

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		450006.08
(b) Cash on Hand at Beginning of Reporting Period.....	200497.20	
(c) Total Receipts (from Line 19)	111818.80	667351.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	312316.00	1117357.89
7. Total Disbursements (from Line 31).....	123602.91	928644.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	188713.09	188713.09
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).....	93167.49	541966.75
(ii) Unitemized	18651.31	122885.06
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	111818.80	664851.81
(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)	111818.80	664851.81
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))..... ▶	111818.80	667351.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	111818.80	667351.81

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	102.91	877.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	102.91	877.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	593500.00
24. Independent Expenditures (use Schedule E)	105000.00	334183.70
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)) ..	123602.91	928644.80
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123602.91	928644.80

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)	111818.80	664851.81
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	111818.80	664768.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	102.91	877.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	102.91	877.77

**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 93
	<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. Mark Alford
Full Name (Last, First, Middle Initial)

Mailing Address 3113 Preston Hollow Rd

City Fort Worth State TX Zip Code 76109-2050

FEC 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
 10 / 18 / 2014

Transaction ID : 63FDFE9F-3143-45FA-9

Amount of Each Receipt this Period
 365.00

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) ▼

Aggregate Year-to-Date ▼ 1083.31

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 19 / 2014

Transaction ID : 80FFD3B9-915E-4A97-B

Amount of Each Receipt this Period
 500.00

C. Daniel Alter
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 / D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : 3DFC5A5B-D4FB-41F9-B

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 7 OF 93
	<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. Allison Angelilli
Full Name (Last, First, Middle Initial)

Mailing Address 4212 Hempstead Tpke

City Bethpage State NY Zip Code 11714-5723

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 7311A7C3-4021-4005-8

Amount of Each Receipt this Period
 199.00

B. Bryan N. Angle
Full Name (Last, First, Middle Initial)

Mailing Address 675 Buffalo Ln

City San Angelo State TX Zip Code 76901-5484

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2014

Transaction ID : 36C7CD8D-7313-4606-A

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6035 Fairview Rd

City Charlotte State NC Zip Code 28210-3256

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014

Transaction ID : 32C7CE6B-DE69-428D-9

Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	898.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 93
	<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. Joe Arterberry		Date of Receipt
Mailing Address 224 E Broadway, Suite 110		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Louisville	KY	40202-2016
FEC ID number of contributing federal political committee.		Transaction ID : E7CC077B-760F-4A6C-B
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.66"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Harjit Singh Athwal		Date of Receipt
Mailing Address 14 Mule Rd Ste 1		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Toms River	NJ	08755-5060
FEC ID number of contributing federal political committee.		Transaction ID : 898A9863-7975-49A4-8
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Auerbach		Date of Receipt
Mailing Address 790 Concourse Pkwy S Ste 200		<input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Maitland	FL	32751-6108
FEC ID number of contributing federal political committee.		Transaction ID : DB046D6B-86AB-4D12-9
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="906.67"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<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. E. Michael Balok
Full Name (Last, First, Middle Initial)

Mailing Address 4050 River Rd

City East China State MI Zip Code 48054-2908

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2014

Transaction ID : 0926315D-49C1-4D69-B

Amount of Each Receipt this Period
 1050.00

B. Laurie Gray Barber
Full Name (Last, First, Middle Initial)

Mailing Address 10 River Oaks Cir

City Little Rock State AR Zip Code 72207-1702

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : CC56BBF5-A002-4A3A-A

Amount of Each Receipt this Period
 365.00

C. Ivan Batlle
Full Name (Last, First, Middle Initial)

Mailing Address 9301 W 74th St. Suite 210

City Shawnee Mission State KS Zip Code 66204

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014

Transaction ID : F9F3CD3A-6D47-43C6-9

Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	1456.67
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 10 OF 93
	<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. Kent Baumann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1500 Associates Dr
 City Dubuque State IA Zip Code 52002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 1C85833F-3F63-4F5F-B
 Amount of Each Receipt this Period
 500.00

B. Robert Behar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2610 E Allegheny Ave
 City Philadelphia State PA Zip Code 19134-5104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 2F711056-106E-438F-8
 Amount of Each Receipt this Period
 300.00

C. Donald Benefield
 Full Name (Last, First, Middle Initial)
 Mailing Address 14225 Dedeaux Rd
 City Gulfport State MS Zip Code 39503-3369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 89228B6D-7382-4599-A
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 93
	<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 ▼ 730.00

Date of Receipt
 11 / 04 / 2014
Transaction ID : 8797552F-D3A7-4CB7-B
 Amount of Each Receipt this Period
 365.00

B. Joseph Bentivegna
 Full Name (Last, First, Middle Initial)
 Mailing Address 541 Cromwell Ave
 City Rocky Hill State CT Zip Code 06067-1805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 11 / 12 / 2014
Transaction ID : BDB915AB-5314-412D-B
 Amount of Each Receipt this Period
 250.00

C. Jerry Blair
 Full Name (Last, First, Middle Initial)
 Mailing Address 2910 W AKEMAN BRIDGE RD
 City Columbia State MO Zip Code 65202-1918
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 10 / 17 / 2014
Transaction ID : F522FDC6-918F-4892-9
 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 12 OF 93
	<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. Mark Blecher
 Full Name (Last, First, Middle Initial)
 Mailing Address 1703 S Broad St
 City Philadelphia State PA Zip Code 19148-1536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : CA00673B-F110-4E97-B
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Louis Blumenfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Pkwy S Ste 200
 City Maitland State FL Zip Code 32751-6114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : CF9D068E-5520-4E60-9
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 634A2716-0FE6-4E4D-8
 Amount of Each Receipt this Period
 91.26
 Aggregate Year-to-Date ▼
 334.62

SUBTOTAL of Receipts This Page (optional).....▶	706.26
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 93
	<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. David Boyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1127 Wilshire Blvd Ste 1620
 City Los Angeles State CA Zip Code 90017-4007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 11 / 15 / 2014
Transaction ID : 382C0664-58A6-4477-8
 Amount of Each Receipt this Period 83.33

B. Michael Bradbury
 Full Name (Last, First, Middle Initial)
 Mailing Address 63 Lincoln St
 City Worcester State MA Zip Code 01605-2609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 03 / 2014
Transaction ID : 3E7A24EF-73E4-401D-B
 Amount of Each Receipt this Period 500.00

C. Jaime Bravo
 Full Name (Last, First, Middle Initial)
 Mailing Address 165 Calle Reina Isabel
 City Guaynabo State PR Zip Code 00969-3284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 28 / 2014
Transaction ID : 7107B8FB-1E86-489E-8
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	948.33
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 14 OF 93
	<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. Scott Buck
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Marquette St
 City Valparaiso State IN Zip Code 46383-2509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 12 / 2014
Transaction ID : A1751A64-6B6A-4673-9
 Amount of Each Receipt this Period
 199.00

B. Frank Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 13324 Shelbyville Rd.
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : D0606400-9BEA-4C4C-B
 Amount of Each Receipt this Period
 83.33

C. William Cain
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 Pickens St
 City Columbia State SC Zip Code 29201-2632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : A1324EC0-5285-4A3E-A
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	532.33
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 93
	<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. Kent Carlson
Full Name (Last, First, Middle Initial)

Mailing Address 3401 S Broadway

City Alexandria State MN Zip Code 56308-3477

FEC 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 10 / 31 / 2014
Transaction ID : 6B22B46B-1ABB-454F-9

Amount of Each Receipt this Period 30.42

B. Patrick Caskey
Full Name (Last, First, Middle Initial)

Mailing Address 3536 Mendocino Ave Ste 380

City Santa Rosa State CA Zip Code 95403-3612

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 27 / 2014
Transaction ID : 22D1DF0F-EA88-4B4F-9

Amount of Each Receipt this Period 500.00

C. Jennifer Cecil
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Ginnala Dr Ste 1

City Loveland State CO Zip Code 80538-7818

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 10 / 2014
Transaction ID : 04517C04-709C-498B-9

