code 07869-4221

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 ▼

398.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 2CA1D06F-0FE4-4F1F-9**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**c. Jeffrey Chung**

Mailing Address PO Box 1439

City Laurel State MD Zip Code 20725-1439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 57DF70BE-99E3-459A-A**

Amount of Each Receipt this Period

500.00

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

898.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Grace Cincirpini**

Mailing Address 514 - 34th Ave

City  
Seattle

State  
WA

Zip Code  
98122-6472

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

11 / 30 / 2012

**Transaction ID : 6EAAB295-7498-4655-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alys 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 ▼

1000.08

Date of Receipt

11 / 27 / 2012

**Transaction ID : 4B88B5A81816AAD7371B**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Alys 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 ▼

1000.08

Date of Receipt

12 / 27 / 2012

**Transaction ID : 44C4A43AF747126ECB56**

Amount of Each Receipt this Period

83.34

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

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

666.68

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Timothy Crowley**

Mailing Address 4405 Bellemeade ave. suite 101

City State Zip Code  
 Evansville IN 47714

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 ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 11 2012

**Transaction ID : 1122EC1F-0B45-4280-9**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Peter Custis**

Mailing Address Dept of Ophthalmology  
 4405 Vandever Ave

City State Zip Code  
 San Diego CA 92120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

**Transaction ID : 6F0C00BD-799B-4004-B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel Day**

Mailing Address 1625 Cedar Lake Pkwy

City State Zip Code  
 Minneapolis MN 55416-3613

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 ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

**Transaction ID : 64D68232-8071-47C5-B**

Amount of Each Receipt this Period

365.00

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

814.00

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Susan Day**

Mailing Address 2340 Clay St Ste 100

City State Zip Code  
San Francisco CA 94115-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 21D2BE93-66C5-4515-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Adrienne Marie De La Paz**

Mailing Address 422 Poplar St

City State Zip Code  
Terre Haute IN 47807-4209

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 ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 02 / 2012

Transaction ID : 49C3B99644146A3400F7

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**C. Jean Disseler**

Mailing Address 1025 Maine Street

City State Zip Code  
Quincy IL 62301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : CDAA8EF2-FB65-40EB-A

Amount of Each Receipt this Period

365.00

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

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

1031.67

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Andrew Doan**

Mailing Address 31515 Rancho Pueblo Rd Ste 103

City State Zip Code  
 Temecula CA 92592-4837

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 ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : 449D2517-8164-46AE-A

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Linda Dressler**

Mailing Address Ste 10  
 3930 Pender Dr

City State Zip Code  
 Fairfax VA 22030-6028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : 64A1BA29-EADC-49C7-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Michael Drinnan**

Mailing Address Ste 310  
 101 S San Mateo Dr

City State Zip Code  
 San Mateo CA 94401-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2012

Transaction ID : 8F76E1F8-6619-4D54-8

Amount of Each Receipt this Period

500.00

**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)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joseph Elman**

Mailing Address 140 Washington Ave

City

North Haven

State

CT

Zip Code

06473-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 3BA74CE0-5730-4785-A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Sergul Erzurum**

Mailing Address 1075 W Western Reserve Rd

City

Poland

State

OH

Zip Code

44514-3541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 50762635-C126-4D64-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. John Stuart Ettenson**

Mailing Address 1 Theall Rd

City

Rye

State

NY

Zip Code

10580-1404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 08 / 2012

Transaction ID : E5304199-AAFA-4AA9-A

Amount of Each Receipt this Period

500.00

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

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

1550.00



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Matthew Farber**

Mailing Address Ste 300

7900 W Jefferson Blvd

City

State

Zip Code

Fort Wayne

IN

46804-4128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : B57BAEE3-2C2D-4AF0-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Natalka Fedoriw**

Mailing Address 3301 Lake Ave

City

State

Zip Code

Fort Wayne

IN

46805-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 07 / 2012

Transaction ID : BA6473FE-0EAF-4DCA-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Martin Fishman**

Mailing Address Ste 3

431 Monterey Ave

City

State

Zip Code

Los Gatos

CA

95030-5319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 12 / 2012

Transaction ID : 31FD4C04-8D90-4196-8

Amount of Each Receipt this Period

500.00

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

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

2500.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Gregory Fitzgerald**

Mailing Address 2604 Aubrey Dr

City State Zip Code  
 Lake Orion MI 48360-1997

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : 7A382D7A-6CA9-446C-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nancy Flattem**

Mailing Address P.O Box 63053

City State Zip Code  
 Colorado Springs CO 80962

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : 1D575A71-0C2E-4793-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. James Fly**

Mailing Address Ste 500  
 1190 N State St

City State Zip Code  
 Jackson MS 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  
 11 30 2012

Transaction ID : B4DC4776-076D-469F-B

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Erin Fogel**

Mailing Address 13 N Bow Dunbarton Rd

City State Zip Code  
Bow NH 03304-4701

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 ▼

243.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 26 / 2012

**Transaction ID : 4086A03690E09C3570FE**

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

**B. Leslie Fox**

Mailing Address Ste 101  
1703 S Meridian

City State Zip Code  
Puyallup WA 98371-7590

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 ▼

199.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2012

**Transaction ID : CD30D68D-2D93-437D-8**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. Ronald Freeman**

Mailing Address 1800 Hollister Dr Ste 205

City State Zip Code  
Libertyville IL 60048-5266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 04F623AC-99E3-4E80-9**

Amount of Each Receipt this Period

250.00

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

479.41

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Gretchen Fuerste**

Mailing Address 2140 JFK Rd

City

Dubuque

State

IA

Zip Code

52002-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : B1837E51-1E41-4B07-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Timothy Gard**

Mailing Address 512 E Main St

City

Hillsboro

State

OR

Zip Code

97123-4159

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

11 / 30 / 2012

**Transaction ID : B80BFCBE-8DB6-47B4-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Sunir Garg**

Mailing Address 840 Walnut St  
Ste 1020

City

Philadelphia

State

PA

Zip Code

19107-5109

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 ▼

365.04

Date of Receipt

11 / 27 / 2012

**Transaction ID : 4853B8BB061B10A9AB2B**

Amount of Each Receipt this Period

30.42

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

895.42

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Sunir Garg**

Mailing Address 840 Walnut St  
Ste 1020

City Philadelphia State PA Zip Code 19107-5109

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 ▼

365.04

Date of Receipt

12 / 27 / 2012

**Transaction ID : 4453AB0EFDCF7C0E5358**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Michael Gilbert**

Mailing Address 1364 91st Ave NE

City Clyde Hill State WA Zip Code 98004-3326

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 ▼

1000.08

Date of Receipt

12 / 03 / 2012

**Transaction ID : 4296A9C84DDFBEC4B6D6**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **C. Vincent Mark Gioia**

Mailing Address Ste 1  
2230 Sunset Blvd

City Steubenville State OH Zip Code 43952-2404

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

11 / 30 / 2012

**Transaction ID : 7B990CA2-967B-4111-A**

Amount of Each Receipt this Period

500.00

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

613.76

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Victor Gonzalez**

Mailing Address 1309 E Ridge Rd Ste 1

City

McAllen

State

TX

Zip Code

78503-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 363BE5A0-D198-4448-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Douglas Goosey**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 28 / 2012

