24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES
(SCHEDULE E)

NAME OF COMMITTE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

FEC IDENTIFICATION NUMBER ▼
C C00196246

Check If [X] 24-hour report [ ] 48-hour report [X] New report [ ] Amends report filed on M M / D D / Y Y Y Y

Full Name (Last, First, Middle Initial) of Payee
DMI Direct

Date
M M 06 / D D 18 / Y Y Y Y 2012

Mailing Address 1145 W Collins Ave.

Amount
18000.00

City Orange | State CA | Zip Code 92867

Transaction ID : WFT20125181628-1

Purpose of Expenditure
Mailer: "Other Fella"

Category/ Type

Office Sought: [X] House [ ] Senate [ ] President
State: OK
District: 01

Name of Federal Candidate Supported or Opposed by Expenditure:
Sullivan A John

Check One: [X] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought 57000.00

Disbursement For: [X] Primary [ ] General
2012 [ ] Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date
M M / D D / Y Y Y Y

Mailing Address

Amount

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Office Sought: [ ] House [ ] Senate [ ] President
State:
District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: [ ] Support [ ] Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: [ ] Primary [ ] General
[ ] Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures ▶ 18000.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶

(c) **TOTAL** Independent Expenditures ▶ 18000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Omega Melissa
[Electronically Filed]
Signature

Date M M 06 / D D 18 / Y Y Y Y 2012