

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

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: M M / D D / Y Y Y Y Y Y
09 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	479182.35	
(c) Total Receipts (from Line 19)	48785.14	605828.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	527967.49	1061738.94
7. Total Disbursements (from Line 31)	227919.77	761691.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	300047.72	300047.72
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
09 01 2012

To:

M M / D D / Y Y Y Y Y
09 30 2012
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).....

33221.63

488838.25

(ii) Unitemized

8264.51

107591.33

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

41486.14

596429.58

(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)

41486.14

596429.58

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.....

5000.00

7000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

2299.00

2399.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

48785.14

605828.58

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

48785.14

605828.58

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	719.77	12407.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	719.77	12407.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	73700.00	508847.69
24. Independent Expenditures (use Schedule E)	153500.00	228839.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	11596.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	11596.68
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	227919.77	761691.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	227919.77	761691.22

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)	41486.14	596429.58
34. Total Contribution Refunds (from Line 28(d))	0.00	11596.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41486.14	584832.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	719.77	12407.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	719.77	12407.85

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

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

FOR LINE NUMBER: PAGE 6 OF 66
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dennis Arinella

Mailing Address 591 Lincoln St

City
Worcester

State
MA

Zip Code
01605-1932

FEC 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

09 / 19 / 2012

Transaction ID : DB68043E076CFBEFD04

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mayssa Aziz-Toppino

Mailing Address 1715 E Highway 50
Ste A

City

Clermont

State

FL

Zip Code

34711-5187

FEC 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

09 / 05 / 2012

Transaction ID : E8E3B1448051692D4B5

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ronald Barke

Mailing Address 910 N Davis Dr
Ste 100

City

Arlington

State

TX

Zip Code

76012-3200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 18 / 2012

Transaction ID : 45F99CA85C5F34FDC9EB

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

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

1333.34

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ivan Battle

Mailing Address 9301 W 74th St
Ste 210

City State Zip Code
Shawnee Mission KS 66204-2235

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : 49D8B813A40859813335

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Ivan Baumwell

Mailing Address 400 Broad St
Ste 2020

City State Zip Code
Sewickley PA 15143-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : 464EA4E68DB80651A003

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. James Bennett

Mailing Address 2475 5th St N

City State Zip Code
Columbus MS 39705-2005

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

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 7A4644702BC40685486

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.01

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christopher Bigelow

Mailing Address 1508 Winchester Dr

City

Midland

State

MI

Zip Code

48642-7101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 0FD63C32B2DB861090F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Steven Bodine

Mailing Address 915 Palmer Rd

Retina Consultations

City

Bronxville

State

NY

Zip Code

10708-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 28 / 2012

Transaction ID : 43BD91F08984A1664D56

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David Bogorad

Mailing Address 2509 Walton Way

City

Augusta

State

GA

Zip Code

30904-4561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 26 / 2012

Transaction ID : 463397D8A2452344A63A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

448.34

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)

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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 Boyer

Mailing Address 1127 Wilshire Blvd
Ste 1620

City State Zip Code
Los Angeles CA 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 ▼

2000.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2012

Transaction ID : 30E0E0717013B569BC6

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James Gerard Brooks Jr.

Mailing Address 2718 Madden Dr

City State Zip Code
Columbus GA 31906-1137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

MM / DD / YYYY
09 / 22 / 2012

Transaction ID : 454F9695A81BD708D062

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Alexander Brucker

Mailing Address 51 N 39th St

City State Zip Code
Philadelphia PA 19104-2640

FEC 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

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 1D4606CD7735E9A21FE

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1241.67

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bruce Brumm

Mailing Address 6751 N 72nd St
Ste 105

City State Zip Code
Omaha NE 68122-1746

FEC 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
09 03 2012

Transaction ID : 410D848A71B8D5272651

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. John Burchfield

Mailing Address 2865 N Reynolds Rd
Ste 170

City State Zip Code
Toledo OH 43615-2076

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 18 2012

Transaction ID : 4DF8AFF49E7D89244831

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Frank Burns

Mailing Address 301 Pepperbush Rd

City State Zip Code
Louisville KY 40207-5707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 06 2012