**Transaction ID : 4BABA7A65E3EDC5786B7**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. John Douglas Goosey**

Mailing Address 6545 Rutgers

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 18737329-832F-464E-B**

Amount of Each Receipt this Period

500.00

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

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

1100.00

# **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)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Douglas Goosey**

Mailing Address 6545 Rutgers

City

Houston

State

TX

Zip Code

77005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 30 / 2012

Transaction ID : CDFCFE9E-F0AB-469B-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Douglas Goosey**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

12 / 28 / 2012

Transaction ID : 4DA7A48090DEC66FDFCE

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Paul Greenfield**

Mailing Address 503 Broadway

City

Everett

State

MA

Zip Code

02149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

615.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 6A700EB5-E882-4105-9

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ashvani Gulati**

Mailing Address 3750 Delaware Avenue

City State Zip Code  
 Kenmore NY 14217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : E7D36397-88EF-4182-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Paul Gulbas**

Mailing Address 1201 N Mesa

City State Zip Code  
 El Paso TX 79902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : 54060278-2D8B-46AE-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Carter Gussler**

Mailing Address 2841 Lexington Ave

City State Zip Code  
 Ashland KY 41101-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : 965A6727-0057-48B7-8**

Amount of Each Receipt this Period

500.00

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

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

1500.00



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 33 OF 100

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Hagan**

Mailing Address Ste 200

9401 N Oak Trfy

City

Kansas City

State

MO

Zip Code

64155-3393

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 9D4AD2ED-8BC3-47F4-A

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. John Haley**

Mailing Address 1626 Forest Ln S

Ste B

City

Garland

State

TX

Zip Code

75042-7943

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 ▼

666.72

Date of Receipt

12 / 05 / 2012

Transaction ID : 4F578EBE232A3C015F3D

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Omar Hanuch**

Mailing Address Bldg 700

2300 Buffalo Rd

City

Rochester

State

NY

Zip Code

14624-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

11 / 30 / 2012

Transaction ID : B71CB23B-CA04-4436-B

Amount of Each Receipt this Period

199.00

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

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

2782.34

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Robert Harbin**

Mailing Address 550 Redmond Rd

City State Zip Code  
 Rome GA 30165-1416

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : 4234AE02-3C92-4641-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Alan Harris**

Mailing Address 1729 Burrstone Rd

City State Zip Code  
 New Hartford NY 13413

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 ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 17 2012

Transaction ID : B32C4E5C-504E-415F-A

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. Thomas Harvey**

Mailing Address 1115 E Lowes Creek Rd

City State Zip Code  
 Eau Claire WI 54701-7439

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 ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

Transaction ID : A062D552-B8D3-4576-B

Amount of Each Receipt this Period

100.00

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

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

799.00

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

Use separate schedule(s)  
for each category of the  
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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 Hayes**

Mailing Address PSC 475 Box 1374

City

Fleet Post Office

State

AP

Zip Code

96350-1374

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 / D D / Y Y Y Y Y Y  
12 / 21 / 2012

Transaction ID : 4ACBBE623FC8DE31DE3E

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. G. David Hendricks**

Mailing Address 1201 Summit Ave

City

Fort Worth

State

TX

Zip Code

76102-4413

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 ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 2F415BE4-B9BB-4562-B

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. K. Dwight Hendricks**

Mailing Address Ste 226  
8919 Parallel Pkwy

City

Kansas City

State

KS

Zip Code

66112-1655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 4234FF2E-E20A-4DB5-A

Amount of Each Receipt this Period

250.00

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

533.34

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Marc Hirsch**

Mailing Address 10714 N San Marino Dr

City State Zip Code  
 Mequon WI 53092-5964

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 ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2012

**Transaction ID : 6CE4275B-E0A0-4540-8**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. William Holcomb**

Mailing Address Suite 410  
 1890 Highway 157

City State Zip Code  
 Cullman AL 35058-0689

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 16 / 2012

**Transaction ID : 4B4193608CEB408F30EC**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Jack Holladay**

Mailing Address 5108 Braeburn Dr

City State Zip Code  
 Bellaire TX 77401-4902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : C87F9814-A4F7-4635-A**

Amount of Each Receipt this Period

500.00

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

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

782.34

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Eliza Hoskins**

Mailing Address 17 Normandy Ln

City State Zip Code  
Orinda CA 94563-1316

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

11 / 30 / 2012

Transaction ID : 99572398-1E5A-4FE6-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. G. Baker Hubbard**

Mailing Address 1365B Clifton Rd NE  
Ste B3409

City State Zip Code  
Atlanta GA 30322-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 08 / 2012

Transaction ID : 4A228F1CE99F55E8C0DD

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. David Hunter**

Mailing Address 300 Longwood Ave

City State Zip Code  
Boston MA 02115-5724

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 ▼

365.04

Date of Receipt

12 / 13 / 2012

Transaction ID : 48BFB66CBE856148B1F4

Amount of Each Receipt this Period

30.42

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

420.42

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. W. Jackson Iliff**

Mailing Address 901 Crystal Spring Farm Rd

City

Annapolis

State

MD

Zip Code

21403-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 43E2AE79C3886546F8CC**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. W. Jackson Iliff**

Mailing Address 901 Crystal Spring Farm Rd

City

Annapolis

State

MD

Zip Code

21403-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

12 / 30 / 2012

**Transaction ID : 49EF8249DC206489C622**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Robert Janigian**

Mailing Address 131 Applegate Rd

City

Cranston

State

RI

Zip Code

02920-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

11 / 30 / 2012

**Transaction ID : FAE697E5C9FDEF7645F**

Amount of Each Receipt this Period

41.67

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

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

141.67

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert Janigian**

Mailing Address 131 Applegate Rd

City

Cranston

State

RI

Zip Code

02920-3731

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

12 / 30 / 2012

**Transaction ID : A18CD0EDD214B972066**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Carol Johnston**

Mailing Address 6 Office Park Dr

City

Jacksonville

State

NC

Zip Code

28546-7325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 06 / 2012

**Transaction ID : D48D580E-3661-4C54-A**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Randolph Johnston**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 4B0E8EEF82AC00AE34EF**

Amount of Each Receipt this Period

100.00

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

506.67

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

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Randolph Johnston**

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2012

**Transaction ID : 4671BD044D051E278938**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Leslie Jones**

Mailing Address 2041 Georgia Ave NW  
Ste 2100

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 08 / 2012

**Transaction ID : 4A50B86E2CA1FB4BD2CA**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Henry Kaplan**

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 ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2012

**Transaction ID : 40CCA23E34C639CCB041**

Amount of Each Receipt this Period

41.67

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

183.34

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



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

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

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

Full Name (Last, First, Middle Initial)

**A. Jeffrey Kaplan**

Mailing Address Ste 106

4699 Main St

City

Bridgeport

State

CT

Zip Code

06606-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 9D09161C-4F9B-4AC9-B

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Randy Steven Katz**

Mailing Address 1717 W Woolbright Rd

City

Boynton Beach

State

FL

Zip Code

33426-6319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

Transaction ID : ECE4CD26-EDD4-4B01-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jeffrey Kearfott**

