

**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="2014"/>		450006.08
(b) Cash on Hand at Beginning of Reporting Period.....	534470.26	
(c) Total Receipts (from Line 19)	64449.03	401056.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	598919.29	851062.93
7. Total Disbursements (from Line 31).....	64082.67	316226.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	534836.62	534836.62
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).....	51804.65	326634.00
(ii) Unitemized	12644.38	71922.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64449.03	398556.85
(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)	64449.03	398556.85
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	64449.03	401056.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64449.03	401056.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	82.67	642.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	82.67	642.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64000.00	315500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	83.33
(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)).....	0.00	83.33
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)) ..	64082.67	316226.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	64082.67	316226.31

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)	64449.03	398556.85
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64449.03	398473.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	82.67	642.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	82.67	642.98

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
	<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. David Aizuss
 Full Name (Last, First, Middle Initial)
 Mailing Address 16311 Ventura Blvd Ste 750
 City Encino State CA Zip Code 91436-4325
 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
 06 / 19 / 2014
Transaction ID : E08B8C57-35C2-4305-B
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Omar Almallah
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Mule Rd
 City Toms River State NJ Zip Code 08755-5028
 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
 06 / 30 / 2014
Transaction ID : A35B7F67-740D-4B15-A
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 333.32

C. Chad Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 W Royal Hunte Dr Ste 1
 City Cedar City State UT Zip Code 84720-8174
 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
 06 / 15 / 2014
Transaction ID : 5F372609-C12B-47BE-8
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 1499.98

SUBTOTAL of Receipts This Page (optional).....▶	1166.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 58		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

A. Chad Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1811 W Royal Hunte Dr Ste 1
 City Cedar City State UT Zip Code 84720-8174
 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 ▼ 1499.98

Date of Receipt 06 / 20 / 2014
Transaction ID : FA8E8426-0F07-4115-A
 Amount of Each Receipt this Period 1000.00

B. Christopher Andreoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Boulder Road
 City Newton Center State MA Zip Code 02459-3514
 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 06 / 05 / 2014
Transaction ID : AB1A53EF-232C-4B83-A
 Amount of Each Receipt this Period 500.00

C. Joe Arterberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 224 E Broadway Ste 110
 City Louisville State KY Zip Code 40202-2016
 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 06 / 30 / 2014
Transaction ID : FE119144-C654-4E42-B
 Amount of Each Receipt this Period 41.67

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 8 OF 58
	<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. Dennis Asselin		Date of Receipt
Mailing Address 2301 Lac de Ville Blvd		M M M / D D D / Y Y Y Y Y Y 06 / 09 / 2014
City Rochester	State NY	Zip Code 14618
FEC ID number of contributing federal political committee. C		Transaction ID : 754FDEAC-6931-425D-8
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
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. Tracy Baltz		Date of Receipt
Mailing Address 201 Executive Ct		M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2014
City Little Rock	State AR	Zip Code 72205-4536
FEC ID number of contributing federal political committee. C		Transaction ID : 0240138E-A9CC-4D4B-B
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Baumann		Date of Receipt
Mailing Address 17560 W Hwy 441		M M M / D D D / Y Y Y Y Y Y 06 / 03 / 2014
City Mount Dora	State FL	Zip Code 32757
FEC ID number of contributing federal political committee. C		Transaction ID : 95FE2A37-D8D9-4C42-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	365.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<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. William Benevento
 Full Name (Last, First, Middle Initial)
 Mailing Address 777 Tanglefoot Ln
 City Bettendorf State IA Zip Code 52722-1650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2014
Transaction ID : ACD944A5-DA91-47FB-9
 Amount of Each Receipt this Period
 365.00

B. Perry Binder
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 6th Ave Unit 307
 City San Diego State CA Zip Code 92103-6630
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : AD3508F9-942D-46BD-A
 Amount of Each Receipt this Period
 365.00

C. David Blandford
 Full Name (Last, First, Middle Initial)
 Mailing Address 1937 Old Main St Ste 2
 City Maysville State KY Zip Code 41056-8956
 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 ▼ 333.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 46D85283-9DB1-4F67-9
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	813.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
	<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. 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 / D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : A9B4D5E1-40C8-41FF-8
 Amount of Each Receipt this Period
41.67

B. 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 **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : C4FB0C9B-5879-46FE-B
 Amount of Each Receipt this Period
500.00

C. David Bogorad
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 15th St
 City Augusta State GA Zip Code 30912-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **212.94**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : 55162A75-1FC4-44E2-B
 Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	572.09
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 11 OF 58
	<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. Mark Brower
Full Name (Last, First, Middle Initial)