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 895.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 93
	<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)

Full Name (Last, First, Middle Initial) A. Jack Mabry Mabry Chapman		Date of Receipt
Mailing Address 2061 Beverly Rd		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gainesville	GA	30501-2034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AF65CD20-D6C0-4982-A
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1250.01"/>	

Full Name (Last, First, Middle Initial) B. Nancy Chen		Date of Receipt
Mailing Address 511 Manawai St Apt 401		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kapolei	HI	96707-2072
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : B8D189F5-D3BB-419E-A
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) C. Philip Chen		Date of Receipt
Mailing Address 325 9th Ave Box 359608		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seattle	WA	98104-2499
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 619C9069-BA9E-4D35-A
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
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 17 OF 93
	<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. Neil Choplin
Full Name (Last, First, Middle Initial)

Mailing Address 2500 6th Ave Unit 1004

City San Diego State CA Zip Code 92103-6635

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

Date of Receipt
11 / 04 / 2014
Transaction ID : 459B94CE-5049-40DF-9

Amount of Each Receipt this Period
100.00

B. Jeffrey Chung
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1439

City Laurel State MD Zip Code 20725-1439

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 17 / 2014
Transaction ID : DB3434CC-19A6-446B-A

Amount of Each Receipt this Period
1000.00

C. Anne Louise Coleman
Full Name (Last, First, Middle Initial)

Mailing Address 100 Stein Plz Ste 2118

City Los Angeles State CA Zip Code 90095-7065

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 / 18 / 2014
Transaction ID : D0264AEF-3415-4DB3-9

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 93
	<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. Mary Louise Collins
Full Name (Last, First, Middle Initial)
Mailing Address 6569 N Charles St Ste 505

City Baltimore	State MD	Zip Code 21204-5809
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2014

Transaction ID : 3DA3C090-FBBC-4263-8

Amount of Each Receipt this Period
500.00

B. Charles Colombo
Full Name (Last, First, Middle Initial)
Mailing Address 1701 South Blvd E Ste 180

City Rochester Hills	State MI	Zip Code 48307-6115
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2014

Transaction ID : B4DD3C13-EE42-4DB8-8

Amount of Each Receipt this Period
500.00

C. Richard Corey
Full Name (Last, First, Middle Initial)
Mailing Address 1055 N 300 W Ste 210

City Provo	State UT	Zip Code 84604-3374
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2014

Transaction ID : ACDFD300-D97D-48A3-8

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 19 OF 93
	<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. Frank Cotter
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1789
 City Roanoke State VA Zip Code 24008-1789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 31 / 2014
Transaction ID : 599CE1C3-DB73-4B54-B
 Amount of Each Receipt this Period
 166.67
 Aggregate Year-to-Date
 333.34

B. Gwen Cousins
 Full Name (Last, First, Middle Initial)
 Mailing Address 4224 Houma Blvd Ste 160
 City Metairie State LA Zip Code 70006-2980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 17 / 2014
Transaction ID : 1D0C8929-9415-40BD-8
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

C. Russell Crain
 Full Name (Last, First, Middle Initial)
 Mailing Address 11011 Hefner Pointe Dr Ste B
 City Oklahoma City State OK Zip Code 73120-5005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 11 / 14 / 2014
Transaction ID : CD63B123-B86B-4C6E-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1500.00

SUBTOTAL of Receipts This Page (optional).....	916.67
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 93
	<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. 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 ▼ **781.70**

Date of Receipt **11 / 15 / 2014**

Transaction ID : 05DAD890-61B1-4849-8

Amount of Each Receipt this Period **41.67**

B. Ranjit Dhaliwal
Full Name (Last, First, Middle Initial)

Mailing Address 3520 Walton Way Ext

City Augusta State GA Zip Code 30909-6605

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **10 / 17 / 2014**

Transaction ID : 0CDE37E3-8E5B-4E68-A

Amount of Each Receipt this Period **2000.00**

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

Mailing Address PO Box 1275

City Columbus State NE Zip Code 68602-1275

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **11 / 11 / 2014**

Transaction ID : 8007423D-678C-4C63-9

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	2541.67
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 21 OF 93
	<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. Robert Dinn		Date of Receipt
Mailing Address 5575 Mackinaw Way		M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014
City Kokomo	State IN	Zip Code 46902-5641
FEC ID number of contributing federal political committee. C		Transaction ID : 554B518B-09BF-47B3-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		199.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	398.00	

Full Name (Last, First, Middle Initial) B. Joseph Doe		Date of Receipt
Mailing Address 1052 Gull Rd		M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014
City Kalamazoo	State MI	Zip Code 49048-1734
FEC ID number of contributing federal political committee. C		Transaction ID : B51C0780-E145-490B-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	833.36	

Full Name (Last, First, Middle Initial) C. Joseph Doe		Date of Receipt
Mailing Address 1052 Gull Rd		M M M / D D D / Y Y Y Y Y Y 11 / 15 / 2014
City Kalamazoo	State MI	Zip Code 49048-1734
FEC ID number of contributing federal political committee. C		Transaction ID : 13E52B24-21B5-4310-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	833.36	

SUBTOTAL of Receipts This Page (optional).....▶	290.67
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 22 OF 93
	<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. Robert Dundervill		Date of Receipt										
Mailing Address PO Box 3970		<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>10</td> <td></td> <td>21</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		21		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10		21		2014								
City	State	Zip Code										
Charleston	WV	25339-3970										
FEC ID number of contributing federal political committee.		Transaction ID : 5A19EE38-FF0D-43FC-A										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		500.00										
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00											

Full Name (Last, First, Middle Initial) B. William Ehlers		Date of Receipt										
Mailing Address 125 Secret Lake 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>11</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		15		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11		15		2014								
City	State	Zip Code										
Avon	CT	06001-3465										
FEC ID number of contributing federal political committee.		Transaction ID : 0544C086-C084-47F6-8										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		41.67										
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	416.70											

Full Name (Last, First, Middle Initial) C. Francis Estalilla		Date of Receipt										
Mailing Address 1720 Sumner 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>11</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		20		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11		20		2014								
City	State	Zip Code										
Aberdeen	WA	98520-4616										
FEC ID number of contributing federal political committee.		Transaction ID : 7475B218-8CC1-4855-B										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		365.00										
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	365.00											

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 93
	<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. Samer Farah

Mailing Address 3250 Westchester Ave Ste 203A

City Bronx	State NY	Zip Code 10461-4580
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : AFB80CA9-CCA2-4319-9

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Stan Feil

Mailing Address 112 N Akers St Ste A

City Visalia	State CA	Zip Code 93291-5121
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FEC 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
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : E591EC87-A3BE-4CE7-B

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Stan Feil

Mailing Address 112 N Akers St Ste A

City Visalia	State CA	Zip Code 93291-5121
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FEC 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
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : 57210781-81E2-4D5D-B

Amount of Each Receipt this Period
1000.00

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 24 OF 93
	<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. Brad Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 1703 S Broad St

City Philadelphia State PA Zip Code 19148-1536

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : 0809BCAE-5D78-4C03-8

Amount of Each Receipt this Period
41.67

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

Mailing Address 600 Northern Blvd Ste 216

City Great Neck State NY Zip Code 11021

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2014

Transaction ID : 03BA928F-A6A1-42BE-8

Amount of Each Receipt this Period
500.00

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

Mailing Address 236 Roseberry St

City Phillipsburg State NJ Zip Code 08865

FEC 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
M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : B1BA1634-9346-4A0B-8

Amount of Each Receipt this Period
83.33

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 25 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5430 Fredericksburg Road
Suite 100

City San Antonio State TX Zip Code 78229

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 28 / 2014
Transaction ID : **B3B0E6D3-2429-44C9-A**

Amount of Each Receipt this Period
1000.00

B. Raul Franceschi
Full Name (Last, First, Middle Initial)

Mailing Address 29 Calle Washington Ste 707

City San Juan State PR Zip Code 00907-1503

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 17 / 2014
Transaction ID : **E34D22E9-BBAB-481A-9**