Transaction ID : 449A91DFA8D45F6C8705

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

150.01

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
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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 Cabin

Mailing Address 1555 Barrington Rd
Ste 120

City State Zip Code
Hoffman Estates IL 60169-1062

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

09 / 18 / 2012

Transaction ID : 1C79008EBCF4BD23315

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Peter Campanella

Mailing Address 3855 Penn Ave

City State Zip Code
Sinking Spring PA 19608-1174

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 ▼

208.35

Date of Receipt

09 / 10 / 2012

Transaction ID : 49578353904ECE979B3D

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Carol Strain Clemons

Mailing Address 471 Ashley Ridge Blvd
Ste 300

City State Zip Code
Shreveport LA 71106-7229

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 ▼

273.69

Date of Receipt

09 / 08 / 2012

Transaction ID : 4095B2243F07EF9935DA

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

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

572.08

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christopher Coad

Mailing Address 157 W 19th St

City

New York

State

NY

Zip Code

10011-4102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 4CD9899AB0DFD8D7EAEF

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Michael Collins

Mailing Address 6900 International Boulevard

City

Fort Myers

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 25 / 2012

Transaction ID : CB581479F208C6FDAB6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Atys Cope

Mailing Address PO Box 239

City

Statesboro

State

GA

Zip Code

30459-0239

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 27 / 2012

Transaction ID : 4FD8813A22A0132B083D

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

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

608.34

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. J. Burns Creighton Jr.

Mailing Address 11012 Mizelle Creek Trl

City State Zip Code
 Lithia FL 33547-2383

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 ▼

325.00

Date of Receipt

09 / 10 / 2012

Transaction ID : D900B1652583F5D3EA2

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. H. Holland Crosswell

Mailing Address 1920 Pickens St

City State Zip Code
 Columbia SC 29201-2632

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 13 / 2012

Transaction ID : 1C5E7CC694E374B9EE5

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Keith Dahlhauser

Mailing Address 1703 S Meridian
 Ste 101

City State Zip Code
 Puyallup WA 98371-7590

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 ▼

750.00

Date of Receipt

09 / 20 / 2012

Transaction ID : 364ADE13ED9589AD0BA

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

950.00

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Daun

Mailing Address 2055 Reading Rd
Ste 330

City State Zip Code
Cincinnati OH 45202-1439

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 ▼

273.69

Date of Receipt

09 / 08 / 2012

Transaction ID : 46048CC367BEB2816C37

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

B. Elena Drudy

Mailing Address 1206 Route 72 W

City State Zip Code
Manahawkin NJ 08050-2414

FEC 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

09 / 19 / 2012

Transaction ID : A7F67C4FC4F9BD1AEE0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Epstein

Mailing Address 648 N Main St

City State Zip Code
Ashland OR 97520-1710

FEC 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

09 / 04 / 2012

Transaction ID : 2CBB34CD6B13D518183

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

645.41

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Douglas Evans

Mailing Address 114 Academy Rd

City

North Andover

State

MA

Zip Code

01845-4022

FEC 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

09 / 19 / 2012

Transaction ID : 63130A31C1408A591AC

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Arthur Fishman

Mailing Address 603 N Flamingo Rd
Ste 250

City

Pembroke Pines

State

FL

Zip Code

33028-1013

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 ▼

273.69

Date of Receipt

09 / 08 / 2012

Transaction ID : 4C05BCE520F19EAC763D

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

C. Erin Fogel

Mailing Address 13 N Bow Dunbarton Rd

City

Bow

State

NH

Zip Code

03304-4701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

152.05

Date of Receipt

09 / 26 / 2012

Transaction ID : 4AA4AFB7B5BCDE3C4EC/

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

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

560.82

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

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

FOR LINE NUMBER: PAGE 16 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. C. Stephen Foster