Mailing Address 504 Willabay Drive

City Williams Bay State WI Zip Code 53191

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
 06 / 19 / 2014

Transaction ID : 2EECE701-C66C-4948-A

Amount of Each Receipt this Period
365.00

B. Gary Brown
Full Name (Last, First, Middle Initial)

Mailing Address 4060 Butler Pike Ste 200

City Plymouth Mtng State PA Zip Code 19462-1560

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 23 / 2014

Transaction ID : 041E1D85-DDCC-4DC3-8

Amount of Each Receipt this Period
1000.00

C. Mark Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Savannah Dr

City Mobile State AL Zip Code 36609-5138

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
 06 / 03 / 2014

Transaction ID : 5184BF94-9CCC-4112-9

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	1730.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<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. Melissa Brown		Date of Receipt
Mailing Address 6010 West Mill Road		M M M / D D D / Y Y Y Y Y Y 06 / 23 / 2014
City Flourtown	State PA	Zip Code 19031
FEC ID number of contributing federal political committee. C		Transaction ID : 91798A66-7E5C-4407-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
1000.00		

Full Name (Last, First, Middle Initial) B. Daniel Buckley		Date of Receipt
Mailing Address 1800 Sullivan Ave Rm 410		M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2014
City Daly City	State CA	Zip Code 94015-2224
FEC ID number of contributing federal political committee. C		Transaction ID : E434FC1D-5726-40EE-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
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) C. Frank Burns		Date of Receipt
Mailing Address 13324 Shelbyville Rd.		M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2014
City Louisville	State KY	Zip Code 40223
FEC ID number of contributing federal political committee. C		Transaction ID : 2AB5CB30-CD8B-4EF7-8
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
333.32		

SUBTOTAL of Receipts This Page (optional).....▶	1583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<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. Michelle Butler
 Full Name (Last, First, Middle Initial)
 Mailing Address 10740 N Central Expy Ste 300
 City Dallas State TX Zip Code 75231-2168
 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
 06 / 03 / 2014
Transaction ID : 0874654E-062F-42F6-A
 Amount of Each Receipt this Period
 365.00

B. Bruce Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 E Jefferson St Ste 3
 City Charlottesville State VA Zip Code 22902
 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
 06 / 17 / 2014
Transaction ID : 17830B4C-3E78-4753-A
 Amount of Each Receipt this Period
 250.00

C. Bruce Carter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 E Jefferson St Ste 3
 City Charlottesville State VA Zip Code 22902-5353
 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
 06 / 17 / 2014
Transaction ID : 3C7C0490-E71A-40E9-8
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	865.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<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. Jack Mabry Mabry Chapman		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : 28AE79CC-87C3-4CE3-8
Mailing Address 2061 Beverly Rd		Amount of Each Receipt this Period 83.33
City Gainesville	State GA	Zip Code 30501-2034
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 ▼ 499.98	

Full Name (Last, First, Middle Initial) B. Grace Cinciripini		Date of Receipt MM / DD / YYYY 06 / 26 / 2014 Transaction ID : F47C489D-DF3B-4626-8
Mailing Address 514 - 34th Ave		Amount of Each Receipt this Period 500.00
City Seattle	State WA	Zip Code 98122-6472
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <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) C. Donald Cinotti		Date of Receipt MM / DD / YYYY 06 / 15 / 2014 Transaction ID : BFCE652A-3CFB-4113-A
Mailing Address 600 Pavonia Ave Ste 6		Amount of Each Receipt this Period 500.00
City Jersey City	State NJ	Zip Code 07306-2932
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1083.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<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. Ryan Conley
Full Name (Last, First, Middle Initial)

Mailing Address 6140 S Memorial Dr

City State Zip Code
Tulsa OK 74133-1933

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2014

Transaction ID : CB9AFDE2-7C02-46D1-B

Amount of Each Receipt this Period
500.00

B. Mandi Conway
Full Name (Last, First, Middle Initial)

Mailing Address 10650 W Tropicana Cir

City State Zip Code
Sun City AZ 85351-1856

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2014

Transaction ID : 1E8A2564-E144-4EE5-9

Amount of Each Receipt this Period
500.00

C. Mark Cox
Full Name (Last, First, Middle Initial)

Mailing Address 3400 W 10th St

City State Zip Code
Sedalia MO 65301-2198

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : 09AEC85F-564E-412A-8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
	<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. James Croley III
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Del Prado Blvd
 City Cape Coral State FL Zip Code 33990
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 5A9C3D5B-5B95-46C2-B
 Amount of Each Receipt this Period
83.33

B. Craig Czyz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Oregon Ave
 City Columbus State OH Zip Code 43201-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2014
Transaction ID : 797FDA86-2216-4457-B
 Amount of Each Receipt this Period
500.00

