

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	266484.42	
(c) Total Receipts (from Line 19)	45200.15	701721.43
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	311684.57	1157631.79
7. Total Disbursements (from Line 31).....	90885.73	936832.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	220798.84	220798.84
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39479.56	568580.67
(ii) Unitemized	5720.59	123741.76
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	45200.15	692322.43
(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)	45200.15	692322.43
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))..... ▶	45200.15	701721.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45200.15	701721.43

DETAILED SUMMARY PAGE
of Disbursements

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	1398.83	16105.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1398.83	16105.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	567347.69
24. Independent Expenditures (use Schedule E)	67286.90	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	1200.00	13296.68
(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)).....	1200.00	13296.68
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)) ..	90885.73	936832.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90885.73	936832.95

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)	45200.15	692322.43
34. Total Contribution Refunds (from Line 28(d))	1200.00	13296.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44000.15	679025.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1398.83	16105.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1398.83	16105.68

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Filing amended 30-Day Post Election Report in response to May 30, 2013 RFAI.

Form/Schedule:
Transaction ID:

**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 68
	<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. Aaron Appiah
 Full Name (Last, First, Middle Initial)
 Mailing Address 2280 Wednesday St
 City Tallahassee State FL Zip Code 32308-4387
 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
 10 / 31 / 2012
Transaction ID : 6A8FE4DDF44D640049A
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Frank Ashburn Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4910 Massachusetts Ave NW Ste 21
 City Washington State DC Zip Code 20016-4360
 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
 10 / 26 / 2012
Transaction ID : 969E846A-C9C5-4352-
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Lauren Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 345 E 53rd St
 City Minneapolis State MN Zip Code 55419-1431
 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
 10 / 26 / 2012
Transaction ID : 95DEADC61EE3E7F314
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
	<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. Ronald Barke
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 N Davis Dr
 Ste 100
 City Arlington State TX Zip Code 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 ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2012
Transaction ID : 47EC9C78AF7B4DAC3077
 Amount of Each Receipt this Period
 83.34

B. Ronald Barke
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 N Davis Dr
 Ste 100
 City Arlington State TX Zip Code 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 ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2012
Transaction ID : 4C49AAEBD3D59A562384
 Amount of Each Receipt this Period
 83.34

C. Ivan Batlle
 Full Name (Last, First, Middle Initial)
 Mailing Address 9301 W 74th St
 Ste 210
 City Shawnee Mission State KS Zip Code 66204-2235
 FEC 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 M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : 41E8BDC06EB6D470307A
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
	<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. Ivan Baumwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Broad St
 Ste 2020
 City Sewickley State PA Zip Code 15143-1500
 FEC 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 M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 420BB66DCC00778A9C3E
 Amount of Each Receipt this Period
 83.34

B. Ivan Baumwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Broad St
 Ste 2020
 City Sewickley State PA Zip Code 15143-1500
 FEC 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 M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 4A9699A30F557ADC677E
 Amount of Each Receipt this Period
 83.34

C. Peter Berkowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address #520 532 S Aiken Ave
 Aiken Professional Building, Ste 2
 City Pittsburgh State PA Zip Code 15232-1521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : B90D056E3D89C5571B2
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 68
	<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. Bradley Black
Full Name (Last, First, Middle Initial)

Mailing Address 302 W 14th St

City Jeffersonville State IN Zip Code 47130-3751

FEC 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
 10 / 19 / 2012

Transaction ID : E5BEFEE5510D8AB9BB5

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 12 Curtis St

City Meriden State CT Zip Code 06450-5900

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2012

Transaction ID : 48BA99B2415CD32E5556

Amount of Each Receipt this Period
 41.67

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

Mailing Address 121 Hunter Ave
Ste 102

City Clayton State MO Zip Code 63124-2082

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2012

Transaction ID : 90166144D9E20FC1A41

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1541.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 68
	<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. James Bobrow
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 Hunter Ave
 Ste 102
 City Clayton State MO Zip Code 63124-2082
 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
 10 / 25 / 2012
Transaction ID : 8CEA9ED803901167FC2
 Amount of Each Receipt this Period
 900.00
 Aggregate Year-to-Date ▼
 1900.00

B. Steven Bodine
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Palmer Rd
 Retina Consultations
 City Bronxville State NY Zip Code 10708-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2012
Transaction ID : 40509D11489684D7222E
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 416.70

C. David Bogorad
 Full Name (Last, First, Middle Initial)
 Mailing Address 2509 Walton Way
 City Augusta State GA Zip Code 30904-4561
 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
 10 / 26 / 2012
Transaction ID : 478C9722CDA85264C9F2
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 333.36

SUBTOTAL of Receipts This Page (optional).....▶	983.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. David Bogorad
Full Name (Last, First, Middle Initial)
Mailing Address 2509 Walton Way
City Augusta State GA Zip Code 30904-4561
FEC 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 11 / 26 / 2012
Transaction ID : 426399E54EA33992199C
Amount of Each Receipt this Period 41.67

B. James Gerard Brooks Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 2718 Madden Dr
City Columbus State GA Zip Code 31906-1137
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.37

Date of Receipt 10 / 22 / 2012
Transaction ID : 4B8E9134BBA7117FD605
Amount of Each Receipt this Period 41.67

C. James Gerard Brooks Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 2718 Madden Dr
City Columbus State GA Zip Code 31906-1137
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 22 / 2012
Transaction ID : 4623B074C8BCC3CD514D
Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶ 125.01
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 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Bruce Brumm		Date of Receipt
Mailing Address 6751 N 72nd St Ste 105		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Omaha	State NE	Zip Code 68122-1746
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 46028EB6F0939A2E9F6D
Name of Employer: Self		Amount of Each Receipt this Period
Occupation: Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="458.37"/>	

