

**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
REPORTNEW
(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 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 Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 Y Y

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 11 / 27 / 2012 To: M M / D D / 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, Y Y Y Y Y 2012		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	220798.84	
(c) Total Receipts (from Line 19)	106055.75	807777.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	326854.59	1263687.54
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))	292757.64	292757.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	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).....

91298.34

659379.01

(ii) Unitemized

14757.41

138999.17

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

106055.75

798378.18

(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)

106055.75

798378.18

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))..... ▶

106055.75

807777.18

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

106055.75

807777.18

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)	106055.75	798378.18
34. Total Contribution Refunds (from Line 28(d))	2340.00	15636.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	103715.75	782741.50
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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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)
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Detailed Summary Page

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. 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

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

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

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
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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)

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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)..... ►

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

1050.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 100

(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. 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

Self

Occupation

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

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
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

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
11 / 30 / 2012

Transaction ID : C119D693-EA6E-4334-B

Amount of Each Receipt this Period

500.00

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)
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FOR LINE NUMBER: PAGE 11 OF 100

(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. Ivan Batlle

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 Batlle

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)..... ►

698.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 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. 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
 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
 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
 12 17 2012

Transaction ID : DE11E80D-BC3A-4553-A

Amount of Each Receipt this Period

500.00

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 14 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. Jerry Blair

Mailing Address 3600 Amron Ct

City State Zip Code
Columbia MO 65202-1918

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 : 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 State Zip Code
Meriden CT 06450-5900

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
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 State Zip Code
Bronxville NY 10708-3304

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 / 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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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 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. 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

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

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

M M / D D / Y Y Y Y Y Y
 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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 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. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Use separate schedule(s)
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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. Dawn Buckingham

Mailing Address 5011 Burnet Rd

City State Zip Code
Austin TX 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

M M / D D / Y Y Y Y Y Y
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 State Zip Code
Richmond VA 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

M M / D D / Y Y Y Y Y Y
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 State Zip Code
Toledo OH 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

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

Transaction ID : 4C19B73ABF8A258950DB

Amount of Each Receipt this Period

25.00

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

1525.00

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

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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. Frank Burns

Mailing Address 301 Pepperbush Rd

City State Zip Code
Louisville KY 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

M M / D D / Y Y Y Y Y
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 State Zip Code
Sinking Spring PA 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

M M / D D / Y Y Y Y Y
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 State Zip Code
Lilburn GA 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

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

Transaction ID : B61283A3-E31F-46A7-A

Amount of Each Receipt this Period

250.00

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

375.01

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 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. 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**

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. 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. Atys 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. Atys 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:
(check only one)

PAGE 21 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. 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
 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
 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
 11 30 2012

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

Amount of Each Receipt this Period

365.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 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. Susan Day

Mailing Address 2340 Clay St Ste 100

City

San Francisco

State

CA

Zip Code

94115-1932

FEC 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 : 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

Terre Haute

State

IN

Zip Code

47807-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.01

Date of Receipt

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

Quincy

State

IL

Zip Code

62301

FEC 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 : 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**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 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 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)..... ►

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

948.34

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

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

FOR LINE NUMBER:
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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. 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

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

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

M M / D D / Y Y Y Y Y Y
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 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. Gregory Fitzgerald

Mailing Address 2604 Aubrey Dr

City

Lake Orion

State

MI

Zip Code

48360-1997

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 ▼

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

Colorado Springs

State

CO

Zip Code

80962

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
 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

Jackson

State

MS

Zip Code

39202-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ 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 : B4DC4776-076D-469F-B

Amount of Each Receipt this Period

500.00

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

1000.00

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 27 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. 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
 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
 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
 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**

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. Gretchen Fuerste

Mailing Address 2140 JFK Rd

City State Zip Code
 Dubuque IA 52002-3883

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 : 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 State Zip Code
 Hillsboro OR 97123-4159

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 : 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 State Zip Code
 Philadelphia PA 19107-5109