C. Richard Davenport
 Full Name (Last, First, Middle Initial)
 Mailing Address 2424 S 90th St Ste 204
 City West Allis State WI Zip Code 53227-2455
 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 **573.35**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : BB55B6E4-37B4-4D54-8
 Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....	625.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<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. Jonathan Davidorf
Full Name (Last, First, Middle Initial)

Mailing Address 7320 Woodlake Ave Ste 190

City	State	Zip Code
West Hills	CA	91307-1492

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 ▼
201.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : DA08393D-D487-4188-B

Amount of Each Receipt this Period
201.00

B. Kevin Denny
Full Name (Last, First, Middle Initial)

Mailing Address 2201 Webster St

City	State	Zip Code
San Francisco	CA	94115-1820

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2014

Transaction ID : 39950A75-80CE-402F-B

Amount of Each Receipt this Period
365.00

C. Peter Diedrichsen
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1275

City	State	Zip Code
Columbus	NE	68602-1275

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2014

Transaction ID : 74DCB0AA-05D4-4D9B-8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	816.00
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 18 OF 58
	<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. Joseph Doe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Gull Rd
 City Kalamazoo State MI Zip Code 49048-1734
 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 ▼ 425.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 531167A3-8764-48A7-9
 Amount of Each Receipt this Period
 41.67

B. Joseph Doe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Gull Rd
 City Kalamazoo State MI Zip Code 49048-1734
 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 ▼ 425.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : 2DD88CBA-59B2-4F8B-A
 Amount of Each Receipt this Period
 50.00

C. Donald Doughman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5228 Highwood Dr W
 City Edina State MN Zip Code 55436-1248
 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
 06 / 12 / 2014
Transaction ID : 4555741A-C019-4E01-8
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	456.67
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 20 OF 58
	<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. William Ehlers
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Secret Lake Rd
 City Avon State CT Zip Code 06001-3465
 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 ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 94E10D25-480A-4CAF-9
 Amount of Each Receipt this Period
 41.67

B. Richard Fish
 Full Name (Last, First, Middle Initial)
 Mailing Address 6560 Fannin # 750
 City Houston State TX Zip Code 77030
 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
 06 / 06 / 2014
Transaction ID : AF0E1347-3E93-46F3-B
 Amount of Each Receipt this Period
 365.00

C. Sidney Gicheru
 Full Name (Last, First, Middle Initial)
 Mailing Address 4385 San Carlos Drive
 City Dallas State TX Zip Code 75205
 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 ▼ 624.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : 3AF9A264-F109-4755-A
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 21 OF 58
	<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 12301 NE 10th Pl Ste 200

City Bellevue State WA Zip Code 98005-2487

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
06 / 15 / 2014
Transaction ID : 469C2580-AAC4-46C2-A

Amount of Each Receipt this Period
83.33

B. Ioannis Glavas
Full Name (Last, First, Middle Initial)

Mailing Address 9 Newbury St Ste 6

City Boston State MA Zip Code 02116-3152

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
06 / 16 / 2014
Transaction ID : 524F6F75-D46E-4F66-B

Amount of Each Receipt this Period
365.00

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

Mailing Address 1911 N Mills Ave

City Orlando State FL Zip Code 32803-1432

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
06 / 11 / 2014
Transaction ID : D8EB0EC2-6C0A-4F9A-A

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	813.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
	<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. Edward Graul
Full Name (Last, First, Middle Initial)

Mailing Address 251 Moosa Boulevard

City State Zip Code
Eunice LA 70535

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
06 / 24 / 2014
Transaction ID : E4AF3C88-1FF2-45F8-8

Amount of Each Receipt this Period
365.00

B. Curtis Hagedorn
Full Name (Last, First, Middle Initial)

Mailing Address 8101 E Lowry Blvd Ste 210

City State Zip Code
Denver CO 80230-7195

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 03 / 2014
Transaction ID : F0D79CF7-88FD-4720-8

Amount of Each Receipt this Period
500.00

C. Jean Hausheer
Full Name (Last, First, Middle Initial)

Mailing Address 29 NW Burr Oak Dr

City State Zip Code
Lawton OK 73507-8923

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.02

Date of Receipt
06 / 15 / 2014
Transaction ID : 6DEC8CCF-66B7-41B4-B

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 906.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<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. Krista Heidar
 Full Name (Last, First, Middle Initial)
 Mailing Address 11800 NE 128th St Suite 430
 City Kirkland State WA Zip Code 98034-7208
 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
 06 / 06 / 2014
Transaction ID : 788BAAF7-07F1-4ED6-8
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Ronald Herrington
 Full Name (Last, First, Middle Initial)
 Mailing Address 1190 N State St Ste 403
 City Jackson State MS Zip Code 39202-2413
 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
 06 / 03 / 2014
Transaction ID : 74983F3A-6142-47F6-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. William Holcomb
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Kress St NE
 City Cullman State AL Zip Code 35058-1565
 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
 06 / 15 / 2014
Transaction ID : 14212426-CE66-4C65-8
 Amount of Each Receipt this Period
 166.66
 Aggregate Year-to-Date ▼
 499.98

