

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		292757.64
(b) Cash on Hand at Beginning of Reporting Period.....	334280.49	
(c) Total Receipts (from Line 19)	23877.71	72905.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	358158.20	365663.24
7. Total Disbursements (from Line 31).....	4613.51	12118.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	353544.69	353544.69
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

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18270.66	55916.99
(ii) Unitemized	5607.05	16988.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23877.71	72905.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23877.71	72905.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	23877.71	72905.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23877.71	72905.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	248.51	524.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	248.51	524.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	365.00	1594.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	365.00	1594.42
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4613.51	12118.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4613.51	12118.55

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	23877.71	72905.60
34. Total Contribution Refunds (from Line 28(d))	365.00	1594.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23512.71	71311.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	248.51	524.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	248.51	524.13

**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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Richard Abbott
 Full Name (Last, First, Middle Initial)
 Mailing Address UCSF Beckman Vision Ctr
 10 Koret Way K-301
 City San Francisco State CA Zip Code 94143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 340D52DA-A3B7-4522-9
 Amount of Each Receipt this Period
 500.00

B. Eric Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 6315 North Center Drive
 Suite 230
 City Norfolk State VA Zip Code 23502-4006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 920B0071-5F57-44DE-A
 Amount of Each Receipt this Period
 365.00

C. Steven Andersen
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste B
 38707 Stivers St
 City Fremont State CA Zip Code 94536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : FFCAEAB9-6E8E-4E76-9
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. F. Jane Barton
Full Name (Last, First, Middle Initial)
Mailing Address 400 N 25th St
City Camp Hill State PA Zip Code 17011-2101
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2000.00**

Date of Receipt **02 / 26 / 2013**
Transaction ID : 73F093E8-40A1-485D-8
Amount of Each Receipt this Period **1000.00**

B. Norbert Mathias Becker
Full Name (Last, First, Middle Initial)
Mailing Address Suite 100
1000 S Randall Rd
City Geneva State IL Zip Code 60134
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **02 / 27 / 2013**
Transaction ID : DCAE6631-F032-4E49-9
Amount of Each Receipt this Period **1000.00**

C. Frank Burns
Full Name (Last, First, Middle Initial)
Mailing Address 13324 Shelbyville Rd.
City Louisville State KY Zip Code 40223
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **02 / 15 / 2013**
Transaction ID : C265D8CA-41CD-4D6A-B
Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **2083.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Donald Cinotti
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Pavonia Ave
 6th Fl
 City Jersey City State NJ Zip Code 07306-2932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : DCA42FCE-024A-4CF4-8
 Amount of Each Receipt this Period
 500.00

B. S. William William Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : E50C925D-BCB5-4DD3-B
 Amount of Each Receipt this Period
 208.33

C. Kathleen Cronin
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 356
 City Monument Beach State MA Zip Code 02553-0356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : 5AA15976-29F2-42B0-A
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1073.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Linda Day
 Full Name (Last, First, Middle Initial)
 Mailing Address 6309 Evanston Ave N
 City Seattle State WA Zip Code 98103-5642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 03 / 2013
Transaction ID : F7AE2DAD-100B-4F67-8
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Allen Fishman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9229 Queens Blvd Ste 2l
 City Rego Park State NY Zip Code 11374-1072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : 1704AF19-0450-458E-9
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

C. Avit Gremillion
 Full Name (Last, First, Middle Initial)
 Mailing Address 962 Tommy Munro Dr. Suite B
 City Biloxi State MS Zip Code 39532-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : 8F7FF7E9-18C6-4B6B-9
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1030.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mireille Hamparian
 Full Name (Last, First, Middle Initial)
 Mailing Address 2355 Roanoke Rd
 City San Marino State CA Zip Code 91108-2636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2013
Transaction ID : F30FEF0E-6338-42D6-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. John Hazelton
 Full Name (Last, First, Middle Initial)
 Mailing Address 4803 Saint Johns Pl
 City Murrells Inlet State SC Zip Code 29576-6808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : DBCC03AB-B2F1-48FD-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Kurt Heitman
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Doctors Dr
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013
Transaction ID : 4D67F9EF-8E2B-4C38-A
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cameron Javid
 Full Name (Last, First, Middle Initial)
 Mailing Address 6561 E Carondelet Dr
 City Tucson State AZ Zip Code 85710-2156
 FEC 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
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : FD01BCA9-6165-41C6-A
 Amount of Each Receipt this Period
 2500.00

B. Stephen Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 930 Springdale Rd NE
 City Atlanta State GA Zip Code 30306-2628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013
Transaction ID : E70EB581-CA8A-4E38-A
 Amount of Each Receipt this Period
 250.00

C. Alexandra Kostick
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 104
 3 Pine Cone Dr
 City Palm Coast State FL Zip Code 32137-8684
 FEC 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
 02 / 04 / 2013
Transaction ID : 54B970ED-14B5-4E12-8
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	3115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Janice Law
 Full Name (Last, First, Middle Initial)
 Mailing Address 2311 Pierce Ave
 City Nashville State TN Zip Code 37232-8808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : E1843843-E80B-46F8-A
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 525.00