Amount of Each Receipt this Period
1000.00

C. Lyle Freedman
Full Name (Last, First, Middle Initial)

Mailing Address 625 John Charles Dr

City Burleson State TX Zip Code 76028-1337

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.00

Date of Receipt
10 / 21 / 2014
Transaction ID : **E39DD5A4-73D0-4219-8**

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2199.00

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 26 OF 93
	<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. Luther Fry
Full Name (Last, First, Middle Initial)

Mailing Address 310 E Walnut Street

City Garden City State KS Zip Code 67846-5560

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
11 / 04 / 2014
Transaction ID : D931B4BA-CFD0-4370-A

Amount of Each Receipt this Period
1000.00

B. C. Rommel Fuerste
Full Name (Last, First, Middle Initial)

Mailing Address 2140 John F Kennedy Road

City Dubuque State IA Zip Code 52002

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 11 / 2014
Transaction ID : 0D1D4C70-9579-4011-8

Amount of Each Receipt this Period
250.00

c. Aashish Gandhi
Full Name (Last, First, Middle Initial)

Mailing Address 475 Brown Blvd Suite 109

City Bourbonnais State IL Zip Code 60914

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 564.00

Date of Receipt
10 / 24 / 2014
Transaction ID : FCA428BE-19DB-48F2-B

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1449.00

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 28 OF 93
	<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. 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 ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014
Transaction ID : D906D6EE-AB78-4691-A
 Amount of Each Receipt this Period
 83.33

B. Robert Gold
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Parkway South Suite
 City Maitland State FL Zip Code 32751
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : FEAE5D9F-5989-4CD9-8
 Amount of Each Receipt this Period
 365.00

C. Scott Goldstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1448 Catlin Way
 City Dresher State PA Zip Code 19025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2014
Transaction ID : 4E0BB8BB-F1EA-4125-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 29 OF 93
	<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. Bruce Jeffrey Jeffrey Goldstick
 Full Name (Last, First, Middle Initial)
 Mailing Address 4709-11 West Golf Rd #107
 City Skokie State IL Zip Code 60076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 430C4884-D909-4C19-9
 Amount of Each Receipt this Period
 250.00

B. Joseph Gooze Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1465 RUDDER LANE
 City KNOXVILLE State TN Zip Code 37919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : 8EB7C5BE-25D6-4EB2-A
 Amount of Each Receipt this Period
 500.00

C. Scott Guess
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 W. Kent
 City Missoula State MT Zip Code 59801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014
Transaction ID : 921C8BEA-23C1-44F5-A
 Amount of Each Receipt this Period
 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 30 OF 93
	<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. Ashvani Gulati
Full Name (Last, First, Middle Initial)

Mailing Address 3750 Delaware Avenue

City Kenmore State NY Zip Code 14217

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 06 / 2014

Transaction ID : 24AFFEA0-9445-41AA-A

Amount of Each Receipt this Period
 500.00

B. Vamsi Gullapalli
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : C5852A2E-280D-4019-8

Amount of Each Receipt this Period
 100.00

C. Donald Hall Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3303 Indiana Ave

City Vicksburg State MS Zip Code 39180-4540

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014

Transaction ID : 7DBE862D-CDBC-4072-A

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 93
	<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. Mark Hammer

Mailing Address 602 S MacDill Ave

City Tampa State FL Zip Code 33609-4614

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : 965F825D-E769-459D-A

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
B. Matthew Hammond

Mailing Address 120 W Cache Valley Blvd Ste 100

City Logan State UT Zip Code 84341-2698

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : E19AE70B-660F-4D21-B

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 989

City Rome State GA Zip Code 30162-0989

FEC 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
 11 / 11 / 2014

Transaction ID : 5A3E838A-E183-4094-B

Amount of Each Receipt this Period
1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 93
	<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. R. Mark Mark Hatfield
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3970

City Charleston State WV Zip Code 25339-3970

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 21 / 2014
Transaction ID : **FBB59032-EE39-42B6-8**

Amount of Each Receipt this Period
500.00

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

Mailing Address 29 NW Burr Oak Dr

City Lawton State OK Zip Code 73507-8923

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.33

Date of Receipt
11 / 15 / 2014
Transaction ID : **7ED08DD8-E4A1-4647-8**

Amount of Each Receipt this Period
41.67

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

Mailing Address 4642 Amber Valley Pkwy

City Fargo State ND Zip Code 58104

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt
11 / 21 / 2014
Transaction ID : **678F630B-774F-48E6-A**

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 740.67

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 33 OF 93
	<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)

Full Name (Last, First, Middle Initial) A. Patrick Higgins		Date of Receipt
Mailing Address 33 N Pleasant Ave		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City Ridgewood	State NJ	Zip Code 07450-3920
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 2116456F-3E74-4484-8
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. Gary Hirshfield		Date of Receipt
Mailing Address 11 Hillside Ave		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Port Washington	State NY	Zip Code 11050-2723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : CC04B006-D992-4B03-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="833.36"/>	

Full Name (Last, First, Middle Initial) C. Gary Hirshfield		Date of Receipt
Mailing Address 11 Hillside Ave		<input type="text" value="11"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Port Washington	State NY	Zip Code 11050-2723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 70CD2A2E-FCEA-48EE-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="833.36"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1541.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 93
	<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. Nancy Holekamp		Date of Receipt
Mailing Address 1815 Clarkson Road		<input type="text" value="10"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Chesterfield	State MO	Zip Code 63017
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ABF6F5E9-D9B2-478F-9
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) B. Eliza Hoskins		Date of Receipt
Mailing Address 17 Normandy Ln 07		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City 2017	State CA	Zip Code 94563-1316
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FD120DA0-3207-474A-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. Jerry Hu		Date of Receipt
Mailing Address 5407 Montclair Dr		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
City Colleyville	State TX	Zip Code 76034-5026
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 442FCBB7-A4D7-43D1-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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 93
	<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. 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) ▼

Aggregate Year-to-Date ▼ **433.30**

Date of Receipt
11 / 15 / 2014

Transaction ID : 513A7939-D7A2-4099-A

Amount of Each Receipt this Period
2.08

B. Jerry Hunsaker
Full Name (Last, First, Middle Initial)

Mailing Address 4707 Everhart Rd Ste 106

City Corpus Christi State TX Zip Code 78411-2752

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 16 / 2014

Transaction ID : 09FCE2F1-D402-454D-B

Amount of Each Receipt this Period
500.00

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

Mailing Address 331 Laidley St Ste 301

City Charleston State WV Zip Code 25301-1605

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 21 / 2014

Transaction ID : D77A0F49-046B-4E10-9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1002.08
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 36 OF 93
	<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. Seaborn Hunt
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 SW 31st Rd Ste 301
 City Ocala State FL Zip Code 34474-8490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 11 / 10 / 2014
Transaction ID : 8FF6A48A-9E90-4F9A-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 500.00

B. 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
 10 / 31 / 2014
Transaction ID : C5F4FAC4-5560-4574-A
 Amount of Each Receipt this Period
 83.37
 Aggregate Year-to-Date
 833.34

C. Kurt Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Fairfield St
 City Montclair State NJ Zip Code 07042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 / 18 / 2014
Transaction ID : 70CC45B2-6668-4A2C-A
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

SUBTOTAL of Receipts This Page (optional)..... **833.37**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 93
	<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. Scott Jamerson MD
Full Name (Last, First, Middle Initial)

Mailing Address 331 Laidley St Ste 301

City Charleston State WV Zip Code 25301-1605

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 21 / 2014
Transaction ID : **2B2A061B-D606-448B-8**

Amount of Each Receipt this Period
500.00

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

Mailing Address 120 Dudley St Ste 303

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 ▼ 291.63

Date of Receipt
10 / 31 / 2014
Transaction ID : **0F89B946-D1E0-4F19-8**

Amount of Each Receipt this Period
50.00

C. Grant Janzen
Full Name (Last, First, Middle Initial)

Mailing Address 5441 Health Center Drive

City Abilene State TX Zip Code 79606

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 20 / 2014
Transaction ID : **DE9A8146-99B4-452B-9**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00