Full Name (Last, First, Middle Initial) B. John Burchfield		Date of Receipt
Mailing Address 2865 N Reynolds Rd Ste 170		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City Toledo	State OH	Zip Code 43615-2076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 449C8FA0F1FE0525CC43
Name of Employer: Self		Amount of Each Receipt this Period
Occupation: Ophthalmologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) c. John Burchfield		Date of Receipt
Mailing Address 2865 N Reynolds Rd Ste 170		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City Toledo	State OH	Zip Code 43615-2076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 49C4BDDAC24FB356E010
Name of Employer: Self		Amount of Each Receipt this Period
Occupation: Ophthalmologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="275.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="91.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 68
	<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. Frank Burns
Full Name (Last, First, Middle Initial)

Mailing Address 301 Pepperbush Rd

City Louisville State KY Zip Code 40207-5707

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 06 / 2012

Transaction ID : 42E6AD65877DCEB8619F

Amount of Each Receipt this Period
83.34

B. Peter Campanella
Full Name (Last, First, Middle Initial)

Mailing Address 3855 Penn Ave

City Sinking Spring State PA Zip Code 19608-1174

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 10 / 2012

Transaction ID : 414782B0C96F3E132581

Amount of Each Receipt this Period
41.67

c. John Carver
Full Name (Last, First, Middle Initial)

Mailing Address 1055 N 300 W Ste 210

City Provo State UT Zip Code 84604-3374

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : C09F1100089C846915D

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

A. Jennifer Cecil
 Full Name (Last, First, Middle Initial)
 Mailing Address 2902 Ginnala Dr
 Ste 1
 City Loveland State CO Zip Code 80538-7818
 FEC 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
 10 / 26 / 2012
Transaction ID : C18C8D906D5858940FE
 Amount of Each Receipt this Period
 365.00

B. Christopher Coad
 Full Name (Last, First, Middle Initial)
 Mailing Address 157 W 19th St
 City New York State NY Zip Code 10011-4102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012
Transaction ID : 45749999FB1BF93021C1
 Amount of Each Receipt this Period
 25.00

C. Atys Cope
 Full Name (Last, First, Middle Initial)
 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 ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012
Transaction ID : 45779FA32BF9C5372F1C
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	473.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 68
	<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 Davenport
 Full Name (Last, First, Middle Initial)
 Mailing Address 17555 Emily Ann Ct
 Unit B
 City Brookfield State WI Zip Code 53045-2045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : DC4D887D53417635F56
 Amount of Each Receipt this Period
 365.00

B. Adrienne Marie De La Paz
 Full Name (Last, First, Middle Initial)
 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 ▼ 333.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 02 / 2012
Transaction ID : 482A8C8DACE87FB3DE7B
 Amount of Each Receipt this Period
 166.67

C. Ellen Dehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 Pleasant St
 City Attleboro State MA Zip Code 02703-2443
 FEC 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
 10 / 26 / 2012
Transaction ID : 1B45736D-7C0A-4A89-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1031.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. David Demartini		Date of Receipt
Mailing Address 122 La Casa Via Ste 222		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Walnut Creek	State CA	Zip Code 94598-3014
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 3C5299570DE48DEA8F2
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="730.00"/>		

Full Name (Last, First, Middle Initial) B. Eldi Deschamps		Date of Receipt
Mailing Address 8510 Broadway		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Merrillville	State IN	Zip Code 46410-7032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : DDB3A5833B58FBB83AB
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="199.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1199.00"/>		

Full Name (Last, First, Middle Initial) C. Albert Edwards		Date of Receipt
Mailing Address 1550 Oak St Ste 4		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Eugene	State OR	Zip Code 97401-7701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : D777BC02-5952-4082-
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1064.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 68
	<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. Paul Andrew Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Ford Pl
 Ste 5A
 City Detroit State MI Zip Code 48202-3450
 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
 10 / 22 / 2012
Transaction ID : 2931659BBD62E46C7E3
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Warren Fagadau
 Full Name (Last, First, Middle Initial)
 Mailing Address 6131 Luther Ln
 Ste 216
 City Dallas State TX Zip Code 75225-6200
 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
 10 / 30 / 2012
Transaction ID : 0DDE710A66910AAAC10
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

C. Erin Fogel
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 N Bow Dunbarton Rd
 City Bow State NH Zip Code 03304-4701
 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
 10 / 26 / 2012
Transaction ID : 44F0A766788BE00453AA
 Amount of Each Receipt this Period
 30.41
 Aggregate Year-to-Date ▼
 212.87

SUBTOTAL of Receipts This Page (optional).....▶	1530.41
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	FOR LINE NUMBER: (check only one)	PAGE 19 OF 68
	<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. Erin Fogel
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 N Bow Dunbarton Rd
 City Bow State NH Zip Code 03304-4701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 4D05ADE2863D74025BEC
 Amount of Each Receipt this Period
 30.41

B. Lyle Freedman
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 114
 11803 South Freeway
 City Fort Worth State TX Zip Code 76115
 FEC 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
 10 / 31 / 2012
Transaction ID : 82564B59F36DACBFD1F
 Amount of Each Receipt this Period
 500.00

C. Sunir Garg
 Full Name (Last, First, Middle Initial)
 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 ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012
Transaction ID : 41859EBC8C86A308E6F5
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	560.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Michael Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address 1364 91st Ave NE

