

**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
01 01 2013

through

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

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
02 20 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
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		292757.64
(b) Cash on Hand at Beginning of Reporting Period.....	292757.64	
(c) Total Receipts (from Line 19)	49027.89	49027.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	341785.53	341785.53
7. Total Disbursements (from Line 31)	7505.04	7505.04
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	334280.49	334280.49
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

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

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37646.33	37646.33
(ii) Unitemized	11381.56	11381.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	49027.89	49027.89
(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)	49027.89	49027.89
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	49027.89	49027.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49027.89	49027.89

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	275.62	275.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	275.62	275.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1229.42	1229.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1229.42	1229.42
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7505.04	7505.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7505.04	7505.04

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49027.89	49027.89
34. Total Contribution Refunds (from Line 28(d))	1229.42	1229.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47798.47	47798.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	275.62	275.62
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	275.62	275.62

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

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

FOR LINE NUMBER: PAGE 6 OF 29
(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. Jack Abrams

Mailing Address 6450 Medical Center St Ste 100

City State Zip Code
 Las Vegas NV 89148-2405

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

01 / 15 / 2013

Transaction ID : 57203FA8-4E05-42A4-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. John Altenburg

Mailing Address Ste 205
 6101 Webb Rd

City State Zip Code
 Tampa FL 33615-2865

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

01 / 03 / 2013

Transaction ID : 19526522-F737-4004-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William Andreoni

Mailing Address Ste 240
 1524 Atwood Ave

City State Zip Code
 Johnston RI 02919-3228

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

01 / 03 / 2013

Transaction ID : 4B7D4CA3-0253-4700-9

Amount of Each Receipt this Period

250.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 29

(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. David Auerbach

Mailing Address 790 Concourse Pkwy S Ste 200

City State Zip Code
Maitland FL 32751-6108

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

01 / 15 / 2013

Transaction ID : 29ADE5BE-9736-4BB7-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. F. Jane Barton

Mailing Address 400 N 25th St

City State Zip Code
Camp Hill PA 17011-2101

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

01 / 07 / 2013

Transaction ID : 75C407E4-319F-4C27-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Janet Betchkal

Mailing Address 3 Shircliff Way
Dillon Bldg Ste 134

City State Zip Code
Jacksonville FL 32204-4757

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

01 / 06 / 2013

Transaction ID : 62D59591-7F44-4656-9

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 29

(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. Louis Blumenfeld

Mailing Address 790 Concourse Parkway South
Suite 200

City State Zip Code
Maitland FL 32751

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
01 / 15 / 2013

Transaction ID : 9C63B0D0-8852-4CF7-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. James Caudill

Mailing Address Ste 102
331 Laidley St

City State Zip Code
Charleston WV 25301-1675

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
01 / 03 / 2013

Transaction ID : FCEF936D-08DF-4273-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew Choy

Mailing Address Suite 108
4100 Long Beach Boulevard

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 09 / 2013

Transaction ID : FFC414FA-4083-4F28-8

Amount of Each Receipt this Period

365.00

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

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

1230.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 29
(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. S. William William Clark

Mailing Address 502 Isabella St

City State Zip Code
Waycross GA 31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.33

Date of Receipt

01 / 10 / 2013

Transaction ID : DF68F302-4F73-40EA-8

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Keith Dahlhauser

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 ▼

750.00

Date of Receipt

01 / 07 / 2013

Transaction ID : 05BA3A23-3083-4B4D-A

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Peter Diedrichsen

Mailing Address PO Box 1275

City State Zip Code
Columbus NE 68602-1275

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

01 / 03 / 2013

Transaction ID : AC7CFCB6-3DB4-4009-8

Amount of Each Receipt this Period

250.00

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

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

1208.33

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 29

(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. David Keith Emmel

Mailing Address 1260 Silas Deane Hwy

City State Zip Code
Wethersfield CT 06109

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

01 / 07 / 2013

Transaction ID : 07790CEF-CE2D-4F02-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gunnar Erickson

Mailing Address 2 Hawk Ln

City State Zip Code
North Oaks MN 55127

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

01 / 07 / 2013

Transaction ID : 27A2617E-27E9-41D1-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ivan Garcia