SUBTOTAL of Receipts This Page (optional).....▶	1031.66
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 58
	<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. G. Baker Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1365B Clifton Rd NE Ste B4401
 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
 06 / 15 / 2014
Transaction ID : B827FC51-DCD3-4A7B-A
 Amount of Each Receipt this Period
 2.08
 Aggregate Year-to-Date ▼
 256.26

B. G. Baker Hubbard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1365B Clifton Rd Ste B4401
 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
 06 / 15 / 2014
Transaction ID : 002CA918-A240-4F59-B
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 256.26

C. Morton Israel
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Magnolia Ave Ste 2D
 City Corona State CA Zip Code 92879-3122
 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
 06 / 30 / 2014
Transaction ID : CE15C40E-A7B2-485B-8
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 499.98

SUBTOTAL of Receipts This Page (optional)..... ▶ 127.08
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 58
	<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. Gordon Johns		Date of Receipt
Mailing Address 2517 NE Kresky Ave		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Chehalis	State WA	Zip Code 98532-2409
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ABBCAD47-7371-43BB-B
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
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"/>	

Full Name (Last, First, Middle Initial) B. Richard Kaiser		Date of Receipt
Mailing Address 501 Cooper Landing Road		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City Cherry Hill	State NJ	Zip Code 18020-8920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 997EB2B4-4F72-4BFA-B
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="500.00"/>	

Full Name (Last, First, Middle Initial) C. Jeffrey Ward Kalenak		Date of Receipt
Mailing Address 2600 N Mayfair Rd Ste 600		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City Milwaukee	State WI	Zip Code 53226-1374
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 6D464A4C-777B-4663-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2500.00"/>
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 26 OF 58
	<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 Kass
Full Name (Last, First, Middle Initial)

Mailing Address #35 Lake Forest Drive

City St Louis State MO Zip Code 63117

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
06 / 03 / 2014
Transaction ID : BB66482C-70E6-4D0D-A

Amount of Each Receipt this Period
365.00

B. Mary Frances Kerr
Full Name (Last, First, Middle Initial)

Mailing Address 125 Clydelan Court

City Nashville State TN Zip Code 37205

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
06 / 26 / 2014
Transaction ID : 7D31DCB7-1F8F-471D-8

Amount of Each Receipt this Period
350.00

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

Mailing Address Box 359608
325 9th Ave

City Seattle State WA Zip Code 98104-2499

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
06 / 05 / 2014
Transaction ID : 79073362-C3F2-42AA-9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1215.00**

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 27 OF 58
	<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. Craig Kliger		Date of Receipt 06 / 15 / 2014 Transaction ID : DDF7F302-E9BD-4946-B
Mailing Address 100 Galewood Cir		Amount of Each Receipt this Period 41.67
City San Francisco	State CA	Zip Code 94131-1132
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 ▼ 375.01	

Full Name (Last, First, Middle Initial) B. Robert Knox		Date of Receipt 06 / 28 / 2014 Transaction ID : A89A2E7B-EBFB-4543-9
Mailing Address 3410 Leighs Hollow Lane		Amount of Each Receipt this Period 1000.00
City Fort Smith	State AR	Zip Code 72903
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	

Full Name (Last, First, Middle Initial) C. Dennis Kontra		Date of Receipt 06 / 04 / 2014 Transaction ID : 95B9B975-39F2-42CD-A
Mailing Address 5802 Washington Ave Ste 102		Amount of Each Receipt this Period 500.00
City Racine	State WI	Zip Code 53406-4050
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).....▶	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 28 OF 58
	<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. Daniel Krivoy		Date of Receipt 06 / 30 / 2014 Transaction ID : 578779D4-C130-4909-8
Mailing Address 9808 Venice Blvd Ste 400		Amount of Each Receipt this Period 30.42
City Culver City	State CA	Zip Code 90232-6807
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 ▼ 243.36	

Full Name (Last, First, Middle Initial) B. Daniel Krivoy		Date of Receipt 06 / 30 / 2014 Transaction ID : 186356C9-5CA6-4C4D-A
Mailing Address Ste 400 9808 Venice Blvd		Amount of Each Receipt this Period 30.42
City Culver City	State CA	Zip Code 90232-6800
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 ▼ 243.36	

Full Name (Last, First, Middle Initial) C. Kent Leavitt		Date of Receipt 06 / 27 / 2014 Transaction ID : AE3EA5E5-ECB1-4C9E-B
Mailing Address 1135 116th Ave NE Ste 450		Amount of Each Receipt this Period 500.00
City Bellevue	State WA	Zip Code 98004-4623
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).....▶	560.84
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 29 OF 58
	<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. Monte Leidenix
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Smokey Ln