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 93
	<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. Donna Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 7257 South Jeffrey Boulevard
 City Chicago State IL Zip Code 60649-3014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : FDD811CD-16AD-497B-8
 Amount of Each Receipt this Period
 400.00

B. Leslie Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 8477 Indian Paintbrush Way
 City Lorton State VA Zip Code 22079-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2014
Transaction ID : 83B2E1B8-F609-454D-8
 Amount of Each Receipt this Period
 41.67

C. Leslie Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 8477 Indian Paintbrush Way
 City Lorton State VA Zip Code 22079-5610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014
Transaction ID : 6FC1951E-700F-4B29-B
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	483.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<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 Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 149 Pierrepont Street

City Brooklyn State NY Zip Code 11201

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 18 / 2014
Transaction ID : 5AD8FE17-AFE7-4429-9

Amount of Each Receipt this Period 400.00

B. Earl Lawrence Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 2630 Cunningham Ave

City Joplin State MO Zip Code 64804-1542

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 18 / 2014
Transaction ID : 8719C491-4BF5-42DF-9

Amount of Each Receipt this Period 365.00

C. Lauren Kallina
Full Name (Last, First, Middle Initial)

Mailing Address 218 Richards Road

City Ridgewood State NJ Zip Code 07450

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2014
Transaction ID : 865CAE46-1AFA-413D-9

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1015.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen Kamenetzky
Full Name (Last, First, Middle Initial)

Mailing Address 340 New Salem Dr

City St Louis State MO Zip Code 63141

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 18 / 2014
Transaction ID : E6B22B80-54A4-4650-B

Amount of Each Receipt this Period
1000.00

B. Brian Keel
Full Name (Last, First, Middle Initial)

Mailing Address 11800 Rock Landing Dr

City Newport News State VA Zip Code 23606-4206

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 18 / 2014
Transaction ID : 7E149D58-D391-4B50-9

Amount of Each Receipt this Period
1000.00

C. Mari Keithahn
Full Name (Last, First, Middle Initial)

Mailing Address 3600 Amron Ct

City Columbia State MO Zip Code 65202-1918

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 20 / 2014
Transaction ID : EB5547FD-FDAA-4C40-8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 41 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1675 Providence Ave

City Schenectady State NY Zip Code 12309-3919

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.00**

Date of Receipt
10 / 29 / 2014
Transaction ID : 793A8DD8-4BA7-4A13-8

Amount of Each Receipt this Period
199.00

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

Mailing Address 1675 Providence Ave

City Schenectady State NY Zip Code 12309-3919

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt
11 / 18 / 2014
Transaction ID : 9C59F032-A027-431B-A

Amount of Each Receipt this Period
200.00

C. Dennis Kilpatrick
Full Name (Last, First, Middle Initial)

Mailing Address 6701 E Caron Dr

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
10 / 16 / 2014
Transaction ID : A64EE375-8512-48BB-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	899.00
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 42 OF 93
	<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. William Kilpatrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 7550 E 2nd St
 City State Zip Code
 Scottsdale AZ 85251-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Ophthalmologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : BA8C0B65-415B-4CFB-9
 Amount of Each Receipt this Period
 365.00

B. Tae Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 11829 South St Ste 202
 City State Zip Code
 Cerritos CA 90703-6828
 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
 11 / 14 / 2014
Transaction ID : DC8CF0BE-934C-49B1-9
 Amount of Each Receipt this Period
 500.00

C. Laura King
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 N Columbus Dr Apt 6705
 City State Zip Code
 Chicago IL 60601-7910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Ophthalmologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 5997C62E-2954-424E-9
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	895.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 93
	<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. Robert Thomas King
Full Name (Last, First, Middle Initial)

Mailing Address 4 Rockwell South

City Savannah State GA Zip Code 31419

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : DD821556-4395-4EE6-9

Amount of Each Receipt this Period
 500.00

B. Judith Kirby
Full Name (Last, First, Middle Initial)

Mailing Address 4209 Bordeaux Ave

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 ▼ 708.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014

Transaction ID : 7782E895-7248-46A8-8

Amount of Each Receipt this Period
 41.67

C. Tyler Kirk
Full Name (Last, First, Middle Initial)

Mailing Address 7427 Lake St

City River Forest State IL Zip Code 60305-1817

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : 290DC938-23DA-4444-9

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Craig Kliger
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galewood Cir

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : C01E056F-65A6-44A4-8

Amount of Each Receipt this Period
41.67

B. Stephen Kondash
Full Name (Last, First, Middle Initial)

Mailing Address 6909 Good Samaritan Dr

City Cincinnati State OH Zip Code 45247-5207

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 03 / 2014

Transaction ID : 8C1D5F60-E9BF-44D7-9

Amount of Each Receipt this Period
365.00

C. Daniel Krivoy
Full Name (Last, First, Middle Initial)

Mailing Address 9808 Venice Blvd Ste 400

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:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **395.42**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : 520915B1-9AFB-47EE-9

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	437.09
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 45 OF 93
	<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. Ronald Kuffel
Full Name (Last, First, Middle Initial)

Mailing Address 5656 S Staples St Ste 280

City Corpus Christi State TX Zip Code 78411-4655

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 18 / 2014
Transaction ID : E38B99DC-405D-4FD8-B

Amount of Each Receipt this Period
500.00

B. John Kung
Full Name (Last, First, Middle Initial)

Mailing Address 23 Oceanic Ave

City Staten Island State NY Zip Code 10312-6511

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
11 / 14 / 2014
Transaction ID : 23625F5D-03C2-4326-A

Amount of Each Receipt this Period
365.00

C. Pete Lagouros
Full Name (Last, First, Middle Initial)

Mailing Address 8921 N Wood Sage Rd

City Peoria State IL Zip Code 61615-7822

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 18 / 2014
Transaction ID : 51EDE7B6-1894-4E37-B

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 93
	<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. Sean Lalin
Full Name (Last, First, Middle Initial)

Mailing Address 330 South St Ste 1

City State Zip Code
Morristown NJ 07960-6020

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 17 / 2014
Transaction ID : 9920B288-E8C8-4593-9

Amount of Each Receipt this Period
1000.00

B. Ralph Lanciano Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 7703 Maple Ave

City State Zip Code
Pennsauken NJ 08109-3374

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
10 / 18 / 2014
Transaction ID : EC493DBB-6225-4A6F-A

Amount of Each Receipt this Period
365.00

C. Adrian Lavina
Full Name (Last, First, Middle Initial)

Mailing Address 3399 Pga Blvd Ste 350

City State Zip Code
Palm Beach Gardens FL 33410-2831

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 ▼
1500.00

Date of Receipt
11 / 05 / 2014
Transaction ID : 47F4C0CF-1C1B-4709-9

Amount of Each Receipt this Period
500.00

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 47 OF 93
	<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. Janice Law
Full Name (Last, First, Middle Initial)
Mailing Address 2311 Pierce Ave
City Nashville State TN Zip Code 37232-8808
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **11 / 15 / 2014**
Transaction ID : 2856F470-2EB8-4DC5-A
Amount of Each Receipt this Period **41.67**

B. Russell Leboyer
Full Name (Last, First, Middle Initial)
Mailing Address 9630 N. Kenton Ave
City Skokie State IL Zip Code 60076-1231
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt **11 / 10 / 2014**
Transaction ID : CF20DC06-5DE7-4061-9
Amount of Each Receipt this Period **365.00**

C. Worldster S. Lee
Full Name (Last, First, Middle Initial)
Mailing Address 2048 Ualakaa St
City Honolulu State HI Zip Code 96822-7012
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 17 / 2014**
Transaction ID : 3FBE44F1-7F90-4CD4-9
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1406.67**
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 48 OF 93
	<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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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. Robert Lehner
 Full Name (Last, First, Middle Initial)
 Mailing Address 3805A Spring St
 City Mount Pleasant State WI Zip Code 53405-1600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : 09F31DD9-8845-4ED9-8
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 2000.00