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 / 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**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 100

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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. 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

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

Transaction ID : 4453AB0EFD CF7C0E5358

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

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

Transaction ID : 4296A9C84DD FBEC4B6D6

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

M M M / D D D / Y Y Y Y Y Y
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)
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Detailed Summary Page

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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 State Zip Code
 McAllen TX 78503-1518

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 : 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 State Zip Code
 Houston TX 77005-3850

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 ▼

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 State Zip Code
 Houston TX 77005

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 ▼

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

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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. 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 : 4DA7A48090DEC66DFCE

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)..... ►

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

850.00

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

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

FOR LINE NUMBER: PAGE 32 OF 100

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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. 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)
for each category of the
Detailed Summary Page

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(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 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

449.00

Date of Receipt

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

Transaction ID : B71CB23B-CA04-4436-B

Amount of Each Receipt this Period

199.00

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

2782.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 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. 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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☒ 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. David Hayes

Mailing Address PSC 475 Box 1374

City

State

Zip Code

Fleet Post Office

AP

96350-1374

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 / 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

State

Zip Code

Fort Worth

TX

76102-4413

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 ▼

275.00

Date of Receipt

M M / D D / 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

State

Zip Code

Kansas City

KS

66112-1655

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 : 4234FF2E-E20A-4DB5-A

Amount of Each Receipt this Period

250.00

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

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

533.34

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

Use separate schedule(s)
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Detailed Summary Page

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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)..... ►

782.34

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
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FOR LINE NUMBER: PAGE 37 OF 100

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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. 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

M M / D D / Y Y Y Y Y
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

M M / D D / Y Y Y Y Y
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

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

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. W. Jackson Iliff

Mailing Address 901 Crystal Spring Farm Rd

City State Zip Code
 Annapolis MD 21403-1001

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 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 State Zip Code
 Annapolis MD 21403-1001

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 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 State Zip Code
 Cranston RI 02920-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

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

Transaction ID : FAE697E5C9FDEF7645F

Amount of Each Receipt this Period

41.67

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

141.67

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

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

Use separate schedule(s)
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☒ 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 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : 4B0E8EEF82AC00AE34EF

Amount of Each Receipt this Period

100.00

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

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

506.67

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

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for each category of the
Detailed Summary Page

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. 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

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
☐ Other (specify) ▼

☐ General

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
☐ Other (specify) ▼

☐ General

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**

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. 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

M M / D D / Y Y Y Y Y
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

M M / D D / Y Y Y Y Y
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

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

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

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)
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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)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. 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
☐ 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 : 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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
☐ 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 : 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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. 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 Kodsí

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)..... ►

929.00

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

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

Use separate schedule(s)
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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**

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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**

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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 ☐ General
☐ Other (specify) ▼

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 ☐ 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 : 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 ☐ 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 : 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**

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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)..... ►

1249.98

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. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : 48BC99F35CA7FB051996

Amount of Each Receipt this Period

25.00

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

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

2025.00

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. 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
☐ Other (specify) ▼

General

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
☐ 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 : 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
☐ Other (specify) ▼

General

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)
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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. 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 ▼

730.00

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)..... ►

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

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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. 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

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 12 07 2012

Transaction ID : C10ED22C16516AD411E

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Alan MarksMailing 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

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : D142A5EE-CDE6-4185-8

Amount of Each Receipt this Period

250.00

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

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

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

Transaction ID : 401E82CE7BFD908D8A5C

Amount of Each Receipt this Period

41.67

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

656.67

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

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

Use separate schedule(s)
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☒ 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. 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

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 29 2012

Transaction ID : 4B3C84B22289FBE7A532

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Raj MaturiMailing Address 200 W 103rd St
Ste 1060

City State Zip Code
Indianapolis IN 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

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

Transaction ID : 466AB5CEBEAFED785EED

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Louise MawnMailing Address 2202 South Garage Office Bldg
2311 Pierce Ave

City State Zip Code
Nashville TN 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