City Bismarck State ND Zip Code 58504

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 06 / 03 / 2014
Transaction ID : 8673616D-C74E-4F2C-B

Amount of Each Receipt this Period 365.00

B. Richard Lindstrom
Full Name (Last, First, Middle Initial)

Mailing Address 9801 DuPont Ave S Ste 200

City Bloomington State MN Zip Code 55431-3200

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 17 / 2014
Transaction ID : 0D67B1F4-E08D-4A22-B

Amount of Each Receipt this Period 1000.00

C. Samuel Lo
Full Name (Last, First, Middle Initial)

Mailing Address 1441 Kapiolani Blvd Ste 418

City Honolulu State HI Zip Code 96814-4400

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 06 / 23 / 2014
Transaction ID : F11FBB6E-2173-4848-8

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1730.00

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 58
	<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. McGregor Lott
Full Name (Last, First, Middle Initial)
Mailing Address 413 Lister Street
City Waycross State GA Zip Code 31501
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 04 / 2014
Transaction ID : 95B1844C-0E6A-452A-9
Amount of Each Receipt this Period
250.00

B. Kenneth Low
Full Name (Last, First, Middle Initial)
Mailing Address 38707 Stivers St Ste B
City Fremont State CA Zip Code 94536
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2014
Transaction ID : EB58F418-EB84-414D-8
Amount of Each Receipt this Period
1000.00

C. Bryant Lum
Full Name (Last, First, Middle Initial)
Mailing Address 3088 Telegraph Rd Ste A
City Ventura State CA Zip Code 93003-3235
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
06 / 03 / 2014
Transaction ID : 472CEE35-3F63-43E2-8
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 31 OF 58
	<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. Ben Mahan		Date of Receipt
Mailing Address 926 N Jackson St		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tulahoma	TN	37388-2300
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : C09FC5DC-4F60-4A33-A
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="515.00"/>	<input type="text" value="100.00"/>

Full Name (Last, First, Middle Initial) B. Delia Manjoney		Date of Receipt
Mailing Address 2720 Main St 3rd floor		<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bridgeport	CT	06606-5308
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : 7DD18526-CD3F-4CC7-A
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) C. Robert Melendez		Date of Receipt
Mailing Address 735 Grey Hawk Dr NE		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Rio Rancho	NM	87144-4709
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : E34CE554-9498-420A-8
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="251.63"/>	<input type="text" value="42.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2642.00"/>
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 32 OF 58
	<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. Carl Migliazzo
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Antioch Rd

City Overland Park State KS Zip Code 66204-2622

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
 06 / 03 / 2014
Transaction ID : 1D404609-79F7-4321-B

Amount of Each Receipt this Period
500.00

B. Aaron Miller
Full Name (Last, First, Middle Initial)

Mailing Address 1699 Research Forest Dr Ste 150

City The Woodlands State TX Zip Code 77380-2792

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 ▼
749.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : CF3987E0-D0DB-4069-A

Amount of Each Receipt this Period
83.33

C. Anne Elizabeth Miller
Full Name (Last, First, Middle Initial)

Mailing Address 413 W 6th Ave

City Cheyenne State WY Zip Code 82001-1253

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
 06 / 02 / 2014
Transaction ID : B870EBE3-88B9-4596-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1083.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<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 Miller		Date of Receipt MM / DD / YYYY 06 / 03 / 2014 Transaction ID : 13CAEDEF-C714-413C-8
Mailing Address 7232 Engle Rd		Amount of Each Receipt this Period 1000.00
City Fort Wayne	State IN	Zip Code 46804-2222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Carl Minning Jr.		Date of Receipt MM / DD / YYYY 06 / 23 / 2014 Transaction ID : 05F8E22C-0F8E-44FA-A
Mailing Address 2935 Maple Ave		Amount of Each Receipt this Period 1000.00
City Zanesville	State OH	Zip Code 43701-1748
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Amalia Miranda		Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : C17D5B10-7DB7-45DD-9
Mailing Address 3435 NW 56th St Ste 700		Amount of Each Receipt this Period 83.33
City Oklahoma City	State OK	Zip Code 73112-4442
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
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 ▼ 864.98	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 58
	<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. Richard Moors		Date of Receipt										
Mailing Address 7075 N Sharon Ave		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		09		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		09		2014								
City	State	Zip Code										
Fresno	CA	93720-3329										
FEC ID number of contributing federal political committee.		Transaction ID : 1DEF1DF4-9CBA-47F8-9										
<input type="checkbox"/> C		Amount of Each Receipt this Period										
Name of Employer Self		<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
Occupation Ophthalmologist												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												