Mailing Address 5 Cambridge Ctr
Ste 8

City State Zip Code
Cambridge MA 02142-1493

FEC 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
09 / 20 / 2012

Transaction ID : A6700A409DC6940E0B7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Luther Fry

Mailing Address 310 E Walnut St
Ste 101

City State Zip Code
Garden City KS 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 ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 2C83D98BAC008302216

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Sunir Garg

Mailing Address 840 Walnut St
Ste 1020

City State Zip Code
Philadelphia PA 19107-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 4D15A5B6A732A8F7CB9A

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

1280.42

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: PAGE 17 OF 66
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joel Geffin

Mailing Address 1201 W Main St

City
Waterbury

State
CT

Zip Code
06708-3105

FEC 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

09 / 19 / 2012

Transaction ID : C2226C68-0294-454C-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Michael Gilbert

Mailing Address 1364 91st Ave NE

City
Clyde Hill

State
WA

Zip Code
98004-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 03 / 2012

Transaction ID : 45FBBFF6E58656B9AEC9

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Kris Gillian

Mailing Address 771 Old Norcross Rd
Ste 150

City
Lawrenceville

State
GA

Zip Code
30046-4979

FEC 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

09 / 19 / 2012

Transaction ID : 7CB79180C5FA6AA0645

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.34

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Douglas Goosey

Mailing Address 6545 Rutgers Ave

City

Houston

State

TX

Zip Code

77005-3850

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 43789F1F63EEB76AE922

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Joel Gottlieb

Mailing Address 66 Sunset Strip
Ste 107

City

Succasunna

State

NJ

Zip Code

07876-1362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 28 / 2012

Transaction ID : 508336EE90575B338F7

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Haley

Mailing Address 1626 Forest Ln S
Ste B

City

Garland

State

TX

Zip Code

75042-7943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 05 / 2012

Transaction ID : 4C6B9084B2AEE3A45FA7

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

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

683.34

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

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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 Hall Jr.

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 ▼

500.00

Date of Receipt

09 / 24 / 2012

Transaction ID : FC74D68626672091895

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Haynes

Mailing Address 8 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 05 / 2012

Transaction ID : 0512F598-D087-4AAC-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Sarah Hays

Mailing Address 1 W Lakeshore Dr
Ste 220

City

Birmingham

State

AL

Zip Code

35209-7271

FEC 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

09 / 19 / 2012

Transaction ID : BC2A2D7AD66BD794891

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Hodges

Mailing Address 4577 Brumley Rd

City

Newburgh

State

IN

Zip Code

47630-9620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 17 / 2012

Transaction ID : 58A02FB1-4A62-4D0C-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Michael Hodges

Mailing Address 4577 Brumley Rd

City

Newburgh

State

IN

Zip Code

47630-9620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 17 / 2012

Transaction ID : E221E6ED-E522-47A4-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kenneth Hogrefe

Mailing Address 130 Center Way
Guthrie Med Grove

City

Corning

State

NY

Zip Code

14830-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 13 / 2012

Transaction ID : C167770B8F5FF2ADCEF

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1500.00

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Holcomb

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 16 / 2012

Transaction ID : 4A2A8F2867F18B8E5228

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. G. Baker Hubbard

Mailing Address 1365B Clifton Rd NE

Ste B3409

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2012

Transaction ID : 4B489A06645DBBE78985

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. David Hunter

Mailing Address 300 Longwood Ave

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2012

Transaction ID : 4A909FA449105083AB96

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

138.76

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. W. Jackson Iliff

Mailing Address 901 Crystal Spring Farm Rd

City

Annapolis

State

MD

Zip Code

21403-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 30 / 2012

Transaction ID : 450E93A729D6C396C660

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Janigian

Mailing Address 131 Applegate Rd

City

Cranston

State

RI

Zip Code

02920-3731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

291.69

Date of Receipt

09 / 30 / 2012

Transaction ID : 7F44521E3B8FB83C564

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Randolph Johnston

Mailing Address 1300 E 20th St

City

Cheyenne

State

WY

Zip Code

82001-4021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 30 / 2012

Transaction ID : 4D46871FA16E407250BB

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

191.67

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Leslie Jones

Mailing Address 2041 Georgia Ave NW
Ste 2100

City Washington State DC Zip Code 20060-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 08 / 2012