City State Zip Code
Clyde Hill WA 98004-3326

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.74

Date of Receipt
11 / 03 / 2012
Transaction ID : 4877BE6ACA15351A87EC

Amount of Each Receipt this Period
83.34

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

Mailing Address 621 S New Ballas Rd Ste 585A

City State Zip Code
Saint Louis MO 63141-8261

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 ▼
465.00

Date of Receipt
10 / 26 / 2012
Transaction ID : 0E9407D7A3A5625D16C

Amount of Each Receipt this Period
100.00

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

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 ▼
1000.00

Date of Receipt
10 / 28 / 2012
Transaction ID : 458D9AADEAD3237C4E38

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **283.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. John Hagan		Date of Receipt 10 / 26 / 2012 Transaction ID : A0BD7BC48BE48A7059A
Mailing Address 9401 N Oak Trfy Ste 200		Amount of Each Receipt this Period 1500.00
City Kansas City	State MO	
Zip Code 64155-3393		Aggregate Year-to-Date ▼ 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Roy Hager		Date of Receipt 10 / 26 / 2012 Transaction ID : 67C9C6CBA18A1B0220B
Mailing Address 4255 Carmichael Ct N		Amount of Each Receipt this Period 365.00
City Montgomery	State AL	
Zip Code 36106-2875		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Carroll Haines		Date of Receipt 10 / 31 / 2012 Transaction ID : 17ED85973755B33A728
Mailing Address 515 Thompson St Ste A		Amount of Each Receipt this Period 250.00
City Eden	State NC	
Zip Code 27288-5040		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Receipts This Page (optional).....▶	2115.00
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 23 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John Haley
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Forest Ln S
Ste B

City Garland State TX Zip Code 75042-7943

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt
11 / 05 / 2012
Transaction ID : 43F584CC31FDE46DF78A

Amount of Each Receipt this Period
83.34

B. Christopher Hauptert
Full Name (Last, First, Middle Initial)

Mailing Address 34450 Red Oak Ln

City Cumming State IA Zip Code 50061-4413

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 22 / 2012
Transaction ID : F559DC254A97B091FB5

Amount of Each Receipt this Period
500.00

C. Weldon Havins
Full Name (Last, First, Middle Initial)

Mailing Address 88 Ancient Hills Ln

City Henderson State NV Zip Code 89074-1750

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
665.00

Date of Receipt
10 / 23 / 2012
Transaction ID : 194CB58A8D372F216C3

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	FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
	<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. David Hayes
 Full Name (Last, First, Middle Initial)
 Mailing Address PSC 475 Box 1374
 City FPO State AP Zip Code 96350-1374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 4713A0ED05792CB21FDB
 Amount of Each Receipt this Period
 83.34
 Aggregate Year-to-Date ▼
 250.02

B. Kathryn Hecker-Magee
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Steepleton Colony Ct
 City Greensboro State NC Zip Code 27410-9275
 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
 10 / 26 / 2012
Transaction ID : B1E4612F11C5968D31F
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 398.00

C. William Holcomb
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 410
 1890 Highway 157
 City Cullman State AL Zip Code 35058-0689
 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
 11 / 16 / 2012
Transaction ID : 489F9856D99A213CA79D
 Amount of Each Receipt this Period
 83.34
 Aggregate Year-to-Date ▼
 916.74

SUBTOTAL of Receipts This Page (optional).....▶	365.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 68
	<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 Hsueh
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Diamond Hill Rd
 City Berkeley Heights State NJ Zip Code 07922-2104
 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
 10 / 26 / 2012
Transaction ID : 9A546559CA440FB1B4F
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. G. Baker Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1365B Clifton Rd NE Ste B3409
 City Atlanta State GA Zip Code 30322-1013
 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
 11 / 08 / 2012
Transaction ID : 4DDBCC40882AB3DCDD
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date ▼
 275.00

C. David Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Longwood Ave
 City Boston State MA Zip Code 02115-5724
 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
 11 / 13 / 2012
Transaction ID : 4301BD8B2F938F8B4690
 Amount of Each Receipt this Period
 30.42
 Aggregate Year-to-Date ▼
 334.62

SUBTOTAL of Receipts This Page (optional).....▶	1055.42
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	FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. W. Jackson Iliff
Full Name (Last, First, Middle Initial)

Mailing Address 901 Crystal Spring Farm Rd

City Annapolis	State MD	Zip Code 21403-1001
-------------------	-------------	------------------------

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

Name of Employer	Occupation

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
10	/	30	/	2012

Transaction ID : 4FF5BE0A65E4DC5E372A

Amount of Each Receipt this Period
500.00

B. Alvina Janda
Full Name (Last, First, Middle Initial)

Mailing Address 4603 Merilane Ave

City Edina	State MN	Zip Code 55436-1337
---------------	-------------	------------------------

FEC 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
10	/	24	/	2012

Transaction ID : FF0805CD9F899878957

Amount of Each Receipt this Period
250.00

C. Robert Janigian
Full Name (Last, First, Middle Initial)

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 ▼
333.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	30	/	2012

Transaction ID : E29782ED207545DA1D1

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	341.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Anthony Pruett Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 601 Halton Rd

City Greenville State SC Zip Code 29607-3403

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **564.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2012

Transaction ID : ED285E0F-888C-411F-9

Amount of Each Receipt this Period
365.00

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

Mailing Address 1300 E 20th St

City Cheyenne State WY Zip Code 82001-4021

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2012

Transaction ID : 4883A5D4BC721D377C17

Amount of Each Receipt this Period
100.00

C. Leslie Jones
Full Name (Last, First, Middle Initial)

Mailing Address 2041 Georgia Ave NW Ste 2100

City Washington State DC Zip Code 20060-0001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2012

Transaction ID : 430B8DB3DA46C66B0AD1

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ **506.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Emilio Justo		Date of Receipt
Mailing Address 19052 N R H Johnson Blvd		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Sun City West AZ 85375-4401		Transaction ID : 792F45A6B8BB8234304
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="365.00"/>
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="730.00"/>	