Full Name (Last, First, Middle Initial) B. Paul Moyer		Date of Receipt										
Mailing Address 520 Bruton Cir		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>11</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		11		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		11		2014								
City	State	Zip Code										
Kettering	OH	45429-1624										
FEC ID number of contributing federal political committee.		Transaction ID : 12D0E7A0-0F10-429B-8										
<input type="checkbox"/> C		Amount of Each Receipt this Period										
Name of Employer Self		<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
Occupation Ophthalmologist												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												

Full Name (Last, First, Middle Initial) C. Sara O'Connell		Date of Receipt										
Mailing Address 7504 Antioch Rd		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		10		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		10		2014								
City	State	Zip Code										
Overland Park	KS	66204-2622										
FEC ID number of contributing federal political committee.		Transaction ID : AF5C2BF0-86A7-419A-B										
<input type="checkbox"/> C		Amount of Each Receipt this Period										
Name of Employer Self		<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00									
1000.00												
Occupation Ophthalmologist												
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00									
1500.00												

SUBTOTAL of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00
2000.00		
TOTAL This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td> </tr> </table>	

**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 58
	<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. Paul Orloff
Full Name (Last, First, Middle Initial)

Mailing Address 178 E 71st St

City New York State NY Zip Code 10021

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
 06 / 17 / 2014

Transaction ID : BB0DFF2A-020A-4C9B-B

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1609 Woodbourne Rd Ste 303

City Levittown State PA Zip Code 19057-1521

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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : DCFC3E2C-D057-4C83-A

Amount of Each Receipt this Period
 500.00

C. Sanjay Patel
Full Name (Last, First, Middle Initial)

Mailing Address 300 Kings Lake Dr

City McKinney State TX Zip Code 75070

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
 06 / 25 / 2014

Transaction ID : EF4B07F7-7D00-468E-8

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
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 38 OF 58
	<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. Thomas Prater		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>09</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		09		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		09		2014								
Mailing Address 1265 E Primrose St		Transaction ID : F618CB52-3752-4A25-B										
City Springfield	State MO	Zip Code 65804-4278										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00										
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 ▼ 500.00											

Full Name (Last, First, Middle Initial) B. C. Downey Price		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		04		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		04		2014								
Mailing Address 333 N Rivershire Dr Ste 160		Transaction ID : AA2E0A42-FC34-43CC-9										
City Conroe	State TX	Zip Code 77304-2711										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
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 ▼ 250.00											

Full Name (Last, First, Middle Initial) C. William Quayle		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	06		12		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
06		12		2014								
Mailing Address 2855 Gramercy St		Transaction ID : D7233AE9-6F74-4E46-A										
City Houston	State TX	Zip Code 77025-1697										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 365.00											

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 58
	<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. Michael Raizman
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Windsor Rd.
 City Wellesley State MA Zip Code 02481
 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
 06 / 15 / 2014
Transaction ID : 156BF8F0-08DB-436D-B
 Amount of Each Receipt this Period
 500.00

B. David Ranz
 Full Name (Last, First, Middle Initial)
 Mailing Address 171 Heritage Park Dr
 City Murfreesboro State TN Zip Code 37129-1573
 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
 06 / 23 / 2014
Transaction ID : F9FC52AF-F764-40D8-9
 Amount of Each Receipt this Period
 365.00

C. Philip Rizzuto
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St Ste 301
 City Providence State RI Zip Code 02905-2429
 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
 06 / 30 / 2014
Transaction ID : D9B4E435-9C86-4A86-8
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	906.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58
	<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. E. Ronald Salvitti		Date of Receipt
Mailing Address 750 E Beau St		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Washington	State PA	Zip Code 15301-6661
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 659D9457-4D52-48F2-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

Full Name (Last, First, Middle Initial) B. Bradley Scharf		Date of Receipt
Mailing Address 8 Magnolia Dr		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Rye Brook	State NY	Zip Code 10573-1820
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 83452E72-C24A-486D-A
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="365.00"/>		

Full Name (Last, First, Middle Initial) C. Jean Schott		Date of Receipt
Mailing Address 2209 South Memorial Place		<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Sheboygan	State WI	Zip Code 53081
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2DF79B1E-5098-46EA-8
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="915.00"/>
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 41 OF 58
	<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. Paul Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 E Barnett Rd
 City Medford State OR Zip Code 97504-8279
 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 ▼ 1249.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014
Transaction ID : 9922DA43-51C0-4D4B-B
 Amount of Each Receipt this Period
 208.33

B. Robert Stamper
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Koret Way Rm K-301
 City San Francisco State CA Zip Code 94143-0730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2014
Transaction ID : 94FF4FD5-E461-469B-B
 Amount of Each Receipt this Period
 365.00