B. Andrew Levada
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 W Main St Ste 100
 City Waterbury State CT Zip Code 06708-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : 0C84829A-B2F0-48D3-B
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 730.00

C. Thomas Liesegang
 Full Name (Last, First, Middle Initial)
 Mailing Address 24517 Deer Trace Dr
 City Ponte Vedra State FL Zip Code 32082-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2014
Transaction ID : 93DEC937-296B-4328-8
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 440.00

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 49 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Lawrence Lohman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2013 State Route 59
 City Kent State OH Zip Code 44240-7610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014
Transaction ID : 1F9490D5-2A8B-4358-B
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

B. Marcos Lopez
 Full Name (Last, First, Middle Initial)
 Mailing Address 9005 W Cermak Rd
 City North Riverside State IL Zip Code 60546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : F529B35B-0269-42E1-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Matthew Paul Madion
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 Business Park Dr
 City Traverse City State MI Zip Code 49686-8683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 9291B239-E0DB-45B2-B
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 50 OF 93
	<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. Ben Mahan
Full Name (Last, First, Middle Initial)

Mailing Address 926 N Jackson St

City Tullahoma State TN Zip Code 37388-2300

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : 862F16B4-E36F-4234-9

Amount of Each Receipt this Period
50.00

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

Mailing Address PO Box 1059

City Zephyrhills State FL Zip Code 33539-1059

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : 866E6459-C77D-4426-B

Amount of Each Receipt this Period
41.67

C. Masud Malik
Full Name (Last, First, Middle Initial)

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

FEC 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
10 / 31 / 2014

Transaction ID : 04274FAB-E7D9-4BF5-A

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... **133.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3500 US Highway 1

City Vero Beach State FL Zip Code 32960-4511

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2014
Transaction ID : F223A921-C6A5-4425-B

Amount of Each Receipt this Period 500.00

B. Linn Mangano
Full Name (Last, First, Middle Initial)

Mailing Address 1926 Fox Hollow Rd

City Cape Girardeau State MO Zip Code 63701-2283

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2014
Transaction ID : 20DD385F-82AB-4DC9-8

Amount of Each Receipt this Period 500.00

C. Steven Mansberger
Full Name (Last, First, Middle Initial)

Mailing Address 1040 NW 22nd Ave Suite 200

City Portland State OR Zip Code 97210-3049

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 20 / 2014
Transaction ID : C7F4B403-F760-4FDA-A

Amount of Each Receipt this Period 365.00

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 52 OF 93
	<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. Sam Edward Mansour
Full Name (Last, First, Middle Initial)

Mailing Address 20 Rock Pointe Ln Ste 201

City Warrenton State VA Zip Code 20186-2680

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 15 / 2014
Transaction ID : 70563FC2-EE7C-4C80-A

Amount of Each Receipt this Period 100.00

B. Carlos Martinez
Full Name (Last, First, Middle Initial)

Mailing Address 3325 Palo Verde Ave Ste 103

City Long Beach State CA Zip Code 90808-4132

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2014
Transaction ID : 22EBB5D8-A026-4DF1-9

Amount of Each Receipt this Period 500.00

C. Thomas Marvelli
Full Name (Last, First, Middle Initial)

Mailing Address 6273 Granbury Rd

City Fort Worth State TX Zip Code 76133

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 591.22

Date of Receipt 10 / 20 / 2014
Transaction ID : 2B6ED372-BE94-4A14-8

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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 53 OF 93
	<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. Benjamin Mason		Date of Receipt 11 / 15 / 2014 Transaction ID : CFBA149A-2297-42F2-9
Mailing Address 3108 Waterbury Dr		Amount of Each Receipt this Period 41.67
City Cedar Falls	State IA	Zip Code 50613-1514
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) B. Raj Maturi		Date of Receipt 11 / 12 / 2014 Transaction ID : 4CA60238-682E-42C0-B
Mailing Address 200 W 103rd St Ste 1060		Amount of Each Receipt this Period 1000.00
City Indianapolis	State IN	Zip Code 46290-1092
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 ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Jose Mayans		Date of Receipt 10 / 17 / 2014 Transaction ID : FE4EF810-B774-493C-9
Mailing Address 907 W 2nd St		Amount of Each Receipt this Period 250.00
City Odessa	State TX	Zip Code 79763-4305
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 54 OF 93
	<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. Connie McCaa
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Creekwood Dr
 City Flowood State MS Zip Code 39232-7080
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 551B34DC-27F3-4EC0-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Mary Jane McCarron
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Pleasant St Apt 509
 City Brookline State MA Zip Code 02446-7182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 24 / 2014
Transaction ID : E188F7CD-82F7-46C1-B
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 398.00

C. David McCullough
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 Quarry Rd Ste 150
 City Trumbull State CT Zip Code 06611-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : FE7B2A9D-A1C4-4862-A
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1064.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 93
	<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. Patricia McDonald
Full Name (Last, First, Middle Initial)

Mailing Address 1 Lake St Ste 3

City New Britain State CT Zip Code 06052-1396

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **398.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : 55D0D3FE-05A2-4FF8-B

Amount of Each Receipt this Period
199.00

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

Mailing Address 1306 Division St

City Oregon City State OR Zip Code 97045-1523

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 19 / 2014

Transaction ID : C9A72792-C567-4A32-9

Amount of Each Receipt this Period
1000.00

C. Alice McPherson
Full Name (Last, First, Middle Initial)

Mailing Address 1977 Butler Boulevard

City Houston State TX Zip Code 77030-4202

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2014

Transaction ID : E9F61EDD-576E-4EFA-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1699.00
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 56 OF 93
	<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 Melendez
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 Grey Hawk Dr NE
 City Rio Rancho State NM Zip Code 87144-4709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **461.63**

Date of Receipt **10 / 31 / 2014**
Transaction ID : D05762F3-C2A8-4BE4-9
 Amount of Each Receipt this Period **84.00**

B. Robert Melendez
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 Grey Hawk Dr NE
 City Rio Rancho State NM Zip Code 87144-4709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **461.63**

Date of Receipt **11 / 15 / 2014**
Transaction ID : ACB64D1B-9C18-4B33-8
 Amount of Each Receipt this Period **42.00**

C. Peter Menger
 Full Name (Last, First, Middle Initial)
 Mailing Address 7809 Myrtle Ave
 City Glendale State NY Zip Code 11385-7439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 12 / 2014**
Transaction ID : EF71D9B9-B136-4036-A
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	376.00
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 57 OF 93
	<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. Douglas Merritt
Full Name (Last, First, Middle Initial)

Mailing Address 1226 NE Seventh St

City Grants Pass State OR Zip Code 97526

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : 13C45E02-3E96-4123-8

Amount of Each Receipt this Period
 500.00

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

Mailing Address 8780 Golf Rd Ste 304

City Niles State IL Zip Code 60714

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : F5A47CAA-5E48-45D7-9

Amount of Each Receipt this Period
 500.00

C. Michael Edward Edward Migliori
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 ▼ 416.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : 869B09DA-8135-4EF5-8

Amount of Each Receipt this Period
 83.33

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 58 OF 93
	<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. Aaron Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 S Almondell Way
 City The Woodlands State TX Zip Code 77354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.32

Date of Receipt 10 / 31 / 2014
Transaction ID : 0D5CC7C1-E19B-480E-8
 Amount of Each Receipt this Period 100.00

B. Eydie Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 North 39th St
 City Philadelphia State PA Zip Code 19104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 20 / 2014
Transaction ID : AF622637-9FD8-4752-A
 Amount of Each Receipt this Period 365.00

C. John Minturn
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 W 103rd St Ste 1030
 City Indianapolis State IN Zip Code 46290-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 17 / 2014
Transaction ID : 56B797C4-97A5-4D5D-8
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	965.00
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 59 OF 93
	<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. Amalia Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 NW 56th St Ste 700
 City Oklahoma City State OK Zip Code 73112-4442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1198.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 8A457EAF-D305-4F22-B
 Amount of Each Receipt this Period
 83.37