Mailing Address Kearfott Eye Group Inc

20 S Burnett Rd

City

Springfield

State

OH

Zip Code

45505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 078EC5A2-9BAD-43C2-8

Amount of Each Receipt this Period

365.00

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

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

1064.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Curtin Kelley**

Mailing Address Ste 320

262 Neil Ave

City

Columbus

State

OH

Zip Code

43215-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : B2C9AA93-CB62-4121-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Dennis Kilpatrick**

Mailing Address 7550 E 2nd St

City

Scottsdale

State

AZ

Zip Code

85251-4504

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  
11 / 30 / 2012

**Transaction ID : 18CD1053-4C60-404B-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Szilard Kiss**

Mailing Address FI 11

1305 York Ave

City

New York

State

NY

Zip Code

10021-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 4AD7E92F-779A-4C31-B**

Amount of Each Receipt this Period

365.00

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

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

1230.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 43 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Kitchens**

Mailing Address Ste 500

120 N Eagle Creek Dr

City

Lexington

State

KY

Zip Code

40509-1827

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

11 / 30 / 2012

Transaction ID : 3B50C58D-F41F-4004-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. James Klein**

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 ▼

1200.00

Date of Receipt

12 / 05 / 2012

Transaction ID : 4C09AB0E899C4DB22376

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Jerry Knauer III**

Mailing Address 2535 Riverside Ave

City

Jacksonville

State

FL

Zip Code

32204

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

11 / 30 / 2012

Transaction ID : C45F4603-2AB6-43D3-B

Amount of Each Receipt this Period

1000.00

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

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

2100.00

# **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 44 OF 100

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

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Christopher Knight**

Mailing Address 198 Ems T5 Ln

City

Leesburg

State

IN

Zip Code

46538-8841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 2F852923-B0C1-4A28-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Paula Ko**

Mailing Address 1207 N Scott St

City

Wilmington

State

DE

Zip Code

19806-4059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 4B1550A8-C113-42AF-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Sylvia Kodosi**

Mailing Address 300 E 33rd St Apt 21M

City

New York

State

NY

Zip Code

10016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

398.00

Date of Receipt

11 / 30 / 2012

Transaction ID : B4A0EE8E-EE02-4216-A

Amount of Each Receipt this Period

199.00

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

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

929.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 45 OF 100

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Douglas Kopp**

Mailing Address 2222 W 24th St

Unit 10

City

Plainview

State

TX

Zip Code

79072-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 08 / 2012

Transaction ID : 40B88B9B4EF7FD358F55

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Kristine Kunesch-Part**

Mailing Address 2601 Far Hills Ave

City

Dayton

State

OH

Zip Code

45419-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 603D4441-0E5A-4FC3-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Bruce Larson**

Mailing Address 126 West First Street

City

Hinsdale

State

IL

Zip Code

60521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : F006A0DD-FDAB-4DDD-8

Amount of Each Receipt this Period

500.00

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

915.00

**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  
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FOR LINE NUMBER:  
(check only one)

PAGE 46 OF 100

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Janice Law**

Mailing Address 2311 Pierce Ave

City

Nashville

State

TN

Zip Code

37232-0025

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 ▼

475.00

Date of Receipt

12 / 04 / 2012

**Transaction ID : 404F93D02B9B21670801**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Katherine Lee**

Mailing Address 222 N 2nd St Ste 215

City

Boise

State

ID

Zip Code

83702-6130

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 ▼

1500.00

Date of Receipt

12 / 06 / 2012

**Transaction ID : A2426F36-7127-4093-9**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Robert Lehmann**

Mailing Address 5300 North Street

City

Nacogdoches

State

TX

Zip Code

75965

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

11 / 30 / 2012

**Transaction ID : D35F89DB-02F2-41CE-A**

Amount of Each Receipt this Period

1500.00

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

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

2525.00

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

Use separate schedule(s)  
for each category of the  
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PAGE 47 OF 100

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

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

Full Name (Last, First, Middle Initial)

**A. Andrew Levada**

Mailing Address Ste 100

1201 W Main St

City

Waterbury

State

CT

Zip Code

06708-3176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2012

**Transaction ID : 15EE8A56-45B2-4201-8**

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Leah Levi**

Mailing Address 9500 Gilman Drive

MC 0946

City

San Diego

State

CA

Zip Code

92093-0946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : DAF93F8C-BB90-4F9D-B**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. David Levine**

Mailing Address Ste H2

19271 Montgomery Village Ave

City

Montgomery Village

State

MD

Zip Code

20886-5029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 7011AAE8-D458-462F-8**

Amount of Each Receipt this Period

500.00

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

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

940.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Jay Harris Levy**

Mailing Address 184 NE 168th St

City  
Miami

State  
FL

Zip Code  
33162-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.02

Date of Receipt

11 / 30 / 2012

Transaction ID : CA3CC1DE-3674-45DE-9

Amount of Each Receipt this Period

166.64

Full Name (Last, First, Middle Initial)

**B. Jay Harris Levy**

Mailing Address 184 NE 168th St

City

North Miami Beach

State

FL

Zip Code

33162-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.02

Date of Receipt

12 / 10 / 2012

Transaction ID : 47A298FD2D56CE5BD9F5

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Myron Lewyckj**

Mailing Address Ste D

1620 Country Club Rd

City

Valparaiso

State

IN

Zip Code

46383-2676

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

12 / 18 / 2012

Transaction ID : D91425FE-B827-4475-A

Amount of Each Receipt this Period

1000.00

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

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

1249.98



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Peter Liggett**

Mailing Address Ste 300

2200 Whitney Ave

City

Hamden

State

CT

Zip Code

06518-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 30 / 2012

**Transaction ID : 45B8711A-4B57-47EB-9**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Peter Liggett**

Mailing Address Ste 300

2200 Whitney Ave

City

Hamden

State

CT

Zip Code

06518-3602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 30 / 2012

**Transaction ID : 7C2F9E3C-46B9-48E4-A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Sue Lim**

Mailing Address 263 Harrington Dr

City

Troy

State

MI

Zip Code

48098-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 08 / 2012

**Transaction ID : 48BC99F35CA7FB051996**

Amount of Each Receipt this Period

25.00

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

2025.00

**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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richard Lindstrom**

Mailing Address Ste 200

9801 Dupont Ave S

City

Bloomington

State

MN

Zip Code

55431-3200

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 9DFDC41F-4806-461E-A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Robert Lowery**

Mailing Address 105 Central Ave

City

Searcy

State

AR

Zip Code

72143-7329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 11C32291-80A3-4356-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Aaron Mack**

Mailing Address 150 Taylor Station Rd

Ste 150

City

Columbus

State

OH

Zip Code

43213-4440

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 / D D / Y Y Y Y Y Y  
12 / 10 / 2012

**Transaction ID : 49AA8E629D8F02994A58**

Amount of Each Receipt this Period

41.67

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

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

1406.67

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

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

FOR LINE NUMBER: PAGE 51 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ahad Mahootchi**

Mailing Address PO Box 1059

City State Zip Code  
 Zephyrhills FL 33539-1059

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 ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 26 2012