Full Name (Last, First, Middle Initial) B. Henry Kaplan		Date of Receipt
Mailing Address 301 E Muhammad Ali Blvd		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Louisville KY 40202-1511		Transaction ID : 4F1D9F7B6B94528BE8F6
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="291.69"/>	

Full Name (Last, First, Middle Initial) C. Henry Kaplan		Date of Receipt
Mailing Address 301 E Muhammad Ali Blvd		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Louisville KY 40202-1511		Transaction ID : 47F5B0FE17BAB4DBD81B
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="291.69"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="448.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 68
	<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. Peter Kelly
 Full Name (Last, First, Middle Initial)
 Mailing Address 1504 N Main St
 City Palmer State MA Zip Code 01069-1215
 FEC 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
 10 / 19 / 2012
Transaction ID : B0BD7CD7CDC16F63502
 Amount of Each Receipt this Period
 1000.00

B. Robert Kennedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Providence Ave
 City Schenectady State NY Zip Code 12309-3919
 FEC 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
 10 / 19 / 2012
Transaction ID : 719FD2B97E2412126B5
 Amount of Each Receipt this Period
 250.00

C. Tae Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 11829 South St Ste 202
 City Cerritos State CA Zip Code 90703-6828
 FEC 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
 10 / 19 / 2012
Transaction ID : 2DBA0EC9060ACD23438
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 68
	<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. Craig King
Full Name (Last, First, Middle Initial)

Mailing Address 3209 N 4th St
Ste 100

City Longview State TX Zip Code 75605-5170

FEC 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
10 / 19 / 2012
Transaction ID : 19D51D7EA55B4B7478C

Amount of Each Receipt this Period
250.00

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

Mailing Address 21711 Greater Mack Ave

City Saint Clair Shores State MI Zip Code 48080-2418

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
11 / 05 / 2012
Transaction ID : 41B6A646716F0D2E13F4

Amount of Each Receipt this Period
100.00

C. Dino Klisovic
Full Name (Last, First, Middle Initial)

Mailing Address 6655 Post Rd

City Dublin State OH Zip Code 43016-8214

FEC 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
10 / 22 / 2012
Transaction ID : A354A596CDD672F04AD

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	2850.00
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 31 OF 68
	<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. Stephen Kondash
Full Name (Last, First, Middle Initial)

Mailing Address 6909 Good Samaritan Dr

City Cincinnati State OH Zip Code 45247-5207

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1095.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 1D377352D6DA9896554

Amount of Each Receipt this Period
 365.00

B. Douglas Kopp
Full Name (Last, First, Middle Initial)

Mailing Address 2222 W 24th St Unit 10

City Plainview State TX Zip Code 79072-1802

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2012
Transaction ID : 43189CC6A4D8B965B62F

Amount of Each Receipt this Period
 50.00

C. Lydia Lane
Full Name (Last, First, Middle Initial)

Mailing Address 4101 Bear Tree Dr

City Little Rock State AR Zip Code 72223-1981

FEC 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 / 13 / 2012
Transaction ID : 4AD0B9910F9AF427333

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	915.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Janice Law		Date of Receipt
Mailing Address 2311 Pierce Ave		<input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Nashville	TN	37232-0025
FEC ID number of contributing federal political committee.		Transaction ID : 477E90E66BEA6CFA8EEE
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jay Harris Levy		Date of Receipt
Mailing Address 184 NE 168th St		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
North Miami Beach	FL	33162-3412
FEC ID number of contributing federal political committee.		Transaction ID : 41C1804D729C1BC2A6BF
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.04"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sue Lim		Date of Receipt
Mailing Address 263 Harrington Dr		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Troy	MI	48098-3027
FEC ID number of contributing federal political committee.		Transaction ID : 44F18D259CA463B94AD7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="133.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Christopher Lin		Date of Receipt 10 / 31 / 2012 Transaction ID : E470E969CDB21E2BA64
Mailing Address 345 Hickory St		Amount of Each Receipt this Period 500.00
City Red Bluff	State CA	Zip Code 96080-2771
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Mark Lindsay		Date of Receipt 10 / 19 / 2012 Transaction ID : 9361195015000943F77
Mailing Address 2725 E 29th St		Amount of Each Receipt this Period 300.00
City Bryan	State TX	Zip Code 77802-2504
FEC ID number of contributing federal political committee.	C	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Brian Lueth		Date of Receipt 10 / 31 / 2012 Transaction ID : CB BB31F89176CF FE1A6
Mailing Address 3930 Hoyt Ave		Amount of Each Receipt this Period 1000.00
City Everett	State WA	Zip Code 98201-4919
FEC ID number of contributing federal political committee.	C	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 34 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Aaron Mack

Mailing Address 150 Taylor Station Rd
Ste 150

City Columbus State OH Zip Code 43213-4440

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
11 / 10 / 2012
Transaction ID : 456E81F74047E3516D01

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Ahad Mahootchi

Mailing Address PO Box 1059

City Zephyrhills State FL Zip Code 33539-1059

FEC 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
10 / 26 / 2012
Transaction ID : 43498C1A0F6CD4CAC4A0

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. Ahad Mahootchi

Mailing Address PO Box 1059

City Zephyrhills State FL Zip Code 33539-1059

FEC 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
11 / 26 / 2012
Transaction ID : 4046B91180D03A1BE42E

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional).....▶	208.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 68
	<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. Suresh Mandava
Full Name (Last, First, Middle Initial)
Mailing Address 4 Dearfield Dr
City Greenwich State CT Zip Code 06831-5351
FEC 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 **10 / 31 / 2012**
Transaction ID : B87B2FF9-E877-40D3-8
Amount of Each Receipt this Period **199.00**