Mailing Address 2925 Lord Baltimore Drive
Suite 300

City State Zip Code
Baltimore MD 21244

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 ▼

5000.00

Date of Receipt

01 / 09 / 2013

Transaction ID : 0E36E854-EBB8-47AB-9

Amount of Each Receipt this Period

5000.00

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

6500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 29

(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. David Glasser

Mailing Address 6350 Stevens Forest Rd
Suite 101

City State Zip Code
Columbia MD 21046

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
01 / 29 / 2013

Transaction ID : 9EE4E24B-7AC1-4E5A-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert Gross

Mailing Address Ste 400
8222 Douglas Ave

City State Zip Code
Dallas TX 75225-5935

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
01 / 08 / 2013

Transaction ID : 6925B522-363A-4AEA-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert Grosserode

Mailing Address PO Box 2539
3747 Sunset Lane

City State Zip Code
Antioch CA 94531-2539

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
01 / 07 / 2013

Transaction ID : 5D446D53-E2D8-423A-8

Amount of Each Receipt this Period

365.00

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

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

1095.00

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 29

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Hamilton

Mailing Address 250 Avenue K SW Ste 200

City

Winter Haven

State

FL

Zip Code

33880-3919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 804717D6-57B3-4D51-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cynthia Hampton

Mailing Address 238 Saddletree Rd

City

Oxford

State

NC

Zip Code

27565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 09 / 2013

Transaction ID : AEE0C4CC-8524-45B3-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Johnson

Mailing Address Ste 210

8101 E Lowry Blvd

City

Denver

State

CO

Zip Code

80230-7195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2013

Transaction ID : BF116875-C189-439C-9

Amount of Each Receipt this Period

1000.00

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

2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 29

(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 Johnson

Mailing Address 110 Med Tech Pkwy

City	State	Zip Code
Johnson City	TN	37604-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : 8C116C8B-655C-4D62-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. George KhouriMailing Address Palm Beach Eye Ctr
1411 N Flagler Dr Ste 8100

City	State	Zip Code
West Palm Beach	FL	33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 788B1A95-221C-4CB3-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James Klein

Mailing Address 21711 Greater Mack Ave

City	State	Zip Code
St Clair Shores	MI	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 ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	24	/	2013

Transaction ID : E0CE917E-AAF0-45B4-B

Amount of Each Receipt this Period

1000.00

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

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

2000.00

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 14 OF 29

(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. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

01 / 15 / 2013

Transaction ID : 5C562790-B851-4B68-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Eligijus Lelis

Mailing Address 14488 Hawthorn Dr

City

Lemont

State

IL

Zip Code

60439

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 03 / 2013

Transaction ID : F6C74A08-688C-4ED5-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Amy Lin

Mailing Address 2160 South First Ave

City

Maywood

State

IL

Zip Code

60153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

199.00

Date of Receipt

01 / 03 / 2013

Transaction ID : 3CCFF128-B819-4257-A

Amount of Each Receipt this Period

199.00

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

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

1564.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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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. Amy Lin

Mailing Address 2160 South First Ave

City

Maywood

State

IL

Zip Code

60153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

199.00

Date of Receipt

01 / 03 / 2013

Transaction ID : BA4982D6-8894-4132-9

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. McGregor Lott

Mailing Address 413 Lister Street

City

Waycross

State

GA

Zip Code

31501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 07 / 2013

Transaction ID : B2934896-6488-4FC5-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Roger Luskind

Mailing Address Ste 100

400 Saybrook Rd

City

Middletown

State

CT

Zip Code

06457-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2013

Transaction ID : B602B5C6-A437-4E8C-A

Amount of Each Receipt this Period

250.00

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 29
(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. Nick Mamalis

Mailing Address 65 Mario Capecchi Dr

City State Zip Code
Salt Lake City UT 84132-0001

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

01 / 30 / 2013

Transaction ID : 9108D95D-5973-4F87-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Mieler

Mailing Address 5740 S Kimbark Ave

City State Zip Code
Chicago IL 60637-1615

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

01 / 17 / 2013

Transaction ID : C6822F88-EE96-4F3B-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Misch