B. Abraham Mitias MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Georgetown Pl
 City Charleston State WV Zip Code 25314-1871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : C47C20FD-9A04-4CCC-B
 Amount of Each Receipt this Period
 500.00

C. Thomas Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 2001 Coolidge Rd
 City East Lansing State MI Zip Code 48823-1378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : 609AA634-1B70-4A0A-A
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1083.37
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 60 OF 93
	<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. Thomas Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 E Monterey Way
 City Phoenix State AZ Zip Code 85012-2620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : E3A9D8D2-300B-49B7-B
 Amount of Each Receipt this Period
 365.00

B. Craig Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1611 13th Ave
 City Huntington State WV Zip Code 25701-3811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : 2CB43B84-A95B-4D98-9
 Amount of Each Receipt this Period
 1500.00

C. Eric Nelson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6405 France Ave S Ste W460
 City Edina State MN Zip Code 55435-2189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : 16FFB117-24AC-4D51-9
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1965.00
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 61 OF 93
	<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. Michael O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address 618 Tollgate Rd

City Warwick State RI Zip Code 02886

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
10 / 17 / 2014
Transaction ID : **8C6B813B-68BB-4E55-9**

Amount of Each Receipt this Period
365.00

B. Kevin O'Neal
Full Name (Last, First, Middle Initial)

Mailing Address 400 Ashville Ave Ste 300

City Cary State NC Zip Code 27518-6134

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 18 / 2014
Transaction ID : **49AD3F0D-3F02-49A0-8**

Amount of Each Receipt this Period
250.00

c. Sunday Olatunji
Full Name (Last, First, Middle Initial)

Mailing Address 3228 Cherrywood Ln

City Eau Claire State WI Zip Code 54701-6025

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 17 / 2014
Transaction ID : **9EB1BAC5-66E4-48D0-B**

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
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 62 OF 93
	<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)

Full Name (Last, First, Middle Initial) A. Paul Orioli		Date of Receipt
Mailing Address 194 Grandview Ln		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City Norwich	State NY	Zip Code 13815-3331
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AF0FE224-0870-4781-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="199.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="398.00"/>	

Full Name (Last, First, Middle Initial) B. Richard Ou		Date of Receipt
Mailing Address 3767 Georgetown St		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Houston	State TX	Zip Code 77005-2821
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 95DC1414-83A1-4A53-A
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="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Mark Ozog		Date of Receipt
Mailing Address 1417 9th St S Ste 100		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Great Falls	State MT	Zip Code 59405-4509
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : FCB501FF-E6DF-4C3D-8
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="30.42"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="243.36"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="729.42"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 93
	<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. Evelyn Paysse
 Full Name (Last, First, Middle Initial)
 Mailing Address 6701 Fannin St # Mc610.25
 City Houston State TX Zip Code 77030-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 11 / 18 / 2014
Transaction ID : 54769A05-1587-4C5C-9
 Amount of Each Receipt this Period
 500.00

B. Ron Pelton
 Full Name (Last, First, Middle Initial)
 Mailing Address 2770 N Union Blvd Ste 100
 City Colorado Springs State CO Zip Code 80909-1183
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 11 / 04 / 2014
Transaction ID : 283084EF-4202-422B-8
 Amount of Each Receipt this Period
 365.00

C. Charles Peter
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Ponte Vedra East Blvd
 City Ponte Vedra Beach State FL Zip Code 32082-2300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 10 / 17 / 2014
Transaction ID : BE2DF3BA-6C69-48BD-B
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 93
	<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. Jonathan Pirnazar
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 Gleneagles Dr
 City Newport Beach State CA Zip Code 92660-4296
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : D83C9A14-DD65-421D-A
 Amount of Each Receipt this Period
 250.00

B. Anthony Pisacano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2590 Frisby Ave
 City Bronx State NY Zip Code 10461-3240
 FEC 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
 11 / 05 / 2014
Transaction ID : F5F53C58-9CAB-4FD5-9
 Amount of Each Receipt this Period
 500.00

C. Anthony Pisacano
 Full Name (Last, First, Middle Initial)
 Mailing Address 2590 Frisby Ave
 City Bronx State NY Zip Code 10461-3240
 FEC 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
 11 / 20 / 2014
Transaction ID : AB12E736-B39D-44F1-B
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 65 OF 93
	<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. Cedric Pratt
 Full Name (Last, First, Middle Initial)
 Mailing Address 9800 Baptist Health Dr Ste 501
 City Little Rock State AR Zip Code 72205-6243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : CC23494B-7EAF-4D4B-B
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Ann Ranelle
 Full Name (Last, First, Middle Initial)
 Mailing Address 119 Hidden Lake Ranch Rd
 City Aledo State TX Zip Code 76008-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2014
Transaction ID : 714A292B-C4B9-46E3-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. E. Mike Raphtis
 Full Name (Last, First, Middle Initial)
 Mailing Address 432 W University Dr
 City Rochester State MI Zip Code 48307-1938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : 5E02969D-4DBA-4D68-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 66 OF 93
	<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. Frederick Reeser
Full Name (Last, First, Middle Initial)

Mailing Address 2600 N Mayfair Rd Ste 901

City Milwaukee State WI Zip Code 53226-1307

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt 11 / 05 / 2014
Transaction ID : 281F1E5C-1BD6-4FE5-A

Amount of Each Receipt this Period 199.00

B. George Reiss
Full Name (Last, First, Middle Initial)

Mailing Address 6677 W Thunderbird Rd Ste F101

City Glendale State AZ Zip Code 85306-3723

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 21 / 2014
Transaction ID : 5F1D411F-34AE-4E82-B

Amount of Each Receipt this Period 500.00

C. Sharon Richens
Full Name (Last, First, Middle Initial)

Mailing Address 161 W 200 N Ste 200

City St George State UT Zip Code 84770-7386

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 04 / 2014
Transaction ID : 345B4BE8-2D4E-4DA8-9

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1199.00

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 67 OF 93
	<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. Michael Richie
 Full Name (Last, First, Middle Initial)
 Mailing Address 1575 20th St NW Ste 101
 City Faribault State MN Zip Code 55021-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2014
Transaction ID : 33B1B442-DCE5-4191-8
 Amount of Each Receipt this Period 1000.00

B. John Rizzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 112 BLEEDYN
 City ARDMORE State PA Zip Code 19003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 17 / 2014
Transaction ID : A17B9B64-A716-43E7-A
 Amount of Each Receipt this Period 300.00

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 ▼ 416.70

Date of Receipt 10 / 31 / 2014
Transaction ID : E75F636D-01D0-4B01-B
 Amount of Each Receipt this Period 416.70

SUBTOTAL of Receipts This Page (optional).....▶	1341.67
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 68 OF 93
	<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. William Rodden		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014 Transaction ID : 9B5B970E-C50B-4B90-B
Mailing Address 246 Catalina Dr		Amount of Each Receipt this Period 1000.00
City Ashland	State OR	Zip Code 97520
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) B. John Rosculet		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 11 / 2014 Transaction ID : 186BF7CB-5120-4A1A-B
Mailing Address 906 Windward Court		Amount of Each Receipt this Period 365.00
City Neenah	State WI	Zip Code 54956
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 ▼ 730.00	

Full Name (Last, First, Middle Initial) C. Paul Rosenberg		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014 Transaction ID : B81B6997-A1B1-47DA-9
Mailing Address 1015 Ridge Rd		Amount of Each Receipt this Period 500.00
City Webster	State NY	Zip Code 14580-2907
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <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).....▶	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:	PAGE 69 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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. Jeanne Rosenthal
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 E Ninth St
 City New York State NY Zip Code 10003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : 22F56825-8D2F-4FD1-8
 Amount of Each Receipt this Period
400.00