B. Thomas Marvelli
Full Name (Last, First, Middle Initial)
Mailing Address 6273 Granbury Rd
City Fort Worth State TX Zip Code 76133-3401
FEC 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 **10 / 30 / 2012**
Transaction ID : D2556F36-8F9F-472A-
Amount of Each Receipt this Period **365.00**

C. Benjamin Mason
Full Name (Last, First, Middle Initial)
Mailing Address 1110 Eagle Ridge Rd
City Cedar Falls State IA Zip Code 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 **416.70**

Date of Receipt **10 / 29 / 2012**
Transaction ID : 490CAACC7E3B94DD421B
Amount of Each Receipt this Period **41.67**

SUBTOTAL of Receipts This Page (optional)..... **605.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 68
	<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. Raul Masvidal
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 SW 42nd Ave
 City Coral Gables State FL Zip Code 33134-1755
 FEC 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
 10 / 30 / 2012
Transaction ID : AB6E75845C5B1060B95
 Amount of Each Receipt this Period
 365.00

B. Raj Maturi
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 103rd St Ste 1060
 City Indianapolis State IN Zip Code 46290-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 41BA8A301753A2F495E6
 Amount of Each Receipt this Period
 83.34

C. Raj Maturi
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 103rd St Ste 1060
 City Indianapolis State IN Zip Code 46290-1001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 4F48B3107E148B589501
 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: (check only one)	PAGE 37 OF 68
	<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. M. Lisa McHam
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2012
Transaction ID : 4B83AF9D6E443C41EEBD
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date ▼
 550.00

B. M. Lisa McHam
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 42528F2BE546E2EFC703
 Amount of Each Receipt this Period
 50.00
 Aggregate Year-to-Date ▼
 550.00

C. Gary Mehlhorn
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2012
Transaction ID : 48CE98E1985E352684B2
 Amount of Each Receipt this Period
 83.34
 Aggregate Year-to-Date ▼
 416.70

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	FOR LINE NUMBER: (check only one)	PAGE 38 OF 68
	<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. Gary Mehlhorn
Full Name (Last, First, Middle Initial)

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 ▼
416.70

Date of Receipt
11 / 20 / 2012
Transaction ID : 4CE1BFE0840E5902E4BA

Amount of Each Receipt this Period
83.34

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

Mailing Address 735 Grey Hawk Dr NE

City Rio Rancho State NM Zip Code 87144-4709

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
383.36

Date of Receipt
11 / 12 / 2012
Transaction ID : 4AF1A030CA736A5B12EB

Amount of Each Receipt this Period
41.67

C. Michael Edward Edward Migliori
Full Name (Last, First, Middle Initial)

Mailing Address 392 Rochambeau Ave

City Providence State RI Zip Code 02906-3520

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.74

Date of Receipt
11 / 08 / 2012
Transaction ID : 4FA4B224E1758B61F37E

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 208.35

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<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. Aaron Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 19719 Oxalis Ct
 City Spring State TX Zip Code 77379-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : 4572BF417DADD978A489
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 850.00

B. Aaron Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 19719 Oxalis Ct
 City Spring State TX Zip Code 77379-7555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : 48648DF88E7EE4B43493
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 850.00

C. Michael Minadeo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2007 N Jefferson Ave
 City Mount Pleasant State TX Zip Code 75455-2336
 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
 10 / 26 / 2012
Transaction ID : AC51A17E0BF615331AD
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 40 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Amalia Miranda

Mailing Address 4801 Bocage Ln

City Oklahoma City State OK Zip Code 73142-5407

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2012

Transaction ID : 434DBD0321FC032182DB

Amount of Each Receipt this Period
100.00

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

Mailing Address 1611 13th Ave

City Huntington State WV Zip Code 25701-3811

FEC 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2012

Transaction ID : 5949F42CEB05D129131

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 Bakersfield State CA Zip Code 93309-1230

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2012

Transaction ID : 4E649F88AB90E8C80330

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	641.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Scott Murphy		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : 270BAE61FC804F89D9D
Mailing Address 5202 Faraon St		Amount of Each Receipt this Period 250.00
City Saint Joseph	State MO	Zip Code 64506-3840
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Daniel Neely		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2012 Transaction ID : 4B458B5A2988522A7E67
Mailing Address 13319 E 116th St		Amount of Each Receipt this Period 41.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69	

Full Name (Last, First, Middle Initial) C. Philip Niswander		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2012 Transaction ID : 34B5F3B607C34D84F62
Mailing Address 40 N Union Rd		Amount of Each Receipt this Period 500.00
City Williamsville	State NY	Zip Code 14221-5339
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	791.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David James O'Morchoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 20669 Bond Rd NE
 City Poulsbo State WA Zip Code 98370-6525
 FEC 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
 10 / 18 / 2012
Transaction ID : 9549404C-6527-4982-
 Amount of Each Receipt this Period
 1000.00

B. Kelly Patrick O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 563 Wessel Dr
 City Fairfield State OH Zip Code 45014-3668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : 48D980B7DB1C80648B09
 Amount of Each Receipt this Period
 83.34

C. Philip Paden
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 W Stewart Ave Ste 110
 City Medford State OR Zip Code 97501-3647
 FEC 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
 10 / 22 / 2012
Transaction ID : 218CE59AC04F5FADEE3
 Amount of Each Receipt this Period
 365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy Page		Date of Receipt
Mailing Address 800 S Adams Rd Ste 201		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Birmingham	State MI	Zip Code 48009-7008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 44CBB3DC0423ED3819BD
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="458.37"/>	

Full Name (Last, First, Middle Initial) B. Timothy Page		Date of Receipt
Mailing Address 800 S Adams Rd Ste 201		<input type="text" value="11"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Birmingham	State MI	Zip Code 48009-7008
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 40AFB890E298281A8778
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="458.37"/>	