**Transaction ID : 4537AFAB231D930BAB2C**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. William Mallon**

Mailing Address 3500 US Highway 1

City State Zip Code  
 Vero Beach FL 32960-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

**Transaction ID : DFBDA141-ACB4-4EC6-A**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Matthew Margolis**

Mailing Address 601 E Matthews Ave

City State Zip Code  
 Jonesboro AR 72401-3145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 27 2012

**Transaction ID : 66760912D2767BDDFAA**

Amount of Each Receipt this Period

365.00

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

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

948.34

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

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

FOR LINE NUMBER: PAGE 52 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Alan Marks**

Mailing Address 2110 Northern Blvd  
Ste 208

City State Zip Code  
Manhasset NY 11030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : D142A5EE-CDE6-4185-8**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Benjamin Mason**

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code  
Cedar Falls IA 50613-1514

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 ▼

500.04

Date of Receipt

11 / 29 / 2012

**Transaction ID : 401E82CE7BFD908D8A5C**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Benjamin Mason**

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code  
Cedar Falls IA 50613-1514

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 ▼

500.04

Date of Receipt

12 / 29 / 2012

**Transaction ID : 4B3C84B22289FBE7A532**

Amount of Each Receipt this Period

41.67

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

333.34

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Raj Maturi**

Mailing Address 200 W 103rd St  
Ste 1060

City Indianapolis State IN Zip Code 46290-1001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

12 / 26 / 2012

Transaction ID : 466AB5CEBEAFED785EEI

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **B. Louise Mawn**

Mailing Address 2202 South Garage Office Bldg  
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 ▼

500.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 46976BF9-BB8C-41FE-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **c. Mary Jane McCarron**

Mailing Address Apt 509  
125 Pleasant St

City Brookline State MA Zip Code 02446-7182

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 ▼

349.00

Date of Receipt

12 / 03 / 2012

Transaction ID : BCDD43F5-3CB1-4648-9

Amount of Each Receipt this Period

199.00

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

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

782.34

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. M. Lisa McHam**

Mailing Address 1900 Crown Colony Dr  
Ste 300

City Quincy State MA Zip Code 02169-0979

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 ▼

600.00

Date of Receipt

12 / 20 / 2012

**Transaction ID : 4AC7B890C2E4B8A9903C**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Gary Mehlhorn**

Mailing Address 1135 E Lakewood St  
Ste 104

City Springfield State MO Zip Code 65810-2403

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 ▼

500.04

Date of Receipt

12 / 20 / 2012

**Transaction ID : 48D4B4503057FD3292AF**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Robert Melendez**

Mailing Address 735 Grey Hawk Dr NE

City Rio Rancho State NM Zip Code 87144-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.03

Date of Receipt

12 / 12 / 2012

**Transaction ID : 48DF9BB910B07079BE4B**

Amount of Each Receipt this Period

41.67

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

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

175.01

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

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

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

Full Name (Last, First, Middle Initial)

**A. Douglas Merritt**

Mailing Address 1226 NE Seventh St

City State Zip Code  
 Grants Pass OR 97526

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : B7C3F818-A799-4748-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. James Merritt**

Mailing Address 8230 Walnut Hill Ln  
 Suite 508

City State Zip Code  
 Dallas TX 75231-4400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : 977DD39E-DC3D-4B66-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dale Meyer**

Mailing Address 1220 New Scotland Rd. Ste 302  
 (Slingerlands)

City State Zip Code  
 Albany NY 12159-9386

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2012

**Transaction ID : 7F54A785-9AAE-4129-9**

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

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

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

Full Name (Last, First, Middle Initial)

**A. Michael Edward Edward Migliori**

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 ▼

1000.08

Date of Receipt

12 / 08 / 2012

**Transaction ID : 47899A3950790F1E230F**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Aaron Miller**

Mailing Address 19719 Oxalis Ct

City

Spring

State

TX

Zip Code

77379-7555

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 ▼

950.00

Date of Receipt

12 / 23 / 2012

**Transaction ID : 43959CCD44AF6DE92D7A**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Adrienne Millett**

Mailing Address 207 Wimberly Place

City

Richmond

State

KY

Zip Code

40475-3541

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

11 / 30 / 2012

**Transaction ID : 5A0DAD89-4624-444C-9**

Amount of Each Receipt this Period

500.00

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

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

83.34



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Thomas Millman**

Mailing Address 375 Barclay Cir

City

Rochester

State

MI

Zip Code

48307-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : A617658D-489D-424B-9**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Lawrence Minardi**

Mailing Address Ste 1

500 Donnally St

City

Charleston

State

WV

Zip Code

25301-1677

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

12 / 03 / 2012

**Transaction ID : FA3054CE-625A-4784-9**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Amalia Miranda**

Mailing Address 4801 Bocage Ln

City

Oklahoma City

State

OK

Zip Code

73142-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

12 / 14 / 2012

**Transaction ID : 4128990A57A95B65C011**

Amount of Each Receipt this Period

100.00

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

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

1400.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Martin Mizener**

Mailing Address 4353 Dodge St

City

Omaha

State

NE

Zip Code

68131-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 74FCBA7F-A2B8-400C-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dorothy Moore**

Mailing Address Ste 102

2055 Limestone Rd

City

Wilmington

State

DE

Zip Code

19808-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

349.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 15825294-4677-41EF-9**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

## **C. Thomas Moore**

Mailing Address 2128 Woodfield Rd

City

Okemos

State

MI

Zip Code

48864-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 0D674602-456F-41A5-B**

Amount of Each Receipt this Period

365.00

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

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

1064.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Annie Moreau**

Mailing Address 608 Stanton L. Young Blvd

City State Zip Code  
 Oklahoma City OK 73104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 15 2012

**Transaction ID : CF8317F9-1E04-43B6-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ronald Lee Lee Morton**

Mailing Address 7700 Saddleback Dr

City State Zip Code  
 Bakersfield CA 93309-1230

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 27 2012

**Transaction ID : 408693754B2F08B2FE7F**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Ronald Lee Lee Morton**

Mailing Address 7700 Saddleback Dr

City State Zip Code  
 Bakersfield CA 93309-1230

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 27 2012

**Transaction ID : 4D5881C25C6F0FC311D8**

Amount of Each Receipt this Period

41.67

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

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

583.34

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

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Ananth Mudgil**

Mailing Address 8 Iddings Lane

City State Zip Code  
 Newtown Square PA 19073

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

11 / 30 / 2012

**Transaction ID : 6C929AE9-C4BD-43AD-9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Mohit Nanda**

Mailing Address Ste 350  
 600 Peter Jefferson Pkwy

City State Zip Code  
 Charlottesville VA 22911-8836

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 ▼

699.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : C22A6BC3-278D-422C-B**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

## **c. Chad Nedrud**

Mailing Address 1224 Hunter Ln

City State Zip Code  
 Missoula MT 59803-1308

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

11 / 30 / 2012

**Transaction ID : F7A26E53-DFC9-433B-8**

Amount of Each Receipt this Period

500.00

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

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

1199.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Daniel Neely**

Mailing Address 13319 E 116th St

City

Fishers

State

IN

Zip Code

46037-9406

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 / D D / Y Y Y Y Y Y  
12 / 04 / 2012