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

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

Amount of Each Receipt this Period

500.00

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

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

625.01

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. 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

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

Transaction ID : BCDD43F5-3CB1-4648-9

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. 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

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

Transaction ID : 4AC7B890C2E4B8A9903C

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : 48D4B4503057FD3292AF

Amount of Each Receipt this Period

83.34

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

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

332.34

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. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code
 Rio Rancho NM 87144-4709

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 ▼

425.03

Date of Receipt

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

Transaction ID : 48DF9BB910B07079BE4B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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
 12 20 2012

Transaction ID : B7C3F818-A799-4748-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. James MerrittMailing 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
 11 30 2012

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

Amount of Each Receipt this Period

500.00

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

1041.67

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. Dale Meyer

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

City Albany State NY Zip Code 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

11 / 29 / 2012

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

Occupation

Self

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)

C. 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

Occupation

Self

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

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

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

683.34

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

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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. Adrienne Millett

Mailing Address 207 Wimberly Place

City State Zip Code
Richmond KY 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

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

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas Millman

Mailing Address 375 Barclay Cir

City State Zip Code
Rochester MI 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

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

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

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Lawrence Minardi

Mailing Address Ste 1
500 Donnally St

City State Zip Code
Charleston WV 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

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

Transaction ID : FA3054CE-625A-4784-9

Amount of Each Receipt this Period

1000.00

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

1800.00

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Amalia Miranda

Mailing Address 4801 Bocage Ln

City State Zip Code
 Oklahoma City OK 73142-5407

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 Y
 12 14 2012

Transaction ID : 4128990A57A95B65C011

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Martin Mizener

Mailing Address 4353 Dodge St

City State Zip Code
 Omaha NE 68131-2709

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 : 74FCBA7F-A2B8-400C-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dorothy Moore

Mailing Address Ste 102
 2055 Limestone Rd

City State Zip Code
 Wilmington DE 19808-5536

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 ▼

349.00

Date of Receipt

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

Transaction ID : 15825294-4677-41EF-9

Amount of Each Receipt this Period

199.00

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

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

799.00

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

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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. Thomas Moore

Mailing Address 2128 Woodfield Rd

City State Zip Code
Okemos MI 48864-3229

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 : 0D674602-456F-41A5-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. 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)

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
11 / 27 / 2012

Transaction ID : 408693754B2F08B2FE7F

Amount of Each Receipt this Period

41.67

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

906.67

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 60 OF 100

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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. 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 Y
12 27 2012

Transaction ID : 4D5881C25C6F0FC311D8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. 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

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

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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

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

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

Amount of Each Receipt this Period

199.00

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

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

740.67

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. Chad Nedrud

Mailing Address 1224 Hunter Ln

City

Missoula

State

MT

Zip Code

59803-1308

FEC 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 : F7A26E53-DFC9-433B-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

12 / 04 / 2012

Transaction ID : 4BC1B131D949FDD0ED2E

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. 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

11 / 30 / 2012

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

Amount of Each Receipt this Period

250.00

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

791.67

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 O'Brien

Mailing Address 618 Tollgate Rd

City State Zip Code
 Warwick RI 02886

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 : 5840AF93-4BB3-4A6A-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. 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)

C. 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

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

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

1448.34

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. Timothy Page

Mailing Address 800 S Adams Rd
Ste 201

City Birmingham State MI Zip Code 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
12 / 20 / 2012

Transaction ID : 4D39A4C3B36EB6323B8D

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Laura Pallan

Mailing Address 543 Backbone Rd

City Sewickley State PA Zip Code 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

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

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

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Millicent Palmer

Mailing Address 4102 Woolworth Ave
Routing # 112

City Omaha State NE Zip Code 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