Full Name (Last, First, Middle Initial) C. Millicent Palmer		Date of Receipt
Mailing Address 4102 Woolworth Ave Routing # 112		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Omaha	State NE	Zip Code 68105-1851
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 41F1AFF3E338E75EE07C
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="657.37"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="125.01"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 68
	<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. Millicent Palmer
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 657.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2012
Transaction ID : 4E4396E8A3275582572C
 Amount of Each Receipt this Period
 41.67

B. Harpreet Nini Patheja
 Full Name (Last, First, Middle Initial)
 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 ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2012
Transaction ID : 4F1F9B403704B131D6C2
 Amount of Each Receipt this Period
 83.34

C. Mark Peters
 Full Name (Last, First, Middle Initial)
 Mailing Address 2525 NW Lovejoy St
 Ste 100
 City Portland State OR Zip Code 97210-2861
 FEC 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
 10 / 26 / 2012
Transaction ID : 979545D128D6664E522
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael Peterson		Date of Receipt
Mailing Address 700 W Kent Ave		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Missoula	MT	59801-6772
FEC ID number of contributing federal political committee.		Transaction ID : 6CB05CCD66FE1E98B57
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lawrence Piazza		Date of Receipt
Mailing Address PO Box 1539		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Blue Hill	ME	04614-1539
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 41C9A9C6C91FF97ACBF6
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="291.69"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. C. Downey Price		Date of Receipt
Mailing Address 333 N Rivershire Dr Ste 160		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Conroe	TX	77304-2711
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 0343D43D9C2C2101AEC
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="791.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 68
	<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. Norman Radtke
 Full Name (Last, First, Middle Initial)
 Mailing Address Ste 240
 3 Audubon Plaza Dr
 City Louisville State KY Zip Code 40217-1319
 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
 10 / 30 / 2012
Transaction ID : 003BBE3B-CE0E-4182-8
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 600.00

B. Vadrevu Raju
 Full Name (Last, First, Middle Initial)
 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 General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2012
Transaction ID : 4C2F9EAAF02752B5C3BC
 Amount of Each Receipt this Period
 25.00
 Aggregate Year-to-Date ▼
 275.00

C. Erman Rawlings
 Full Name (Last, First, Middle Initial)
 Mailing Address 3430 Bienville Blvd
 City Ocean Springs State MS Zip Code 39564-5732
 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
 10 / 19 / 2012
Transaction ID : 202FECC00E35B6328D9
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 68
	<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. Chad Reder
Full Name (Last, First, Middle Initial)

Mailing Address 1680 E Herndon Ave
Ste 101

City Fresno State CA Zip Code 93720-3384

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
699.00

Date of Receipt
10 / 30 / 2012
Transaction ID : 60F3741FB1C1CFAF93B

Amount of Each Receipt this Period
199.00

B. William Reinhart
Full Name (Last, First, Middle Initial)

Mailing Address 11100 Euclid Ave
FI 4

City Cleveland Heights State OH Zip Code 44106-1716

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
10 / 22 / 2012
Transaction ID : A8F7736C0D8AFCC9BD3

Amount of Each Receipt this Period
200.00

C. William Rich
Full Name (Last, First, Middle Initial)

Mailing Address 6231 Leesburg Pike
Ste 608

City Falls Church State VA Zip Code 22044-2102

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt
10 / 26 / 2012
Transaction ID : 4D89A733A71E349C142C

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 482.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William Rich
Full Name (Last, First, Middle Initial)

Mailing Address 6231 Leesburg Pike
Ste 608

City Falls Church State VA Zip Code 22044-2102

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt
11 / 26 / 2012
Transaction ID : 4BC98DF56C3771DD31AE

Amount of Each Receipt this Period
83.34

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

Mailing Address 207 S Santa Anita Ave
Ste P25

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3487.00

Date of Receipt
10 / 26 / 2012
Transaction ID : 4136927129A492FF47D6

Amount of Each Receipt this Period
317.00

C. David Richardson
Full Name (Last, First, Middle Initial)

Mailing Address 207 S Santa Anita Ave
Ste P25

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3487.00

Date of Receipt
11 / 26 / 2012
Transaction ID : 4BCDBFCCA81A6A046F69

Amount of Each Receipt this Period
317.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 717.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 68
	<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. Barry Roper
Full Name (Last, First, Middle Initial)

Mailing Address 14837 Felbridge Way

City Midlothian State VA Zip Code 23113-6715

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.69

Date of Receipt 10 / 27 / 2012
Transaction ID : 47B69FF6492B2FE94D80

Amount of Each Receipt this Period 41.67

B. Teresa Rosales
Full Name (Last, First, Middle Initial)

Mailing Address 4100 Long Beach Blvd Ste 108

City Long Beach State CA Zip Code 90807-2696

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 09 / 2012
Transaction ID : 45E68C01B5009627F863

Amount of Each Receipt this Period 25.00

C. Carlos Rosende
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Floyd Curl Dr

City San Antonio State TX Zip Code 78229-3901

FEC 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 10 / 19 / 2012
Transaction ID : 43B1A48923082F321F62

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 166.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

A. Mark Ruchman
 Full Name (Last, First, Middle Initial)
 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 ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2012
Transaction ID : 491EB15DFB877DCE3FF
 Amount of Each Receipt this Period
 30.42

B. Jay Rudd
 Full Name (Last, First, Middle Initial)
 Mailing Address 6841 Cooper Pt. Rd. NW
 City Lacey State WA Zip Code 98503-1014
 FEC 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
 10 / 26 / 2012
Transaction ID : 38067F22505995C13E0
 Amount of Each Receipt this Period
 500.00