**Transaction ID : 4BC1B131D949FDD0ED2E**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Kenneth Neu**

Mailing Address 1265 E Primrose St

City

Springfield

State

MO

Zip Code

65804-4278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 6E67ED76-C1DF-48B3-9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael O'Brien**

Mailing Address 618 Tollgate Rd

City

Warwick

State

RI

Zip Code

02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 5840AF93-4BB3-4A6A-A**

Amount of Each Receipt this Period

365.00

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

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

656.67

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

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

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

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

Full Name (Last, First, Middle Initial)

**A. Kelly Patrick O'Neill**

Mailing Address 563 Wessel Dr

City State Zip Code  
 Fairfield OH 45014-3668

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 09 / 2012

**Transaction ID : 47CE8DED1F09D57D4D49**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Michael Oats**

Mailing Address PO Box 1022

City State Zip Code  
 Sandwich MA 02563-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : 11E53E67-2100-4CB6-8**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Timothy Page**

Mailing Address 800 S Adams Rd  
 Ste 201

City State Zip Code  
 Birmingham MI 48009-7008

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : 4D39A4C3B36EB6323B8D**

Amount of Each Receipt this Period

41.67

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

1125.01

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Laura Pallan**

Mailing Address 543 Backbone Rd

City State Zip Code  
 Sewickley PA 15143-1486

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 ▼

564.00

Date of Receipt

11 / 30 / 2012

Transaction ID : AF117BC0-08A9-4A4E-A

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Millicent Palmer**

Mailing Address 4102 Woolworth Ave  
 Routing # 112

City State Zip Code  
 Omaha NE 68105-1851

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 ▼

699.04

Date of Receipt

12 / 20 / 2012

Transaction ID : 4D7BBBF4A4D699FA7581

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Paul Pare**

Mailing Address 304 SE Hospital Ave

City State Zip Code  
 Stuart FL 34994-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

12 / 09 / 2012

Transaction ID : 44F3AE1C578932789483

Amount of Each Receipt this Period

83.34

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

324.01

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Parag Parekh**

Mailing Address 50 Waterford Pike Ste 600

City State Zip Code  
 Brookville PA 15825-2518

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 ▼

249.00

Date of Receipt

11 / 29 / 2012

**Transaction ID : 7405AA9A-E403-40CA-A**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

## **B. Harpreet Nini Patheja**

Mailing Address 110 Pepper Hill Way

City State Zip Code  
 Aiken SC 29801-2818

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 ▼

666.72

Date of Receipt

12 / 03 / 2012

**Transaction ID : 4FEA9420C84CAE5869E7**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **C. Ralph Paylor**

Mailing Address 502 East New Haven Avenue

City State Zip Code  
 Melbourne FL 32901-5427

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 ▼

699.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : FCC23DDD-F8EE-4FB2-8**

Amount of Each Receipt this Period

199.00

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

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

481.34



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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Charles Peter**

Mailing Address 2305 Tinkham Rd.

City State Zip Code  
 Akron OH 44313

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

11 / 29 / 2012

Transaction ID : 7BDEC7D-01CB-4FF6-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Charles Peter**

Mailing Address 2305 Tinkham Rd.

City State Zip Code  
 Akron OH 44313

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

11 / 29 / 2012

Transaction ID : 27EC7813-7AB9-4E8B-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Lawrence Piazza**

Mailing Address PO Box 1539

City State Zip Code  
 Blue Hill ME 04614-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

12 / 01 / 2012

Transaction ID : 6775D8CC-B190-4FED-A

Amount of Each Receipt this Period

83.33

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

2083.33

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Lawrence Piazza**

Mailing Address PO Box 1539

City State Zip Code  
 Blue Hill ME 04614-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 10 / 2012

Transaction ID : 4A5CBDDF23E89A0DDAA

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **B. David Plager**

Mailing Address 1160 W. Michigan St.  
 Glick Eye Inst.

City State Zip Code  
 Indianapolis IN 46202-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : FC6BA320-8C44-437A-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Dustin Pomerleau**

Mailing Address 195 Fore River Pkwy  
 Ste 480

City State Zip Code  
 Portland ME 04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : EC86CFA4-FC37-4BB3-9

Amount of Each Receipt this Period

75.00

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

616.67

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. Dustin Pomerleau**

Mailing Address 195 Fore River Pkwy  
Ste 480

City Portland State ME Zip Code 04102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 12 / 2012

Transaction ID : FC39F93C-EA19-4568-A

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. Jonathan Prenner**

Mailing Address 1700 Galloping Hill

City Kenilworth State NJ Zip Code 07033-1303

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 ▼

865.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 39C61463-2820-4C79-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. William Prestowitz**

Mailing Address 20010 Oakwood Dr

City Abingdon State VA Zip Code 24211-6914

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 ▼

249.99

Date of Receipt

12 / 13 / 2012

Transaction ID : 991F99BD-C941-47FF-A

Amount of Each Receipt this Period

83.33

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

523.33

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William Prestowitz**

Mailing Address 20010 Oakwood Dr

City

Abingdon

State

VA

Zip Code

24211-6914

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 13 / 2012

**Transaction ID : 270A1F62-A4D2-45D8-8**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**B. Vadrevu Raju**

Mailing Address 3140 Collins Ferry Rd

City

Morgantown

State

WV

Zip Code

26505-3352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 11 / 2012

**Transaction ID : 411FB137719ACD7148A8**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Annette Reda**

Mailing Address Ste 101

885 Kempsville Rd

City

Norfolk

State

VA

Zip Code

23502-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 06510B0A-A98E-40BF-9**

Amount of Each Receipt this Period

1000.00

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

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

1108.33

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William Rich**

Mailing Address 6231 Leesburg Pike  
Ste 608

City Falls Church State VA Zip Code 22044-2102

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 ▼

666.72

Date of Receipt

12 / 26 / 2012

**Transaction ID : 40B6A3BD9B004C01C4D1**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Barry Roper**

Mailing Address 14837 Felbridge Way

City Midlothian State VA Zip Code 23113-6715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

11 / 27 / 2012

**Transaction ID : 487D9BE8AC45DDD6386C**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Barry Roper**

Mailing Address 14837 Felbridge Way

City Midlothian State VA Zip Code 23113-6715

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

12 / 27 / 2012

**Transaction ID : 405180A7547F299DEA60**

Amount of Each Receipt this Period

41.67

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

166.68

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

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

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Teresa Rosales**

Mailing Address 4100 Long Beach Blvd Ste 108

City State Zip Code  
 Long Beach CA 90807-2696

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 ▼

550.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 02045A2E-A527-4122-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Teresa Rosales**

Mailing Address 4100 Long Beach Blvd  
 Ste 108

City State Zip Code  
 Long Beach CA 90807-2696

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 ▼

550.00

Date of Receipt

12 / 09 / 2012

Transaction ID : 4A359A8556F55192D17D

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. Roy Scott Rubinfeld**

Mailing Address Ste 950  
 5454 Wisconsin Ave

City State Zip Code  
 Chevy Chase MD 20815-6912

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

12 / 20 / 2012

Transaction ID : 769EAE7E-2E32-4307-9

Amount of Each Receipt this Period

500.00

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

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

775.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Mark Ruchman**

Mailing Address 1 Reservoir Office Park  
Ste 203

City State Zip Code  
Southbury CT 06488-3926

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 ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 28 / 2012