Mailing Address 250 Avenue K SW
Suite 200

City State Zip Code
Winter Haven FL 33880-3919

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

01 / 07 / 2013

Transaction ID : C6FEDE95-55E3-406C-9

Amount of Each Receipt this Period

250.00

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

1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 29
(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. Christie Morse

Mailing Address 2 Mulherrin Farm Road

City	State	Zip Code
Hanover	NH	03755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2013

Transaction ID : C9CC74F8-FA0E-4264-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin O'Neal

Mailing Address 209 W Camden Forest Dr

City	State	Zip Code
Cary	NC	27518-9041

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 M	/	D D D	/	Y Y Y Y Y Y
01	/	03	/	2013

Transaction ID : A3F7B5B8-45FA-4733-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dante PieramiciMailing Address CA Retina Consultants
515 E Micheltorena Ste C

City	State	Zip Code
Santa Barbara	CA	93103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2013

Transaction ID : C8D3451E-CD2A-4AFC-8

Amount of Each Receipt this Period

365.00

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

1115.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 29

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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. Francis Price Jr.

Mailing Address Ste 100

9002 N Meridian St

City

Indianapolis

State

IN

Zip Code

46260-5349

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2013

Transaction ID : E3862376-DBE3-4005-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brian Ranelle

Mailing Address 1872 Norwood Dr

City

Hurst

State

TX

Zip Code

76054-3066

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C2C21CC1-A319-4071-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Read

Mailing Address 3510 Magnolia Cove, Suite 180

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 29 / 2013

Transaction ID : E3741C8F-2E96-4C7C-A

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 29

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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. James Reece Jr.

Mailing Address 3939 J Street
Suite 280

City State Zip Code
Sacramento CA 95819-3666

FEC 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
01 / 30 / 2013

Transaction ID : 08D24B62-5F33-42E6-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Noel Saks

Mailing Address 845 Beverly Pl

City State Zip Code
Deerfield IL 60015-3441

FEC 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
01 / 24 / 2013

Transaction ID : 2B98210F-5F34-4ECB-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. David Schwartzfarb

Mailing Address 5162 Linton Blvd Suite 203

City State Zip Code
Delray Beach FL 33484

FEC 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
01 / 22 / 2013

Transaction ID : D6F6B5D3-A168-413A-9

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**

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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. Debra Shetlar

Mailing Address Ste 112C

2002 Holcombe Blvd

City

Houston

State

TX

Zip Code

77030-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 16 / 2013

Transaction ID : E8A22253-7535-4330-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Brian Smith

Mailing Address 138 W Avon Pkwy

City

Asheville

State

NC

Zip Code

28804-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

01 / 06 / 2013

Transaction ID : CB9EF67A-3A27-4C01-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Brian Smith

Mailing Address 138 W Avon Pkwy

City

Asheville

State

NC

Zip Code

28804-1410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

01 / 06 / 2013

Transaction ID : DAA4C919-7C24-41A6-9

Amount of Each Receipt this Period

365.00

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

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

1095.00

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 21 OF 29

☒ 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. John Stabile

Mailing Address 111 Dean Dr

City State Zip Code
Tenaflly NJ 07670-2764

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 29 / 2013

Transaction ID : 1A2FED8D-10FA-4D3B-9

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

B. Jan Harris Stahl

Mailing Address Ste 100
13772 Denver West Pkwy

City State Zip Code
Lakewood CO 80401-3139

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
01 / 29 / 2013

Transaction ID : 882AC287-C384-4AAE-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Scott Strelow

Mailing Address 3320 Franklin Road S.W.