Transaction ID : 4EEE9B1F3DEE519E31C1

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Henry Kaplan

Mailing Address 301 E Muhammad Ali Blvd

City Louisville State KY Zip Code 40202-1511

FEC 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

09 / 26 / 2012

Transaction ID : 486583D2A5CB3538775C

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Robert Thomas King

Mailing Address 4 S Rockwell Ave

City Savannah State GA Zip Code 31419-3018

FEC 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

09 / 19 / 2012

Transaction ID : 05BA8F2F96CE87D861A

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

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

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. James Klein

Mailing Address 21711 Greater Mack Ave

City State Zip Code
Saint Clair Shores MI 48080-2418

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2012

Transaction ID : 453EA14ACB8F22D3BAE6

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City State Zip Code
Plainview TX 79072-1802

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2012

Transaction ID : 4F7E919E64E05F4B2D5D

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Janice Law

Mailing Address 2311 Pierce Ave

City State Zip Code
Nashville TN 37232-0025

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : 4562962E794429B58A2B

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Lederer

Mailing Address 1004 Carondelet Dr
Ste 405

City State Zip Code
Kansas City MO 64114-4801

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

M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : 5D97113AAD0C024065E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jay Leemaster

Mailing Address 2909 S Telephone Rd

City State Zip Code
Moore OK 73160-2937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 381E83B30D00BCC3879

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Robert Lesser

Mailing Address 40 Temple St
Ste 5B

City State Zip Code
New Haven CT 06510-2715

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 ▼

398.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2012

Transaction ID : 6DE22561-DC60-40DD-

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)..... ►

1564.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jay Harris Levy

Mailing Address 184 NE 168th St

City State Zip Code
North Miami Beach FL 33162-3412

FEC 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 / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 42E8A36B5319EC00EB7D

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Sue Lim

Mailing Address 263 Harrington Dr

City State Zip Code
Troy MI 48098-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2012

Transaction ID : 4F3C99FF46512EC79AEF

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Edward Lores

Mailing Address 4950 S Le Jeune Rd
Ste D

City State Zip Code
Coral Gables FL 33146-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : 5BF62ABB601FD9BC954

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

358.34

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Lynch

Mailing Address 11211 Sepulveda Blvd

City State Zip Code
Mission Hills CA 91345-1115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 04 / 2012

Transaction ID : ACB646E7B4721B7706F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Aaron Mack

Mailing Address 150 Taylor Station Rd
Ste 150

City State Zip Code
Columbus OH 43213-4440

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 ▼

208.35

Date of Receipt

09 / 10 / 2012

Transaction ID : 44F88B76FBF975484BC2

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Ahad Mahootchi

Mailing Address PO Box 1059

City State Zip Code
Zephyrhills FL 33539-1059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 26 / 2012

Transaction ID : 47AC9B205DD18A5485D1

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

375.01

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

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

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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

Mailing Address 1110 Eagle Ridge Rd

City

Cedar Falls

State

IA

Zip Code

50613-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 29 / 2012

Transaction ID : 4EC687D00BCBD55E464F

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Raj Maturi

Mailing Address 200 W 103rd St
Ste 1060

City

Indianapolis

State

IN

Zip Code

46290-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 26 / 2012

Transaction ID : 4073A4CF65DF59B4942F

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Mark Mayle

Mailing Address 269 Hoffman Ave

City

Morgantown

State

WV

Zip Code

26505-7302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 12 / 2012

Transaction ID : 40F38DE74991EBBC7253

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

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

208.35

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. M. Lisa McHam

Mailing Address 1900 Crown Colony Dr
Ste 300

City Quincy State MA Zip Code 02169-0979

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 20 / 2012

Transaction ID : 4AABAE687435FBB24E78

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ryan McKinnon

Mailing Address 1818 S 10th Ave
Ste 220

City Caldwell State ID Zip Code 83605-4880

FEC 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

09 / 24 / 2012

Transaction ID : A8C57F938CEEDEA9831

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gary Mehlhorn

Mailing Address 1135 E Lakewood St
Ste 104

City Springfield State MO Zip Code 65810-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 20 / 2012