C. Cameron Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 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 ▼ 624.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 15 / 2014
Transaction ID : B2B9AA99-C2F8-463D-8
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	781.66
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 58
	<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. Donald Stone
Full Name (Last, First, Middle Initial)

Mailing Address 7308 NE 101st Street

City Oklahoma City State OK Zip Code 73151

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 ▼
499.98

Date of Receipt
06 / 15 / 2014
Transaction ID : 198FD856-5F3C-4FBE-8

Amount of Each Receipt this Period
83.33

B. Brad Stuckenschneider
Full Name (Last, First, Middle Initial)

Mailing Address 3398 Legacy Dr

City Poplar Bluff State MO Zip Code 63901-8661

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
06 / 03 / 2014
Transaction ID : 680FBC3D-49BD-4FDF-9

Amount of Each Receipt this Period
1000.00

C. John Stump
Full Name (Last, First, Middle Initial)

Mailing Address 200 Kona Cir

City Milford State DE Zip Code 19963-5396

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
06 / 26 / 2014
Transaction ID : 1C4786F0-177A-42FC-B

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1448.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 58
	<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. Marvin Talansky
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 S Arlene Dr
 City West Long Branch State NJ Zip Code 07764-1157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 06 / 05 / 2014
Transaction ID : 2355028B-DDF4-4DB7-A
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date **365.00**

B. Michael Trese
 Full Name (Last, First, Middle Initial)
 Mailing Address 3535 W 13 Mile Rd
 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)

Date of Receipt
 06 / 05 / 2014
Transaction ID : 389F9727-F6C3-4E7B-B
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date **1000.00**

C. James Vander
 Full Name (Last, First, Middle Initial)
 Mailing Address 4060 Butler Pike Ste 200
 City Plymouth Mtng State PA Zip Code 19462-1560
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 06 / 12 / 2014
Transaction ID : 14E4E610-7CB8-4D13-8
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date **1000.00**

SUBTOTAL of Receipts This Page (optional).....▶	2365.00
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 44 OF 58
	<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. Alan Wagner
Full Name (Last, First, Middle Initial)

Mailing Address 5520 Greenwich Rd Ste 204

City	State	Zip Code
Virginia Beach	VA	23462-6541

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 ▼ **249.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2014

Transaction ID : D6685E2E-461D-43F5-8

Amount of Each Receipt this Period

83.33

B. Aaron Weingeist
Full Name (Last, First, Middle Initial)

Mailing Address 4717 53rd Ave S

City	State	Zip Code
Seattle	WA	98118-1640

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 ▼ **533.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2014

Transaction ID : B09575E7-5BD1-431A-A

Amount of Each Receipt this Period

83.33

C. Tay Weinman
Full Name (Last, First, Middle Initial)

Mailing Address 571 West 7th St

City	State	Zip Code
San Pedro	CA	90731-3115

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2014

Transaction ID : C66EBE7B-1ACA-496E-A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional).....▶	208.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 58
	<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. Tay Weinman
 Full Name (Last, First, Middle Initial)
 Mailing Address 571 West 7th St
 City San Pedro State CA Zip Code 90731-3115
 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
 06 / 30 / 2014
Transaction ID : A1D6742A-6C72-4D45-9
 Amount of Each Receipt this Period
 41.67

B. William Whitson
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 E 86th St
 City Indianapolis State IN Zip Code 46240-1807
 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
 06 / 17 / 2014
Transaction ID : 0C9E22F8-7BB1-4704-9
 Amount of Each Receipt this Period
 250.00

C. Joseph Wilhelm
 Full Name (Last, First, Middle Initial)
 Mailing Address 702 W Lake Lansing Rd
 City East Lansing State MI Zip Code 48823-8526
 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
 06 / 19 / 2014
Transaction ID : D00F6B5D-B4DD-4CC2-A
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1291.67
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 46 OF 58
	<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. Donald Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 10624 Torrey Pines Cir

City Carmel State IN Zip Code 46032-9588

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
06 / 26 / 2014
Transaction ID : 9DA92823-D981-4535-A

Amount of Each Receipt this Period
365.00

B. Curtis Winkler
Full Name (Last, First, Middle Initial)

Mailing Address 4915 E Baseline Rd Ste 114

City Gilbert State AZ Zip Code 85234-2966

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
06 / 27 / 2014
Transaction ID : 416795F3-94ED-49E6-B

Amount of Each Receipt this Period
500.00

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

Mailing Address 35 Voyage Dr

City Glenmont State NY Zip Code 12077-3515

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
06 / 30 / 2014
Transaction ID : 17AC5F49-73E8-4387-9