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

Transaction ID : 4D7BBBF4A4D699FA7581

Amount of Each Receipt this Period

41.67

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

282.34

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Pare

Mailing Address 304 SE Hospital Ave

City
Stuart

State
FL

Zip Code
34994-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

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

Transaction ID : 44F3AE1C578932789483

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Parag Parekh

Mailing Address 50 Waterford Pike Ste 600

City
Brookville

State
PA

Zip Code
15825-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

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

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

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City
Aiken

State
SC

Zip Code
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

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

Transaction ID : 4FEA9420C84CAE5869E7

Amount of Each Receipt this Period

83.34

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

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

365.68

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

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

FOR LINE NUMBER: PAGE 65 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. 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

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 : 7BDECF7D-01CB-4FF6-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. 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

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

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

2199.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 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. 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 Y
 12 01 2012

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

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code
 Blue Hill ME 04614-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y 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)

C. 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 Y
 11 30 2012

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

Amount of Each Receipt this Period

500.00

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

625.00

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

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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. 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 Y
11 / 30 / 2012

Transaction ID : EC86CFA4-FC37-4BB3-9

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. 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 Y
12 / 12 / 2012

Transaction ID : FC39F93C-EA19-4568-A

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Jonathan Prenner

Mailing Address 1700 Galloping Hill

City State Zip Code
Kenilworth NJ 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

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

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

Amount of Each Receipt this Period

365.00

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

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

515.00

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

Use separate schedule(s)
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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. 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

12 / 13 / 2012

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

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. 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

12 / 13 / 2012

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

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. 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

12 / 11 / 2012

Transaction ID : 411FB137719ACD7148A8

Amount of Each Receipt this Period

25.00

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

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

191.66

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. 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

11 / 30 / 2012

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

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

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)

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

11 / 27 / 2012

Transaction ID : 487D9BE8AC45DDD6386C

Amount of Each Receipt this Period

41.67

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

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

1125.01

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. Barry Roper

Mailing Address 14837 Felbridge Way

City State Zip Code
 Midlothian VA 23113-6715

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 Y
 12 27 2012

Transaction ID : 405180A7547F299DEA60

Amount of Each Receipt this Period

41.67

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

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

Transaction ID : 02045A2E-A527-4122-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : 4A359A8556F55192D17D

Amount of Each Receipt this Period

25.00

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

316.67

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

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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. Roy Scott Rubinfeld

Mailing Address Ste 950

5454 Wisconsin Ave

City

Chevy Chase

State

MD

Zip Code

20815-6912

FEC 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
12 / 20 / 2012

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Ruchman

Mailing Address 1 Reservoir Office Park

Ste 203

City

Southbury

State

CT

Zip Code

06488-3926

FEC 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

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)

C. Mark Ruchman

Mailing Address 1 Reservoir Office Park

Ste 203

City

Southbury

State

CT

Zip Code

06488-3926

FEC 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

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

Transaction ID : 42C78C448494E721D3DD

Amount of Each Receipt this Period

30.42

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

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

560.84

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. Dawn Rush

Mailing Address Ste 203

2649 Strang Blvd

City

Yorktown Heights

State

NY

Zip Code

10598-2938

FEC 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 : F9B89784-43A7-4B5A-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

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

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : 19A3841F-A395-42F3-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)
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. 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

M M / D D / Y Y Y Y Y Y
12 / 22 / 2012

Transaction ID : 4B4D834F6D01F8D7C851

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. 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)

C. 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

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

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

525.00

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

Use separate schedule(s)
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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. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

472.69

Date of Receipt

11 / 30 / 2012

Transaction ID : A0427518-759E-4027-B

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

B. 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

11 / 30 / 2012

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

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. 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

11 / 30 / 2012

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

Amount of Each Receipt this Period

500.00

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)
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. John Sheppard

Mailing Address 241 Corporate Blvd

City State Zip Code
 Norfolk VA 23502-4965

FEC 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
 11 30 2012

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

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Debra ShetlarMailing Address 2002 Holcombe Blvd
Ste 112C

City State Zip Code
 Houston TX 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 ▼