C. Steven Samuelson
 Full Name (Last, First, Middle Initial)
 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 ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : 48DD90DBA47761E1EDE5
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	555.42
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	FOR LINE NUMBER: (check only one)	PAGE 51 OF 68
	<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. Steven Samuelson
Full Name (Last, First, Middle Initial)

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 ▼ 275.00

Date of Receipt
11 / 22 / 2012
Transaction ID : 4E9EA1B59743B284E2F3

Amount of Each Receipt this Period
25.00

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

Mailing Address 22887 Holmwood Rd

City Shaker Heights State OH Zip Code 44122-3003

FEC 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
10 / 26 / 2012
Transaction ID : 9057D7CA7A14E73FC87

Amount of Each Receipt this Period
199.00

C. Debra Shetlar
Full Name (Last, First, Middle Initial)

Mailing Address 2002 Holcombe Blvd Ste 112C

City Houston State TX Zip Code 77030-4211

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 334.62

Date of Receipt
10 / 24 / 2012
Transaction ID : 455AA43BA81F8FF8562D

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.42

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	FOR LINE NUMBER: (check only one)	PAGE 52 OF 68
	<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. Debra Shetlar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2002 Holcombe Blvd
 Ste 112C
 City Houston State TX Zip Code 77030-4211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2012
Transaction ID : 4174B63E164D5A23D77E
 Amount of Each Receipt this Period
 30.42

B. David Shulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 999 E Basse Rd
 Ste 127
 City San Antonio State TX Zip Code 78209-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2012
Transaction ID : 48E8BB2CE1755CEE472C
 Amount of Each Receipt this Period
 83.34

c. David Shulman
 Full Name (Last, First, Middle Initial)
 Mailing Address 999 E Basse Rd
 Ste 127
 City San Antonio State TX Zip Code 78209-1802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2012
Transaction ID : 44848D685EFF1F40F2D7
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	197.10
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 53 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
1000.08

Date of Receipt
10 / 29 / 2012
Transaction ID : 49FDB7B44EF694FE9B52

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
B. 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 ▼
583.38

Date of Receipt
11 / 03 / 2012
Transaction ID : 4DC99F000886CADB0127

Amount of Each Receipt this Period
83.34

Full Name (Last, First, Middle Initial)
C. L. Douglas Smith

Mailing Address 10 Vision Ln

City Natchez State MS Zip Code 39120-4607

FEC 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
10 / 31 / 2012
Transaction ID : 4C7697800C5021B2178

Amount of Each Receipt this Period
365.00

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: (check only one)	PAGE 54 OF 68
	<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. Scott So
 Full Name (Last, First, Middle Initial)
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2012
Transaction ID : 48C690302A617867DE6E
 Amount of Each Receipt this Period
 100.00

B. Scott So
 Full Name (Last, First, Middle Initial)
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : 4EB994DE1619122543BF
 Amount of Each Receipt this Period
 100.00

C. Mitchell Brian Stein
 Full Name (Last, First, Middle Initial)
 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 ▼ 462.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : 4ADF8B5A0B9835953275
 Amount of Each Receipt this Period
 30.41

SUBTOTAL of Receipts This Page (optional).....▶	230.41
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	FOR LINE NUMBER: (check only one)	PAGE 55 OF 68
	<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. Mitchell Brian Stein
 Full Name (Last, First, Middle Initial)
 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 ▼ 462.87

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 4E4FB47F774E25F76BAC
 Amount of Each Receipt this Period
 30.41

B. Roger Steinert
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 I
 City Irvine State CA Zip Code 92697-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2012
Transaction ID : 4D468A4854D8538532A3
 Amount of Each Receipt this Period
 83.34

C. Roger Steinert
 Full Name (Last, First, Middle Initial)
 Mailing Address 118 I
 City Irvine State CA Zip Code 92697-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 21 / 2012
Transaction ID : 40EDB0C8E66E943E277E
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	197.09
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 56 OF 68
	<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. Scott Stice
 Full Name (Last, First, Middle Initial)
 Mailing Address 1309 Liberty St SE
 City Salem State OR Zip Code 97302-4245
 FEC 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 10 / 29 / 2012
Transaction ID : B9AF932B-01D8-4121-
 Amount of Each Receipt this Period 500.00

B. Hunter Stoldorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 W Shorewood Dr
 City Emerald Isle State NC Zip Code 28594-3320
 FEC 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 10 / 29 / 2012
Transaction ID : B7DFCB2A43B2A9CF68B
 Amount of Each Receipt this Period 199.00

C. Cameron Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 386 Kimberly Ave
 City Asheville State NC Zip Code 28804-2647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 03 / 2012
Transaction ID : 4E6DAD9DC4A0F9432CA9
 Amount of Each Receipt this Period 83.34

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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 68
	<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. Gary Tanner
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Jacobs Ln
 City Newport News State VA Zip Code 23606-2815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 29 / 2012
Transaction ID : 4E02863C793EEDEFD196
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

B. Frank Terrell
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1317
 City Stephenville State TX Zip Code 76401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 30 / 2012
Transaction ID : 6286984D-0603-470B-B
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1000.00

C. Randall Tozer
 Full Name (Last, First, Middle Initial)
 Mailing Address 9811 N 95th St Ste 101
 City Scottsdale State AZ Zip Code 85258-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 26 / 2012
Transaction ID : 4001A319AF321A42FC1F
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date
 291.69

SUBTOTAL of Receipts This Page (optional)..... ▶ 591.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Randall Tozer		Date of Receipt
Mailing Address 9811 N 95th St Ste 101		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Scottsdale	State AZ	Zip Code 85258-4527
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4E5FB29D205AA01FA792
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.67"/>
	<input type="text" value="291.69"/>	