B. David Rothberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 3820 TAMPA RD SUITE 101
 City PALM HARBOR State FL Zip Code 34684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **865.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2014
Transaction ID : 197C8B31-9A9C-4A1B-8
 Amount of Each Receipt this Period
500.00

C. Robert David Sacks
 Full Name (Last, First, Middle Initial)
 Mailing Address 9318 Cresta Dr
 City Los Angeles State CA Zip Code 90035-4119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : 9B5AFAC7-D5DA-4516-B
 Amount of Each Receipt this Period
750.00

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 70 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 49 North St

City Delmar State NY Zip Code 12054

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **398.00**

Date of Receipt **10 / 28 / 2014**

Transaction ID : D7080CED-0296-48A1-9

Amount of Each Receipt this Period **199.00**

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

Mailing Address 275 Bicentennial Hwy

City Springfield State MA Zip Code 01118-1900

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 14 / 2014**

Transaction ID : 611E53F2-39E5-4CB8-8

Amount of Each Receipt this Period **250.00**

C. Richard Sherry
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Grubb Rd Ste 234

City Wilmington State DE Zip Code 19810-4796

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **304.16**

Date of Receipt **10 / 31 / 2014**

Transaction ID : 16D34EF4-6594-4A1E-A

Amount of Each Receipt this Period **30.42**

SUBTOTAL of Receipts This Page (optional)..... **479.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 93
	<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. Edward Shubert
 Full Name (Last, First, Middle Initial)
 Mailing Address 17070 Red Oak Dr Ste 405
 City Houston State TX Zip Code 77090-2616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 10 / 2014
Transaction ID : 398F2C10-261E-4BCD-9
 Amount of Each Receipt this Period
 365.00

B. David Silbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2110 Harrisburg Pike
 City Lancaster State PA Zip Code 17601-2644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : B245D4EF-910C-4581-A
 Amount of Each Receipt this Period
 250.00

C. N. Niki Silverstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 Main Street
 City Chester State NJ Zip Code 07930
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2014
Transaction ID : 2ED597A5-DD06-44CA-8
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 93
	<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

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. Raymond Sjaarda
Full Name (Last, First, Middle Initial)
Mailing Address 6569 N Charles St Ste 605

City Towson	State MD	Zip Code 21204-6833
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2014

Transaction ID : 71AF60E1-7D8A-4DBE-A

Amount of Each Receipt this Period
1000.00

B. Samuel Solish
Full Name (Last, First, Middle Initial)
Mailing Address 53 Sewall St

City Portland	State ME	Zip Code 04102-2625
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2014

Transaction ID : 3D21D2D2-3E35-47CF-9

Amount of Each Receipt this Period
365.00

C. Rand Spencer
Full Name (Last, First, Middle Initial)
Mailing Address 2828 Hood St Apt 1107

City Dallas	State TX	Zip Code 75219-7809
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : AE083861-8A9B-41A0-A

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional).....▶	1440.00
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 73 OF 93
	<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. Sadiqa Stelzner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1908 Santa Monica Blvd Ste 3
 City Santa Monica State CA Zip Code 90404-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2014
Transaction ID : 815B62FF-0116-4B2B-9
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Hunter Stoldorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Windjammer S
 City Emerald Isle State NC Zip Code 28594
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : B21D7C23-9432-4CDF-B
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 398.00

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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014
Transaction ID : CD0723E7-A236-40FF-8
 Amount of Each Receipt this Period
 208.33
 Aggregate Year-to-Date ▼
 1666.64

SUBTOTAL of Receipts This Page (optional).....▶	1407.33
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 74 OF 93
	<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. Prem Subramanian		Date of Receipt
Mailing Address 500 Dartmouth Ave		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Silver Spring	MD	20910-4261
FEC ID number of contributing federal political committee.		Transaction ID : F0E59A2F-E900-4519-A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.67"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Sung		Date of Receipt
Mailing Address 317 N Delaware St		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kennewick	WA	99336-7750
FEC ID number of contributing federal political committee.		Transaction ID : 5AFEDB6B-83FB-4F61-B
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="406.67"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lucian Szmyd		Date of Receipt
Mailing Address 155 Borthwick Ave Ste 200		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Portsmouth	NH	03801-7156
FEC ID number of contributing federal political committee.		Transaction ID : 3AAC133C-B5F8-41B9-A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="656.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 93
	<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. Alexander Taich

Mailing Address 2422 Lake Ave

City Ashtabula State OH Zip Code 44004-4985

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : F3EFB94C-154C-47F4-8

Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
B. Matthew Thomas

Mailing Address 1600 S Brentwood Blvd Ste 800

City Saint Louis State MO Zip Code 63144-1317

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : 3005C8FE-84AC-44F3-9

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
C. Victor Thomas

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland State FL Zip Code 32751-6108

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : A7DFCE50-65BD-402B-A

Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1165.00
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 76 OF 93
	<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. Trexler Topping

Mailing Address 50 Staniford St Ste 600

City Boston	State MA	Zip Code 02114-2587
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : 962C8E67-C61B-4299-A

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Miguel Torres

Mailing Address 2225 Ponce By Pass Suite 802

City Ponce	State PR	Zip Code 00717
---------------	-------------	-------------------

FEC 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
 11 / 15 / 2014

Transaction ID : 9B44D333-B836-4110-8

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Joseph Townley

Mailing Address 8141 W Center Rd Ste 100

City Omaha	State NE	Zip Code 68124-3273
---------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : 14F41891-1347-48D4-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1041.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 93
	<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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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. Lawrence Ulanski
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 E South Water St Apt 4502
 City Chicago State IL Zip Code 60601-4099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 1E8E49A6-274D-4EDB-B
 Amount of Each Receipt this Period
 250.00

B. James Valice
 Full Name (Last, First, Middle Initial)
 Mailing Address 33080 Utica Rd
 City Fraser State MI Zip Code 48026-2038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014
Transaction ID : 76D65326-5870-4B24-A
 Amount of Each Receipt this Period
 365.00

C. Alan Wagner
 Full Name (Last, First, Middle Initial)
 Mailing Address 5520 Greenwich Rd Ste 204
 City Virginia Beach State VA Zip Code 23462-6541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : A1898822-56FC-4722-B
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	698.33
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 78 OF 93
	<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. John Wallace		Date of Receipt
Mailing Address 2664 Hartford Hwy		<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City Dothan	State AL	Zip Code 36305-4904
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : E9550046-C3C8-4B32-9
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="2000.00"/>		

Full Name (Last, First, Middle Initial) B. William Thomas Walton		Date of Receipt
Mailing Address 13919 Bluff Wind		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78216-7923
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 925BDEA2-9595-4A10-9
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="239.00"/>		

Full Name (Last, First, Middle Initial) C. Gary Weiner		Date of Receipt
Mailing Address 18 Crestview Dr		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City Salina	State KS	Zip Code 67401-3586
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : F5C95D4C-9F59-459F-8
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="2010.00"/>
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 79 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Aaron Weingeist
 Full Name (Last, First, Middle Initial)
 Mailing Address 4717 53rd Ave S
 City Seattle State WA Zip Code 98118-1640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014
Transaction ID : 98C77394-86CB-47D9-8
 Amount of Each Receipt this Period
 83.34
 Aggregate Year-to-Date ▼
 949.99

B. 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : 4E739828-B855-408D-8
 Amount of Each Receipt this Period
 41.63
 Aggregate Year-to-Date ▼
 791.69

C. 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 15 / 2014
Transaction ID : 58637370-029E-4EE5-A
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 791.69