Transaction ID : 4FCCA2605976E6E65607

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **B. Mark Ruchman**

Mailing Address 1 Reservoir Office Park  
Ste 203

City State Zip Code  
Southbury CT 06488-3926

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 ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 28 / 2012

Transaction ID : 42C78C448494E721D3DD

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

## **C. Dawn Rush**

Mailing Address Ste 203  
2649 Strang Blvd

City State Zip Code  
Yorktown Heights NY 10598-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : F9B89784-43A7-4B5A-B

Amount of Each Receipt this Period

500.00

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

560.84

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Thomas Russell**

Mailing Address Ste 310

2801 Lemmon Ave

City

Dallas

State

TX

Zip Code

75204-2398

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

11 / 30 / 2012

**Transaction ID : D8DCFF20-429D-466B-9**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gohar Salam**

Mailing Address 3978 New Vision Dr

City

Fort Wayne

State

IN

Zip Code

46845-1712

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

11 / 30 / 2012

**Transaction ID : 19A3841F-A395-42F3-B**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Steven Samuelson**

Mailing Address 2827 N Clarkson St

City

Fremont

State

NE

Zip Code

68025-7714

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

12 / 22 / 2012

**Transaction ID : 4B4D834F6D01F8D7C851**

Amount of Each Receipt this Period

25.00

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

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

1525.00



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Robert Scharfman**

Mailing Address Ste 310

3 Hospital Plz

City

Old Bridge

State

NJ

Zip Code

08857-3095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 024A3AB5-D81C-4599-B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Matthew Schmidt**

Mailing Address 7600 W College Dr

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 5C892D38-CD0C-438F-B**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Linda Schumacher-Feero**

Mailing Address 8 Thomas Dr

City

Waterville

State

ME

Zip Code

04901-4406

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 ▼

472.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : A0427518-759E-4027-B**

Amount of Each Receipt this Period

199.00

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

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

699.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 74 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Donald Schwartz**

Mailing Address Ste 108

2650 Elm Ave

City

Long Beach

State

CA

Zip Code

90806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : 87FCDBC9-50C2-4A40-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Richard Seeger**

Mailing Address 1015 Ridge Rd

City

Webster

State

NY

Zip Code

14580-2907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : 1E813D45-783D-4A8B-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. John Sheppard**

Mailing Address 241 Corporate Blvd

City

Norfolk

State

VA

Zip Code

23502-4965

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012

Transaction ID : BCBF1B5C-3F74-43B8-A

Amount of Each Receipt this Period

365.00

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

1230.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Debra Shetlar**

Mailing Address 2002 Holcombe Blvd  
Ste 112C

City Houston State TX Zip Code 77030-4211

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 ▼

365.04

Date of Receipt

12 / 24 / 2012

Transaction ID : 41D6AD08A797D43E2EB4

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Farhad Shokoohi**

Mailing Address 350 Golfview Dr

City Saginaw State MI Zip Code 48603-5826

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 ▼

865.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 58EA21E8-BBE5-4189-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. David Shulman**

Mailing Address 999 E Basse Rd  
Ste 127

City San Antonio State TX Zip Code 78209-1802

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 ▼

916.74

Date of Receipt

12 / 22 / 2012

Transaction ID : 4D9794C9BAE78284E17F

Amount of Each Receipt this Period

83.34

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

478.76

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joseph Sidikaro**

Mailing Address Ste 410

435 N Roxbury Dr

City

Beverly Hills

State

CA

Zip Code

90210-5006

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 ▼

865.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 30E86D2F-E59A-412D-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Lawrence Singerman**

Mailing Address 3401 Enterprise Pkwy

Ste 300

City

Cleveland

State

OH

Zip Code

44122-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.76

Date of Receipt

11 / 29 / 2012

Transaction ID : 402F8DD9FE0AB7B101D4

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Lawrence Singerman**

Mailing Address 3401 Enterprise Pkwy

Ste 300

City

Cleveland

State

OH

Zip Code

44122-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.76

Date of Receipt

12 / 29 / 2012

Transaction ID : 4F038761DE5C4FE8BEB9

Amount of Each Receipt this Period

83.34

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

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

531.68

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Harinderjit Singh**

Mailing Address Ste 201

3685 Wheeler Rd

City

Augusta

State

GA

Zip Code

30909-6440

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  
11 / 30 / 2012

**Transaction ID : C64A927C-A1A4-4A8D-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Ravi Singh**

Mailing Address 1060 N 115th St Apt 305

City

Wauwatosa

State

WI

Zip Code

53226-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : EC108F74-40B1-46FC-B**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Chasidy Singleton**

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : EDA4398D-8FBF-4780-9**

Amount of Each Receipt this Period

300.00

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

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

1165.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Brian Sippy**

Mailing Address 700 W Kent Ave

City  
Missoula

State Zip Code  
MT 59801-6772

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

11 / 30 / 2012

Transaction ID : F1C8FC89-B9FE-46B9-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Raymond Sjaarda**

Mailing Address Ste 605  
6569 N Charles St

City  
Towson

State Zip Code  
MD 21204-6833

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

11 / 30 / 2012

Transaction ID : 9ACFEAE0-118B-4E90-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Daniel Smith**

Mailing Address 110 Pepper Hill Way

City  
Aiken

State Zip Code  
SC 29801-2818

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 ▼

666.72

Date of Receipt

12 / 03 / 2012

Transaction ID : 4C1EBFC8954429777340

Amount of Each Receipt this Period

83.34

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

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

1583.34

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

Use separate schedule(s)  
for each category of the  
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PAGE 79 OF 100

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

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

Full Name (Last, First, Middle Initial)

**A. Kevin Smith**

Mailing Address 408 S Main St

City

Greenville

State

PA

Zip Code

16125-1773

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 ▼

865.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 685009DE-22B5-4803-8**

Amount of Each Receipt this Period

365.00

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 ▼

1200.00

Date of Receipt

12 / 19 / 2012

**Transaction ID : 4567BF342B36691F51B8**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Samuel Solish**

Mailing Address 53 Sewall St

City

Portland

State

ME

Zip Code

04102-2625

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

11 / 30 / 2012

**Transaction ID : 8FEDEEBF-0643-4873-B**

Amount of Each Receipt this Period

365.00

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

830.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Edward Stack**

Mailing Address 4318 Sunny Lake Dr

City Hartland State MI Zip Code 48353-1430

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 ▼

398.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 9FF78CCD-0FA3-43C4-8

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**B. Merrill Stass-Isern**

Mailing Address 10 South Waterview Dr.