City State Zip Code
Roanoke VA 24014

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
01 / 30 / 2013

Transaction ID : D98FAEC6-7797-4C71-9

Amount of Each Receipt this Period

365.00

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

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

2065.00

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 22 OF 29

☒ 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. Brad Stuckenschneider

Mailing Address 3398 Legacy Dr

City

Poplar Bluff

State

MO

Zip Code

63901-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 03 / 2013

Transaction ID : C6AAC8A7-32E2-42B0-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lucian Szmyd

Mailing Address 155 Borthwick Ave Ste 200

City

Portsmouth

State

NH

Zip Code

03801-7156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 15 / 2013

Transaction ID : 7E9F833C-000D-4D8B-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Barry Teasley

Mailing Address 103 Cox Blvd

City

Goldsboro

State

NC

Zip Code

27534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 03 / 2013

Transaction ID : 0ACC923B-F86C-420E-8

Amount of Each Receipt this Period

500.00

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

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

1750.00

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 23 OF 29

☒ 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. Lyle Thorstenson

Mailing Address P.O. Box 632020

City

Nacogdoches

State

TX

Zip Code

75963-2020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 02 / 2013

Transaction ID : 1651761A-2174-4AAD-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alice Townshend

Mailing Address 2739 Natures Ridge

City

Beloit

State

WI

Zip Code

53511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

01 / 30 / 2013

Transaction ID : C041ED62-B649-4661-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. James Vander

Mailing Address 4060 Butler Pike Ste 200

City

Plymouth Mtng

State

PA

Zip Code

19462-1560

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 15 / 2013

Transaction ID : F62D0566-B083-41D9-B

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 29
(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. Charles Volk

Mailing Address 200 S 5th St

City

Bismarck

State

ND

Zip Code

58504-5675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 07 / 2013

Transaction ID : 1DFA9B13-E85A-43D7-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marshall Wareham

Mailing Address 5250 Far Hills Ave

City

Dayton

State

OH

Zip Code

45429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 03 / 2013

Transaction ID : 84717F39-16E4-4EE8-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ann Warn

Mailing Address 6711 NW Oak Dale Dr

City

Lawton

State

OK

Zip Code

73505-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 09 / 2013

Transaction ID : 9A589A2B-A8BA-4B34-A

Amount of Each Receipt this Period

500.00

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 25 OF 29
(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 Wells III

Mailing Address 124 Sunset Ct

City State Zip Code
West Columbia SC 29169-2429

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
01 / 24 / 2013

Transaction ID : D38D3C23-7E84-4119-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Maynard Wheeler

Mailing Address 827 Covered Bridge Lane
PO Box 538

City State Zip Code
Graham NH 03753-0538

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
01 / 30 / 2013

Transaction ID : D16AB999-D9AA-4A43-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Daniel Whipple

Mailing Address Ste 200
8244 E US Highway 36

City State Zip Code
Avon IN 46123-9621

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
01 / 29 / 2013

Transaction ID : DE107534-EC4F-481F-A

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: PAGE 26 OF 29

(check only one)

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

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Arthur Yohai

Mailing Address 864 Second St

City State Zip Code
 Santa Rosa CA 95403

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
 01 / 30 / 2013

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

500.00

37646.33

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Jan 2013

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

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

Date of Disbursement

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

Transaction ID : 0F8114BA45C3E128126

Amount of Each Disbursement this Period

217.00

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX charges - Jan 2013

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

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

Date of Disbursement

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

Transaction ID : C13B6A26EDDC4675753

Amount of Each Disbursement this Period

58.62

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
 ☐ Senate
 ☐ President

State: District:

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

275.62

275.62

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

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andy Barr for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Mailing Address PO Box 2059

City	State	Zip Code
Lexington	KY	40588

Purpose of Disbursement
2012 General Debt Retirement

011

Transaction ID : EEE0B3B71CDED52E4A0

Amount of Each Disbursement this Period

1000.00

Candidate Name

Garland Hale Barr IV

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

State: KY District: 06

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

Mailing Address PO Box 48928

City	State	Zip Code
Sarasota	FL	34230

Purpose of Disbursement
2013 Primary

011

Transaction ID : 2AE93A423E9B5710E85

Amount of Each Disbursement this Period

5000.00

Candidate Name

Vernon Buchanan

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2013
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 16

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/
TypeOffice 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).....▶

6000.00

6000.00

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

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Category/
Type

State: District:

M M / D D / Y Y Y Y
01 17 2013

Category/
Type

State: District:

Category/
Type

State: District:

1199.00

1199.00