SUBTOTAL of Receipts This Page (optional).....▶	166.64
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 80 OF 93
	<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. Daniel Welch		Date of Receipt
Mailing Address 407 Ave K SE		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Winter Haven	FL	33880
FEC ID number of contributing federal political committee.		Transaction ID : 30D7306B-1503-4892-A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert Welch		Date of Receipt
Mailing Address 526 H Shoup Ave West		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Twin Falls	ID	83301
FEC ID number of contributing federal political committee.		Transaction ID : 86BFC74F-86A8-4C1B-A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Floyd Wergeland Jr.		Date of Receipt
Mailing Address 3425 Malpazo Ct		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bonita	CA	91902-1221
FEC ID number of contributing federal political committee.		Transaction ID : 01CAA614-4D9D-486B-8
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="175.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1540.00"/>
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 81 OF 93
	<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. Amy Wexler
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 S Lenola Rd Bldg 11
 City Moorestown State NJ Zip Code 08057-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : 88F7AEE2-FF6A-4A90-B
 Amount of Each Receipt this Period
 365.00

B. Martin Whitaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 193 Main St
 City Norway State ME Zip Code 04268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : A337A86C-6943-4FF7-B
 Amount of Each Receipt this Period
 500.00

C. David Whiting
 Full Name (Last, First, Middle Initial)
 Mailing Address 7415 Wayzata Blvd., Suite 100
 City Saint Louis Park State MN Zip Code 55426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : 97FD6179-A17E-40FB-B
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	1064.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 93
	<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. Peter Whitted
Full Name (Last, First, Middle Initial)

Mailing Address 4353 Dodge St

City Omaha State NE Zip Code 68131-2709

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 17 / 2014
Transaction ID : 151BF4BA-0715-4941-A

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 13097

City Green Bay State WI Zip Code 54307-3097

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1064.00

Date of Receipt
11 / 14 / 2014
Transaction ID : 78783CA6-E735-4B70-B

Amount of Each Receipt this Period
199.00

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

Mailing Address 3433 S Lafountain St

City Kokomo State IN Zip Code 46902-3801

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 17 / 2014
Transaction ID : EC2D6C49-27FE-4C1B-9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1199.00

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 83 OF 93
	<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. Joseph Wilhelm
Full Name (Last, First, Middle Initial)

Mailing Address 884 PEBBLEBROOK

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 ▼ 3500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2014

Transaction ID : 45160719-1A15-460D-8

Amount of Each Receipt this Period
 2500.00

B. Juliann Williams
Full Name (Last, First, Middle Initial)

Mailing Address 21438 SW Christensen Ct

City Tualatin State OR Zip Code 97062

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : 9E70DD13-800C-46BB-B

Amount of Each Receipt this Period
 50.00

C. Pamela Williams
Full Name (Last, First, Middle Initial)

Mailing Address 5220 Flanders Dr

City Baton Rouge State LA Zip Code 70808-9157

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2014

Transaction ID : 0B6E2B30-B646-476D-9

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
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 84 OF 93
	<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. Donald Wilson

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 ▼ **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2014

Transaction ID : 1F4C478B-697A-47E2-A

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
B. Ted Wojno

Mailing Address 1365 Clifton Rd NE

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) ▼

Aggregate Year-to-Date ▼ **398.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : 35E01C86-EFD9-4DBC-B

Amount of Each Receipt this Period
199.00

Full Name (Last, First, Middle Initial)
C. Vladimir Yakopson

Mailing Address 8408 Chaucer House Ct

City Lorton State VA Zip Code 22079

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2014

Transaction ID : 6A89EDC7-B80B-482A-8

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	814.00
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 85 OF 93
	<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. Lauren Yancey		Date of Receipt										
Mailing Address 400 Scenic View Ln		<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>10</td> <td></td> <td>31</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		31		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
10		31		2014								
City	State	Zip Code										
Carrollton	GA	30116-1856										
FEC ID number of contributing federal political committee.		Transaction ID : 868D54B1-8F97-4FCD-B										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		30.38										
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	304.16											

Full Name (Last, First, Middle Initial) B. Timothy Young		Date of Receipt										
Mailing Address 5300 North St		<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>11</td> <td></td> <td>15</td> <td></td> <td>2014</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	11		15		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11		15		2014								
City	State	Zip Code										
Nacogdoches	TX	75965-1370										
FEC ID number of contributing federal political committee.		Transaction ID : 28637252-31BC-4AA0-A										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		30.42										
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	243.36											

Full Name (Last, First, Middle Initial) C. David Zumbro		Date of Receipt										
Mailing Address 3500 LaTouche St Ste 250		<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>11</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	11		10		2014
M M M	/	D D D	/	Y Y Y Y Y Y								
11		10		2014								
City	State	Zip Code										
Anchorage	AK	99508-4261										
FEC ID number of contributing federal political committee.		Transaction ID : B0642655-7CE5-4872-A										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
		199.00										
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	398.00											

SUBTOTAL of Receipts This Page (optional).....▶	259.80
TOTAL This Period (last page this line number only).....▶	93167.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : 1B7DF1A322D73DADDBE

Amount of Each Disbursement this Period

46.23

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : 4EFD61B966329087704

Amount of Each Disbursement this Period

56.68

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

102.91

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

102.91

**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. Bill Flores for Congress

Mailing Address PO Box 6207

City State Zip Code
Bryan TX 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

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 67877A16E1B26B0F1B4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Buck for Colorado

Mailing Address PO Box 338018

City State Zip Code
Greeley CO 80633

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Kenneth R. Buck

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CO District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 2A30AB0AEE5EA7E0C74

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Cain for Congress

Mailing Address PO Box 1523

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Emily Ann Cain

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 96280285440A6937435

Amount of Each Disbursement this Period

2500.00

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

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

6000.00

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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. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

David Albert Scott

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			29			2014			

Transaction ID : 3727152FCBD3F1A52E7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Fightin' Ninth Political Action Committee

Mailing Address PO Box 71596

City Richmond State VA Zip Code 23255-1596

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Fightin' Ninth Political Action Committee

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
10			29			2014			

Transaction ID : 96F218290A1941D9EC2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Fightin' Ninth Political Action Committee

Mailing Address PO Box 71596

City Richmond State VA Zip Code 23255-1596

Purpose of Disbursement
2014 Contribution

011

Category/
Type

Candidate Name

Fightin' Ninth Political Action Committee

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
11			17			2014			

Transaction ID : CEC324FFB5F1D5D2F2E

Amount of Each Disbursement this Period

-2500.00

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

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

2500.00

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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. Friends of Dave Reichert

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement
2014 General

011

Candidate Name

David George Reichert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 48AB56B593296520BAE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Frank Guinta

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105

Purpose of Disbursement
2014 General

011

Candidate Name

Frank Christopher Guinta

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : 4ACBF6818E475791545

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Garret Graves for Congress

Mailing Address PO Box 64845

City Baton Rouge State LA Zip Code 70896

Purpose of Disbursement
2014 Run-Off

011

Candidate Name

Garret Neal Graves

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: LA District: 06

Runoff

Date of Disbursement

MM / DD / YYYY
11 / 19 / 2014

Transaction ID : 1296C73605BBF507605

Amount of Each Disbursement this Period

5000.00

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

8500.00

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. Hoosiers for Rokita, Inc.

Mailing Address 5802 Oak Avenue

City Indianapolis State IN Zip Code 46219-7219

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Theodore Edward Rokita

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 469220D1F01889E25EC

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : F04DA33ED199C31A101

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan for Congress

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement
2014 General

011

Category/
Type

Candidate Name

Patrick L. Meehan

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

Transaction ID : 351B0DFA81FA3714CD4

Amount of Each Disbursement this Period

-1500.00

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

2000.00

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. Truth Accountability and Courage Political Action Committee (TACPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Mailing Address 228 S Washington St Ste 115

Transaction ID : 4E2CB5D77835FFB0B2D

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
2014 Contribution

011
Category/ Type

Candidate Name
Truth Accountability and Courage Political Action Committee (TACPAC)

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Wendyrogers.Org

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2014

Mailing Address 3030 S Rural Rd Suite 120

Transaction ID : AB3E43CD490B9662139

City Tempe State AZ Zip Code 85282

Amount of Each Disbursement this Period

-2500.00

Purpose of Disbursement
2014 General

011
Category/ Type

Candidate Name

Wendy Rogers

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: AZ District: 09

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) Contribution

State: District:

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

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

-500.00

18500.00