Transaction ID : 436AA4D9B534F1B4B9DF

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

633.34

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

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

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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 Melendez

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code
 Rio Rancho NM 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 ▼

300.02

Date of Receipt

09 / 12 / 2012

Transaction ID : 40E8B84FBBE6D9BE9560

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Michael Edward Edward Migliori

Mailing Address 392 Rochambeau Ave

City State Zip Code
 Providence RI 02906-3520

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

09 / 08 / 2012

Transaction ID : 4C8AA83AE51496DB08AA

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 19719 Oxalis Ct

City State Zip Code
 Spring TX 77379-7555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

09 / 23 / 2012

Transaction ID : 40C9A9ECF43B8E6D32D5

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

225.01

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Amalia Miranda

Mailing Address 4801 Bocage Ln

City State Zip Code
 Oklahoma City OK 73142-5407

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 ▼

900.00

Date of Receipt

09 / 14 / 2012

Transaction ID : 4BD8A109673434D25EEE

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ronald Lee Lee Morton

Mailing Address 7700 Saddleback Dr

City State Zip Code
 Bakersfield CA 93309-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

09 / 27 / 2012

Transaction ID : 4555B75A0FBF97F9C068

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Sok Nam

Mailing Address 4278 W 3rd St

City State Zip Code
 Los Angeles CA 90020-3449

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 ▼

750.06

Date of Receipt

09 / 08 / 2012

Transaction ID : 4CC2A2FEB5196185C05D

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

225.01

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Neely

Mailing Address 13319 E 116th St

City State Zip Code
Fishers IN 46037-9406

FEC 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 / D D / Y Y Y Y Y
09 / 04 / 2012

Transaction ID : 437693129EBFBDC9B771

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Kelly Patrick O'Neill

Mailing Address 563 Wessel Dr

City State Zip Code
Fairfield OH 45014-3668

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 09 / 2012

Transaction ID : 4A18A92D8935C8CE0635

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Lanny Odin

Mailing Address 5109 Blackwolf Rd

City State Zip Code
Springfield IL 62711-7894

FEC 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 / D D / Y Y Y Y Y
09 / 10 / 2012

Transaction ID : C20118D9-C013-48F7-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.01

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Timothy Page

Mailing Address 800 S Adams Rd
Ste 201

City Birmingham State MI Zip Code 48009-7008

FEC 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
09 / 20 / 2012

Transaction ID : 4D57B0EC5BD08EA68A1D

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Millicent Palmer

Mailing Address 4102 Woolworth Ave
Routing # 112

City Omaha State NE Zip Code 68105-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

574.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2012

Transaction ID : 4FDA97258E18DC37BD79

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. David Parke

Mailing Address 88 Notch Hill Rd
Apt 332

City North Branford State CT Zip Code 06471-1852

FEC 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
09 / 27 / 2012

Transaction ID : 019D6E71ECE57DC546E

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

448.34

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Milan Patel

Mailing Address 6375 Hospital Pkwy
Ste 100

City State Zip Code
Johns Creek GA 30097-1831

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

09 / 19 / 2012

Transaction ID : 68F0FA9A418BF669602

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City State Zip Code
Aiken SC 29801-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 03 / 2012

Transaction ID : 4418BE084F8D32F45F17

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Ron Pelton

Mailing Address 455 E Pikes Peak Ave
Ste 309

City State Zip Code
Colorado Springs CO 80903-3674

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

09 / 05 / 2012

Transaction ID : 6BE12D50CA780C50578

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

948.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. John Perlmutter

Mailing Address 330 1st Capitol Dr
Ste 330

City State Zip Code
Saint Charles MO 63301-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 27 / 2012