City Palm Coast State FL Zip Code 32137

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

12 / 20 / 2012

Transaction ID : 505D5744-4238-41E7-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. John Stefano**

Mailing Address Ste 108  
142 Linden Dr

City Winchester State VA Zip Code 22601-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 17 / 2012

Transaction ID : 573C31A0-EEAF-406F-8

Amount of Each Receipt this Period

250.00

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

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

814.00



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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Andrew Steffensmeier**

Mailing Address Ste 200

5901 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-8207

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

11 / 30 / 2012

**Transaction ID : A6AA5FEC-4D6B-4A22-B**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Mitchell Brian Stein**

Mailing Address 69 S Moger Ave

City

Mount Kisco

State

NY

Zip Code

10549-2217

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 ▼

493.28

Date of Receipt

12 / 26 / 2012

**Transaction ID : 474CB84B1F5B14003E46**

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

**C. Roger Steinert**

Mailing Address 118 I

City

Irvine

State

CA

Zip Code

92697-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

12 / 21 / 2012

**Transaction ID : 40E880724331A54E8E8C**

Amount of Each Receipt this Period

83.34

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

613.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Cameron Stone**

Mailing Address 386 Kimberly Ave

City State Zip Code  
Asheville NC 28804-2647

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 ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2012

Transaction ID : 4B5DBA977EC5F9AE4DB6

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **B. Donald Stone**

Mailing Address 7308 NE 101st Street

City State Zip Code  
Oklahoma City OK 73151

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : A2AB8653-2F55-409C-8

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

## **C. Eric Subong**

Mailing Address 3130 Squalicum Pkwy  
Ste 110

City State Zip Code  
Bellingham WA 98225-1940

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2012

Transaction ID : FD1A232F8A147F2BEEA

Amount of Each Receipt this Period

500.00

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

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

1183.34

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

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

FOR LINE NUMBER: PAGE 83 OF 100

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Prem Subramanian**

Mailing Address 500 Dartmouth Ave

City State Zip Code  
Silver Spring MD 20910-4261

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 ▼

30.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 74AC23B4-644E-4D90-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Prem Subramanian**

Mailing Address 500 Dartmouth Ave

City State Zip Code  
Silver Spring MD 20910-4261

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 ▼

30.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 15 / 2012

Transaction ID : D23E805BCF5B4513BA0D

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**c. Shigemi Sugiki**

Mailing Address 1380 Lusitana St Ste 714

City State Zip Code  
Honolulu HI 96813-2443

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 ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : B445E6A0-5636-4BEC-B

Amount of Each Receipt this Period

1000.00

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

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

1395.42

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

Use separate schedule(s)  
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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 Sullivan**

Mailing Address 51 State Rd

City

North Dartmouth

State

MA

Zip Code

02747-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : B4CDC63F-6518-469D-A**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Vincent Sutton**

Mailing Address PO Box 6068

City

Lincoln

State

NE

Zip Code

68506-0068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

12 / 20 / 2012

**Transaction ID : 79359D75-8FDB-47E9-8**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Leiv Takle**

Mailing Address 646 South Eighth Street

City

Griffin

State

GA

Zip Code

30224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 80E7B97C-2963-46CE-9**

Amount of Each Receipt this Period

500.00

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

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

1865.00

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

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

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Gary Tanner**

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 29 / 2012

Transaction ID : 49AA83870498AA5125EF

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Gary Tanner**

Mailing Address 10 Jacobs Ln

City

Newport News

State

VA

Zip Code

23606-2815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 29 / 2012

Transaction ID : 4D9CAA6AF39C124E49D7

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Lyle Teska**

Mailing Address Ste 201

2095 N Collins Blvd

City

Richardson

State

TX

Zip Code

75080-8304

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 03 / 2012

Transaction ID : 45941D2F-D81F-4813-A

Amount of Each Receipt this Period

250.00

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

350.00

**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  
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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 Thomas**

Mailing Address 3519 Friendsville Road

City State Zip Code  
 Wooster OH 44691

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 ▼

2000.00

Date of Receipt

11 / 30 / 2012

Transaction ID : BA495BA4-6FF5-41AD-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John William Thomas**

Mailing Address 867 Brookhaven Springs Ct NE

City State Zip Code  
 Atlanta GA 30342-3551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 30 / 2012

Transaction ID : 1C4CAE20-0C44-4FA8-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gregory Lee Thorgaard**

Mailing Address 135 Deppe Ln

City State Zip Code  
 Ottumwa IA 52501-1218

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 ▼

730.00

Date of Receipt

11 / 29 / 2012

Transaction ID : 783E310F-660B-4753-8

Amount of Each Receipt this Period

365.00

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

1615.00

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

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Randall Tozer**

Mailing Address 9811 N 95th St  
 Ste 101

City State Zip Code  
 Scottsdale AZ 85258-4527

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 / D D / Y Y Y Y Y  
 12 26 2012

Transaction ID : 4ADBA85453F32240F90B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Gregory Trubowitsch**

Mailing Address 741 Los Miradores Dr

City State Zip Code  
 El Paso TX 79912-3451

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 30 2012

Transaction ID : F543DD8B-24A2-4133-8

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Andrew Velazquez**

Mailing Address 4361 Boulder Lake Cir

City State Zip Code  
 Birmingham AL 35242-7499

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 ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 30 2012

Transaction ID : 0B5A6672-973F-4917-8

Amount of Each Receipt this Period

100.00

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

2641.67

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Anthony Villanueva**

Mailing Address Ste 203

901 Campus Dr

City

State

Zip Code

Daly City

CA

94015-4930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2012

Transaction ID : EFAB4FAC-8D62-48C3-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Stephen Wahl**

Mailing Address Bldg F, Ste B

3920 Bee Ridge Rd

City

State

Zip Code

Sarasota

FL

34233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2012

Transaction ID : 409D465F-F3C3-4C8C-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. William Thomas Walton**

Mailing Address 13919 Bluff Wind

City

State

Zip Code

San Antonio

TX

78216-7923

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 2E554631-6D6C-4397-9

Amount of Each Receipt this Period

41.67

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

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

841.67



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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. William Thomas Walton**

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2012

Transaction ID : C98AB708-EA0E-4BC9-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Thomas Peter Ward**

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 14 / 2012

Transaction ID : 42A0B2D3BAA5A2F4BC0A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Gary Weiner**

Mailing Address 18 Crestview Dr

City

Salina

State

KS

Zip Code

67401-3586

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  
11 / 30 / 2012

Transaction ID : 1EA24037-6629-4A45-B

Amount of Each Receipt this Period

1000.00

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

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

1091.67

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City  
Seattle

State  
WA

Zip Code  
98118-1551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2012

**Transaction ID : 479BB0B7875976E8D30E**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Barry Welch**

Mailing Address 424 Yellowstone Ave  
Ste 110

City  
Cody

State  
WY

Zip Code  
82414-9309

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 / D D / Y Y Y Y Y  
12 / 13 / 2012

**Transaction ID : 41B38D1A59DCCF920C6D**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. James Wentzien**

Mailing Address 3600 N Interstate Ave

City  
Portland

State  
OR

Zip Code  
97227-1106

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 ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 12 / 2012

**Transaction ID : 48B4B57EA452133A4550**

Amount of Each Receipt this Period

41.67

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

208.35

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andrew Wherley**

Mailing Address 2399 Baker Rd SW

City

New Philadelphia

State

OH

Zip Code

44663-7104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 950A70AE-3E9A-48FC-A**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey Whitman**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1083.33