B. Kenneth Low
 Full Name (Last, First, Middle Initial)
 Mailing Address 38707 Stivers St Ste B
 City Fremont State CA Zip Code 94536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 04 / 2013
Transaction ID : EF6F9D43-EFBA-4A29-9
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

C. Jonathan Macy
 Full Name (Last, First, Middle Initial)
 Mailing Address 8635 W 3rd St Ste 360W
 City Los Angeles State CA Zip Code 90048-6101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : 25732EDC-802B-4E23-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Linn Mangano
 Full Name (Last, First, Middle Initial)
 Mailing Address 1926 Fox Hollow Rd
 City Cape Girardeau State MO Zip Code 63701-2283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2013
Transaction ID : CB1D62C6-461F-4BD6-8
 Amount of Each Receipt this Period
 500.00

B. Richard Mills
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Madison St Ste 1124
 City Seattle State WA Zip Code 98104-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : 01BAB4C4-0C5A-467A-8
 Amount of Each Receipt this Period
 365.00

C. Anne Nachazel
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste A
 25511 Little Mack Ave
 City St Clair Shores State MI Zip Code 48081-3372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 03 / 2013
Transaction ID : A0418168-8B76-4F0D-A
 Amount of Each Receipt this Period
 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Lawrence Piazza
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1539

City Blue Hill	State ME	Zip Code 04614-1539
-------------------	-------------	------------------------

FEC 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
02	/	01	/	2013

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

Amount of Each Receipt this Period
83.33

B. Lawrence Piazza
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1539

City Blue Hill	State ME	Zip Code 04614-1539
-------------------	-------------	------------------------

FEC 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
02	/	10	/	2013

Transaction ID : 43DAB195D356F172DF3B

Amount of Each Receipt this Period
41.67

C. Marcos Reyes
Full Name (Last, First, Middle Initial)
Mailing Address Mason Eye Institute
One Hospital Dr

City Columbia	State MO	Zip Code 65212
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

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

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1125.00
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 15 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Carey Robinson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1960 Electric Rd
 City Roanoke State VA Zip Code 24018-1601
 FEC 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 M / D D D / Y Y Y Y Y Y
 02 / 08 / 2013
Transaction ID : 44900537-2D96-44EE-A
 Amount of Each Receipt this Period
 300.00

B. Steven Rubin
 Full Name (Last, First, Middle Initial)
 Mailing Address Division Ped Ophth Ste 220
 600 Northern Blvd
 City Great Neck State NY Zip Code 11021
 FEC 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
 02 / 27 / 2013
Transaction ID : 0BD90D88-4033-4280-A
 Amount of Each Receipt this Period
 250.00

C. Steven Sicher
 Full Name (Last, First, Middle Initial)
 Mailing Address 8921 N Wood Sage Rd
 City Peoria State IL Zip Code 61615-7822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2013
Transaction ID : 5461A56E-7CFB-4D9D-9
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. N. Niki Silverstein
Full Name (Last, First, Middle Initial)

Mailing Address 408 Main Street

City Chester State NJ Zip Code 07930

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 01 / 2013
Transaction ID : **6BC80614-9752-4D31-B**

Amount of Each Receipt this Period
500.00

B. Steven Swedberg
Full Name (Last, First, Middle Initial)

Mailing Address 21827 76th Ave W Ste 102

City Edmonds State WA Zip Code 98026-7981

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 04 / 2013
Transaction ID : **E9689739-2CDD-47CF-9**

Amount of Each Receipt this Period
500.00

C. Marshall Wareham
Full Name (Last, First, Middle Initial)

Mailing Address 5250 Far Hills Ave

City Dayton State OH Zip Code 45429

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.00

Date of Receipt
02 / 01 / 2013
Transaction ID : **F5A392F2-6255-4496-8**

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional).....▶	1199.00
TOTAL This Period (last page this line number only).....▶	18270.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX charges - Feb 2013

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 45C3E350CF1FEFFD2F7

Amount of Each Disbursement this Period

22.14

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Feb 2013

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : 94FAB3DC381096F16B0

Amount of Each Disbursement this Period

226.37

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

248.51

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

248.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement
2012 General Debt Retirement

011

Category/
Type

Candidate Name
Dean Heller

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
02	/	27	/	2013

Transaction ID : 17EB5FC688986C5963E

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Heller for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

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

011

Category/
Type

Candidate Name
Dean Heller

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
02	/	27	/	2013

Transaction ID : 18B21F1E7D14368B151

Amount of Each Disbursement this Period

-5,000.00

Full Name (Last, First, Middle Initial)

C. Udall for Colorado

Mailing Address PO Box 40158

City Denver State CO Zip Code 80204

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name
Mark E. Udall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District:

Date of Disbursement

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

Transaction ID : B3D304A1C3566DCDDC9

Amount of Each Disbursement this Period

4,000.00

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

4,000.00

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

4,000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brian Smith

Mailing Address 138 W Avon Pkwy

City Asheville State NC Zip Code 28804-1410

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 5F3A1CB73B9580435B4

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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