Full Name (Last, First, Middle Initial) B. Jonathan Walker		Date of Receipt
Mailing Address 7900 W Jefferson Blvd Ste 300		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Fort Wayne	State IN	Zip Code 46804-4128
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 0637A850-3F25-4ED9-
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Thomas Peter Ward		Date of Receipt
Mailing Address 18 Old Stone Xing		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City West Hartford	State CT	Zip Code 06117-1859
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 423196D04CEF404223BA
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1091.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William Waterhouse		Date of Receipt
Mailing Address 2478 Patterson Rd Ste 7		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City Grand Junction	State CO	Zip Code 81505-1001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 07F020EEF3AE81A7698
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="865.00"/>	

Full Name (Last, First, Middle Initial) B. Aaron Weingeist		Date of Receipt
Mailing Address 4717 53rd Ave S		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Seattle	State WA	Zip Code 98118-1551
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4F499E8D4A4488CEC47E
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="666.72"/>	

Full Name (Last, First, Middle Initial) C. Aaron Weingeist		Date of Receipt
Mailing Address 4717 53rd Ave S		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Seattle	State WA	Zip Code 98118-1551
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 40BA81DD3A9091EC5F8E
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="666.72"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="666.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 68
	<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. Barry Welch
Full Name (Last, First, Middle Initial)

Mailing Address 424 Yellowstone Ave
Ste 110

City Cody State WY Zip Code 82414-9309

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
11 / 13 / 2012
Transaction ID : 48EB94D7D0AC6A21EB79

Amount of Each Receipt this Period
83.34

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

Mailing Address 3600 N Interstate Ave

City Portland State OR Zip Code 97227-1106

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.37

Date of Receipt
11 / 12 / 2012
Transaction ID : 43E48979C2908934A84E

Amount of Each Receipt this Period
41.67

C. Robert Whitaker
Full Name (Last, First, Middle Initial)

Mailing Address 2001 N MacArthur Blvd
Ste 425

City Irving State TX Zip Code 75061-2299

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt
10 / 29 / 2012
Transaction ID : 56249A94BA5377E66A5

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Robert Wiggins
Full Name (Last, First, Middle Initial)

Mailing Address 8 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.84

Date of Receipt 10 / 26 / 2012
Transaction ID : 4B5BB2DC117F7D2EC68A

Amount of Each Receipt this Period 30.42

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

Mailing Address 1 Country Club Rd

City Asheville State NC Zip Code 28804-3634

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.84

Date of Receipt 11 / 26 / 2012
Transaction ID : 4596AAF2DAA388295D49

Amount of Each Receipt this Period 30.42

C. Jeremy Wolfe
Full Name (Last, First, Middle Initial)

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 ▼ 458.37

Date of Receipt 10 / 26 / 2012
Transaction ID : 4C62A08B8539019B4C0A

Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 102.51

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 62 OF 68
	<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. Jeremy Wolfe
 Full Name (Last, First, Middle Initial)
 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 ▼ 458.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 26 / 2012
Transaction ID : 423DA2FAA2B8ED2D89CA
 Amount of Each Receipt this Period
 41.67

B. Alyson Yashar
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Arrowhead Ln
 City Saddle River State NJ Zip Code 07458-2503
 FEC 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
 10 / 26 / 2012
Transaction ID : EE129E88599551CB047
 Amount of Each Receipt this Period
 365.00

C.
 Full Name (Last, First, Middle Initial)
 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).....▶	406.67
TOTAL This Period (last page this line number only).....▶	39479.56

**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
Bank charges - Oct 2012

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : A02B3283485281FFACC

Amount of Each Disbursement this Period

677.86

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX charges - Oct 2012

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2012

Transaction ID : B35A78D316E3618FE42

Amount of Each Disbursement this Period

720.97

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)..... ▶

1398.83

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

1398.83

**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. Bera 2012 Victory Fund

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2012

Transaction ID : D43DF674FD7F8D2E2F0

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Betty Sutton for Congress

Mailing Address PO Box 14693

City Copley State OH Zip Code 44321

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Betty Sue Sutton

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2012

Transaction ID : 943FC8E753863C16137

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. Md for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2012 Run-Off

011

Category/
Type

Candidate Name

Charles W. Boustany Jr.

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 03

Runoff

Date of Disbursement

MM / DD / YYYY
11 / 13 / 2012

Transaction ID : 5305D91A08F411A2041

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Denham for Congress

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement
2012 General

011

Candidate Name

Jeffrey Denham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

Transaction ID : 61C9E38DF3CA64C4093

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Himes for Congress

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement
2012 General

011

Candidate Name

James A. Himes

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

Transaction ID : EB4B985100181A121CD

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Mark Critz for Congress Committee

Mailing Address 647 Main Street
Suite 110

City Johnstown State PA Zip Code 15901

Purpose of Disbursement
2012 General

011

Candidate Name

Mark S. Critz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2012

Transaction ID : B4D84B6AC75FB28B22E

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

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**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. Mary Bono Mack Committee

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Mary Bono Mack Committee

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : CD5E5A9DFE6E5ED58B5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

21000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Carver

Mailing Address 1055 N 300 W
Ste 210

City Provo State UT Zip Code 84604-3374

Purpose of Disbursement

010

Candidate Name

Category/
Type

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
11		26		2012

Transaction ID : C25BECEF30EDA46486F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kent Leavitt

Mailing Address 1135 116th Ave NE
Ste 450

City Bellevue State WA Zip Code 98004-4623

Purpose of Disbursement

010

Candidate Name

Category/
Type

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
11		26		2012

Transaction ID : ED29FBD7C86C192A666

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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)..... ▶

1000.00

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

1000.00