Date of Receipt

12 / 18 / 2012

**Transaction ID : E482C8BEDB1541B689F4**

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Robert Wiggins**

Mailing Address 8 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

441.26

Date of Receipt

12 / 26 / 2012

**Transaction ID : 4B8FB30BA0CE167273AB**

Amount of Each Receipt this Period

30.42

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

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

478.75

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joseph Wilhelm**

Mailing Address 702 W Lake Lansing Rd

City State Zip Code  
 East Lansing MI 48823-8526

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

**Transaction ID : 27B8363B-9065-40CA-8**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Shelby Wilkes**

Mailing Address Ste 100  
 830 W Peachtree St NW

City State Zip Code  
 Atlanta GA 30308-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 30 2012

**Transaction ID : 2783F4C2-0100-4E56-9**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. George Williams**

Mailing Address 227 Chestnut Cir

City State Zip Code  
 Bloomfield Hills MI 48304-2105

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  
 11 30 2012

**Transaction ID : B1365BC8-A8F1-4D29-8**

Amount of Each Receipt this Period

1000.00

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

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

3250.00

# **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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jeremy Wolfe**

Mailing Address 3535 W 13 Mile Rd  
Ste 344

City State Zip Code  
Royal Oak MI 48073-6770

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 26 / 2012

**Transaction ID : 4734A95D093D2ABC7497**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Keye Luc Wong**

Mailing Address Building D  
3920 Bee Ridge Rd

City State Zip Code  
Sarasota FL 34233

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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : 3895DAC0-3BB3-4272-8**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. William Wong**

Mailing Address 99-128 Aiea Heights Dr  
Ste 703

City State Zip Code  
Aiea HI 96701-3978

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 ▼

574.03

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : EC09B8B7-90D5-46C8-9**

Amount of Each Receipt this Period

199.00

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

740.67

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 100

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. George Wyhinny**

Mailing Address 1875 W Dempster

City

Park Ridge

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 152B71ED-9A85-4AA8-9**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Lyn Yakubov**

Mailing Address Eye Care Assoc Inc  
10 Dutton Dr

City

Youngstown

State

OH

Zip Code

44502

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

11 / 29 / 2012

**Transaction ID : DE8DB167-6FDD-41D4-A**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Allen Zieker**

Mailing Address 2222 Sixth Avenue

City

Troy

State

NY

Zip Code

12180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 30 / 2012

**Transaction ID : 752E1EA6-023D-4B25-9**

Amount of Each Receipt this Period

500.00

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

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

1615.00

91047.09

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

PAGE 95 OF 100

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

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

Mailing Address PO Box 63020

City San Francisco      State CA      Zip Code 94163

Purpose of Disbursement  
AMEX charges - Nov 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 42B7EF56213EE3A9D9E

Amount of Each Disbursement this Period

84.22

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 - Nov 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012

Transaction ID : 4B77B00F239342C9B23

Amount of Each Disbursement this Period

1278.66

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco      State CA      Zip Code 94163

Purpose of Disbursement  
Bank charges - Dec 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State:      District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2012

Transaction ID : 9CD2DA4BC14F1828F71

Amount of Each Disbursement this Period

335.45

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

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

1698.33

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

PAGE 96 OF 100

<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	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement  
AMEX charges - Dec 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : CA3AD63C0B7BCAB59E1

Amount of Each Disbursement this Period

58.62
-------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

58.62
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1756.95
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 100

<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. Donnelly for Indiana**

Mailing Address 1050 17th St NW Ste 590

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
2012 General Debt Retirement

011

Candidate Name

**Joseph Simon Donnelly Sr.**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2012

**Transaction ID : D4F1D59A1AFCBC84A02**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 6116

City	State	Zip Code
La Quinta	CA	92248

Purpose of Disbursement  
2012 General Debt Retirement

011

Candidate Name

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

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2012

**Transaction ID : 05DFF3CF256E2734C84**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Trey Radel**

Mailing Address PO Box 1329

City	State	Zip Code
Fort Myers	FL	33902

Purpose of Disbursement  
2012 Debt Retirement

011

Candidate Name

**Henry J. Radel III**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2012

**Transaction ID : B6D96C20D4FFF1EAF1A**

Amount of Each Disbursement this Period

2500.00
---------

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

12500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 100

<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. Heller for Senate**

Mailing Address PO Box 371907

City	State	Zip Code
Las Vegas	NV	89137

Purpose of Disbursement  
2012 General Debt Retirement

011

Candidate Name

Dean Heller

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

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

Transaction ID : 0562E220A57F5496D08

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Jon Runyan for Congress, Inc**

Mailing Address PO Box 225

City	State	Zip Code
Colonia	NJ	07067

Purpose of Disbursement  
For 2010 Debt Retirement

011

Candidate Name

Jon Daniel Runyan

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

Transaction ID : C108AEB3EC641B7E894

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Luke Messer for Congress**

Mailing Address PO Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement  
2012 General Debt Retirement

011

Candidate Name

Allan Lucas Messer

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

State: IN District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

Transaction ID : 0D08766F82B489E7153

Amount of Each Disbursement this Period

2500.00
---------

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

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

12500.00
----------

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

PAGE 99 OF 100

<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. Michael Grimm for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2012

Mailing Address PO Box 61806

City	State	Zip Code
Staten Island	NY	10306-7806

Transaction ID : ACD4DA6BCB6E1D3F7AA

Purpose of Disbursement  
2012 Debt Retirement

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Michael G. Grimm

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 11

Full Name (Last, First, Middle Initial)

**B. The Hawkeye PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		19		2012

Mailing Address PO Box 192

City	State	Zip Code
Des Moines	IA	50301

Transaction ID : 22C423C8DFD6872996E

Purpose of Disbursement  
2012 Contribution

011

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

The Hawkeye PAC

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼
Contribution

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

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

Purpose of Disbursement

Amount of Each Disbursement this Period

--

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

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

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

5000.00

30000.00

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

PAGE 100 OF 100

<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. James Bobrow**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		13		2012

Mailing Address 121 Hunter Ave  
Ste 102

City Clayton State MO Zip Code 63124-2082

Purpose of Disbursement  
chrg'd \$900 for PAC in error/should be for AAO dues.

010

Candidate Name

Category/  
Type

Transaction ID : B1D4EDF6D61354E5543

Amount of Each Disbursement this Period

900.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Charles Peter**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		17		2012

Mailing Address 2305 Tinkham Rd.

City Akron State OH Zip Code 44313

Purpose of Disbursement  
Refund of duplicate contribution received in Nov 2012

010

Candidate Name

Category/  
Type

Transaction ID : 48A2BAC4E367CD501A8

Amount of Each Disbursement this Period

1000.00
---------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Prem Subramanian**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2012

Mailing Address 500 Dartmouth Ave

City Silver Spring State MD Zip Code 20910-4261

Purpose of Disbursement

010

Candidate Name

Category/  
Type

Transaction ID : 933FD91E3EAB2423924

Amount of Each Disbursement this Period

365.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

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

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

2265.00

2265.00