365.04

Date of Receipt

M M / D D / Y Y Y Y Y
 12 24 2012

Transaction ID : 41D6AD08A797D43E2EB4

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Farhad Shokoohi

Mailing Address 350 Golfview Dr

City State Zip Code
 Saginaw MI 48603-5826

FEC 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

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

Transaction ID : 58EA21E8-BBE5-4189-A

Amount of Each Receipt this Period

365.00

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

760.42

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 Page

FOR LINE NUMBER: PAGE 76 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. David ShulmanMailing 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

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2012			

Transaction ID : 4D9794C9BAE78284E17F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph SidikaroMailing 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

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

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

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Lawrence SingermanMailing 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

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

Transaction ID : 402F8DD9FE0AB7B101D4

Amount of Each Receipt this Period

83.34

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

531.68

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

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

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

FOR LINE NUMBER: PAGE 77 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. 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

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

Transaction ID : 4F038761DE5C4FE8BEB9

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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 M / D 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)

C. 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 M / D 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

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 78 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. Chasidy Singleton

Mailing Address 2311 Pierce Ave

City State Zip Code
 Nashville TN 37232-0025

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 : EDA4398D-8FBF-4780-9

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Brian Sippy

Mailing Address 700 W Kent Ave

City State Zip Code
 Missoula MT 59801-6772

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 : F1C8FC89-B9FE-46B9-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Raymond Sjaarda

Mailing Address Ste 605
 6569 N Charles St

City State Zip Code
 Towson MD 21204-6833

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 : 9ACFEAE0-118B-4E90-9

Amount of Each Receipt this Period

1000.00

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

1800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 79 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. Daniel Smith

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

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

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

Transaction ID : 4C1EBFC8954429777340

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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

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

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

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : 4567BF342B36691F51B8

Amount of Each Receipt this Period

100.00

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

548.34

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 80 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. Samuel Solish

Mailing Address 53 Sewall St

City State Zip Code
 Portland ME 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

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

Transaction ID : 8FEDEEBF-0643-4873-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Edward Stack

Mailing Address 4318 Sunny Lake Dr

City State Zip Code
 Hartland MI 48353-1430

FEC 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

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

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

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. Merrill Stass-Isern

Mailing Address 10 South Waterview Dr.

City State Zip Code
 Palm Coast FL 32137

FEC 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
 12 / 20 / 2012

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

Amount of Each Receipt this Period

365.00

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
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 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 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

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
12 / 17 / 2012

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

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. 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

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

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

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : 474CB84B1F5B14003E46

Amount of Each Receipt this Period

30.41

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

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

780.41

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 82 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. Roger Steinert

Mailing Address 118 I

City State Zip Code
Irvine CA 92697-0001

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 ▼

583.38

Date of Receipt

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

Transaction ID : 40E880724331A54E8E8C

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. 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
12 03 2012

Transaction ID : 4B5DBA977EC5F9AE4DB6

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. 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
11 30 2012

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

Amount of Each Receipt this Period

600.00

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

766.68

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

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

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

FOR LINE NUMBER: 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. 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

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 ▼

0.00

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)

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)..... ►

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 84 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. Stephen Sullivan

Mailing Address 51 State Rd

City State Zip Code
 North Dartmouth MA 02747-3319

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 : 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 State Zip Code
 Lincoln NE 68506-0068

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
 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 State Zip Code
 Griffin GA 30224

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 : 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: PAGE 85 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. Gary Tanner

Mailing Address 10 Jacobs Ln

City State Zip Code
Newport News VA 23606-2815

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
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 State Zip Code
Newport News VA 23606-2815

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
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 State Zip Code
Richardson TX 75080-8304

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
12 / 03 / 2012

Transaction ID : 45941D2F-D81F-4813-A

Amount of Each Receipt this Period

250.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 86 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 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

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

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

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

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

Amount of Each Receipt this Period

365.00

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

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

1615.00

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

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

FOR LINE NUMBER: PAGE 87 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. 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)..... ►

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

2641.67

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. 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**