Amount of Each Receipt this Period
500.00

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 47 OF 58
	<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. George Wyhinny
 Full Name (Last, First, Middle Initial)
 Mailing Address 8901 Golf Rd Ste 206
 City Des Plaines State IL Zip Code 60016-6850
 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
 06 / 02 / 2014
Transaction ID : 7EE8E42C-4A79-4D1B-8
 Amount of Each Receipt this Period
 500.00

B. John Zilis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3535 S Franklin St
 City Englewood State CO Zip Code 80113-4005
 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
 06 / 03 / 2014
Transaction ID : 34DCCC2B-9069-493C-A
 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 M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	865.00
TOTAL This Period (last page this line number only).....▶	51804.65

**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

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. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Jun 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : EFD10112F7B0F7B5E29

Amount of Each Disbursement this Period

82.67

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

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)..... ▶

82.67

82.67

**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. Benishek for Congress, Inc.

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Daniel J. Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2014

Transaction ID : E7649D7F3BE09187AD0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

William H. Flores

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 48AF19B7E9D0A3F995E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Charlie Dent for Congress

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Charles W. Dent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : A9CF66310BF6B80C362

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. Coffman for Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement
2014 Primary

011

Candidate Name

Mike Coffman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2014

Transaction ID : 125226B5FAFA53C3F7C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Friends of Bob Johnson

Mailing Address PO Box 16401

City Savannah State GA Zip Code 31416

Purpose of Disbursement
2014 General

011

Candidate Name

Robert Eugene Johnson M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Runoff

State: GA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 2C8BB7A4E50012AF9F2

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
2014 General

011

Candidate Name

Jack Kingston

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 0B607CAD45D16A87004

Amount of Each Disbursement this Period

5000.00

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

11500.00

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. Friends of John Boehner

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

John A. Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2014

Transaction ID : D0A3584B62CCCA12F14

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Lincoln PAC

Mailing Address PO Box A3968

City Chicago State IL Zip Code 60690

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Lincoln PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : CE2194F95CA95045E8F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Mark Lunsford Pryor

Office Sought: House
 Senate
 President
State: AR District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : D8E6A09DC61C8F8DE75

Amount of Each Disbursement this Period

2500.00

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

9000.00

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. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
2014 General

011

Candidate Name
Michael Clifton Burgess

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : 66B5E103B5D152266FD

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Murphpac

Mailing Address 410 1st St SE, FI 3

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Murphpac

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼ Contribution
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : F314E67F69AB6203344

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Nadler for Congress

Mailing Address Village Station, PO Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
2014 Primary

011

Candidate Name
Jerrold L. Nadler

Category/
Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NY District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : 298783DFA761DCB08AA

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	5	0	0	.	0	0
---	---	---	---	---	---	---

**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. Nancy Pelosi for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	4

Transaction ID : 6FA393A4B78F8E709F3

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Orrinpac

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Orrinpac

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : FA6E53E182BAEDCE2E6

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Pallone for Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Frank Pallone Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	4

Transaction ID : 7A948486E5827A3BA02

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
---	---	---	---	---	---	---

**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. Pascrell for Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 0A5917FE3B44F4493AF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

William J. Pascrell Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 6CD878884656CB6CB4A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Renee Jacisin Ellmers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
06 / 25 / 2014

Transaction ID : 85A2EE5EAD4C9F0E8ED

Amount of Each Disbursement this Period

2500.00

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

7500.00

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. Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Mailing Address PO Box 1011

Transaction ID : 4CAEB3A9CCAB6D7BC9D

City State Zip Code
Wheaton IL 60187

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2014 Contribution

011
Category/ Type

Candidate Name
Republican Operation To Secure and Keep a Majority (ROSKAM PAC)

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Contribution

Full Name (Last, First, Middle Initial)

B. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

Mailing Address PO Box 1488

Transaction ID : D0272EA3A24618CF34F

City State Zip Code
Janesville WI 53547-1488

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2014 Primary

011
Category/ Type

Candidate Name
Paul Ryan

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: WI District: 01

Full Name (Last, First, Middle Initial)

C. Scalise for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Mailing Address PO Box 23219

Transaction ID : 2CDABE54EB116FC8F0D

City State Zip Code
Jefferson LA 70183-3219

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2014 Primary

011
Category/ Type

Candidate Name
Stephen J. Scalise

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: LA District: 01

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

4500.00

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. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2014

Transaction ID : 9F034BF1B412D4D94DB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Steve Stivers

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 820714EB706F93D95E3

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Tuesday Group Political Action Committee

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Tuesday Group Political Action Committee

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Transaction ID : 235EB6BD426F880EAF7

Amount of Each Disbursement this Period

5000.00

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

8000.00

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. Udall for US All

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name
Tom Udall

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : CFB0F2F147CB277C9D3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name
Brad Wenstrup

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

Transaction ID : A35DF17139065AED992

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name
Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2014

Transaction ID : C32B822DB56452D2B11

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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