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. 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
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
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
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**

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

FOR LINE NUMBER: PAGE 90 OF 100

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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. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City State Zip Code
 Seattle WA 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 State Zip Code
 Cody WY 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 State Zip Code
 Portland OR 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: PAGE 91 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 Wherley

Mailing Address 2399 Baker Rd SW

City State Zip Code
 New Philadelphia OH 44663-7104

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
 11 / 30 / 2012

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

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert Wiggins

Mailing Address 8 Medical Park Dr

City State Zip Code
 Asheville NC 28803-2493

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 ▼

441.26

Date of Receipt

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

Transaction ID : 4B8FB30BA0CE167273AB

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. 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

Occupation

Self

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 : 27B8363B-9065-40CA-8

Amount of Each Receipt this Period

2000.00

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

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

2395.42

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. Shelby Wilkes

Mailing Address Ste 100

830 W Peachtree St NW

City

Atlanta

State

GA

Zip Code

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

11 / 30 / 2012

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

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George Williams

Mailing Address 227 Chestnut Cir

City

Bloomfield Hills

State

MI

Zip Code

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

11 / 30 / 2012

Transaction ID : B1365BC8-A8F1-4D29-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeremy Wolfe

Mailing Address 3535 W 13 Mile Rd

Ste 344

City

Royal Oak

State

MI

Zip Code

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

12 / 26 / 2012

Transaction ID : 4734A95D093D2ABC7497

Amount of Each Receipt this Period

41.67

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

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

1291.67

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

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

FOR LINE NUMBER: PAGE 93 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. Keye Luc Wong

Mailing Address Building D

3920 Bee Ridge Rd

City

Sarasota

State

FL

Zip Code

34233

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 ▼

3000.00

Date of Receipt

M M / D D / Y 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)

B. William Wong

Mailing Address 99-128 Aiea Heights Dr

Ste 703

City

Aiea

State

HI

Zip Code

96701-3978

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 ▼

574.03

Date of Receipt

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

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

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

C. 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

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

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

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)
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. Lyn Yakubov

Mailing Address Eye Care Assoc Inc
10 Dutton Dr

City State Zip Code
Youngstown OH 44502

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 ▼

1250.00

Date of Receipt

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

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

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Allen Zieker

Mailing Address 2222 Sixth Avenue

City State Zip Code
Troy NY 12180

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 : 752E1EA6-023D-4B25-9

Amount of Each Receipt this Period

500.00

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)..... ►

1250.00

91298.34

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
AMEX charges - Dec 2012

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
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
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Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

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

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

Date of Disbursement

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

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

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

58.62

1756.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**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. Donnelly for Indiana

Mailing Address 1050 17th St NW Ste 590

City Washington	State DC	Zip Code 20036
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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 La Quinta	State CA	Zip Code 92248
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Purpose of Disbursement
2012 General Debt Retirement

011

Candidate Name

Raul RuizCategory/
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, Inc.

Mailing Address PO Box 1329

City Fort Myers	State FL	Zip Code 33902
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Purpose of Disbursement
2012 Debt Retirement

011

Candidate Name

Henry J. Radel IIICategory/
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)
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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/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement 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/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement 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/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement 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 DISBURSEMENTSUse 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. Michael Grimm for Congress

Mailing Address PO Box 61806

City	State	Zip Code
Staten Island	NY	10306-7806

Purpose of Disbursement
2012 Debt Retirement

011

Candidate Name

Michael G. Grimm

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

State: NY District: 13

Date of Disbursement

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

Transaction ID : ACD4DA6BCB6E1D3F7AA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. The Hawkeye PAC

Mailing Address PO Box 192

City	State	Zip Code
Des Moines	IA	50301

Purpose of Disbursement
2012 Contribution

011

Candidate Name

The Hawkeye PAC

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

State: District:

Date of Disbursement

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

Transaction ID : 22C423C8DFD6872996E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

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

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

5000.00

30000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. 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