Transaction ID : DBB47E0DBDB4E275808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas Pheasant

Mailing Address 220 Grandview Ave

City State Zip Code
Camp Hill PA 17011-1778

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

09 / 25 / 2012

Transaction ID : B72CB8F6C6DD3DD547C

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code
Blue Hill ME 04614-1539

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 ▼

208.35

Date of Receipt

09 / 10 / 2012

Transaction ID : 4219A31A3F37DC724A1E

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

791.67

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

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

FOR LINE NUMBER: PAGE 36 OF 66
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Arnold Prywes

Mailing Address 4212 Hempstead Tpke

City State Zip Code
Bethpage NY 11714-5723

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

09 / 12 / 2012

Transaction ID : 4F177C8D530BBC39A2F

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City State Zip Code
Morgantown WV 26505-3352

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 ▼

225.00

Date of Receipt

09 / 11 / 2012

Transaction ID : 486D9AEFF2484D6CC39B

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. William Rich

Mailing Address 6231 Leesburg Pike
Ste 608

City State Zip Code
Falls Church VA 22044-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 26 / 2012

Transaction ID : 43E3A36F2F3DC5C58C01

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

473.34

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Richardson

Mailing Address 207 S Santa Anita Ave
Ste P25

City State Zip Code
San Gabriel CA 91776-1145

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 ▼

2853.00

Date of Receipt

09 / 26 / 2012

Transaction ID : 4132A66B04FBF138B2A0

Amount of Each Receipt this Period

317.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Rinkoff

Mailing Address 748 State St

City State Zip Code
Medford OR 97504-8473

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

09 / 26 / 2012

Transaction ID : B9C0835EB8CB3F6E96C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Philip Roholt

Mailing Address 5890 Mayfair Rd

City State Zip Code
North Canton OH 44720-1547

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

09 / 03 / 2012

Transaction ID : A8E69B9D-316C-4E4D-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1817.00

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 38 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. James Ronk

Mailing Address 6465 S Yale Ave
Ste 215

City State Zip Code
Tulsa OK 74136-7804

FEC 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
09 / 13 / 2012

Transaction ID : A93CA28E14BD637368C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Barry Roper

Mailing Address 14837 Felbridge Way

City State Zip Code
Midlothian VA 23113-6715

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2012

Transaction ID : 4388BC65D63FDA512827

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Teresa Rosales

Mailing Address 4100 Long Beach Blvd
Ste 108

City State Zip Code
Long Beach CA 90807-2696

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2012

Transaction ID : 4A5290EB5E2B202E945D

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

1066.67

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Carl Rosen

Mailing Address 6100 Kalmia Dr

City State Zip Code
 Anchorage AK 99507-1263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 20 / 2012

Transaction ID : F70FD070EA71049E4D9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carlos Rosende

Mailing Address 7703 Floyd Curl Dr

City State Zip Code
 San Antonio TX 78229-3901

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 ▼

400.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 40CFB046937EDB1FCCD8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mark Ruchman

Mailing Address 1 Reservoir Office Park
 Ste 203

City State Zip Code
 Southbury CT 06488-3926

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 ▼

273.78

Date of Receipt

09 / 28 / 2012

Transaction ID : 40AC86EBA173906BC128

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

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

380.42

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

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

FOR LINE NUMBER: PAGE 40 OF 66
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Frank Ryburn

Mailing Address 3420 23rd St

City

Lubbock

State

TX

Zip Code

79410-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 24 / 2012

Transaction ID : 40C41EBE18FDDFC51BA

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Samuelson

Mailing Address 2827 N Clarkson St

City

Fremont

State

NE

Zip Code

68025-7714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 22 / 2012

Transaction ID : 456093F39F34B332D806

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Marvin Schlechte III

Mailing Address 321 Richland West Cir

City

Waco

State

TX

Zip Code

76712-7919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 03966B60E67276D0085

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1025.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Linda Schumacher-Feero

Mailing Address 8 Thomas Dr

City

Waterville

State

ME

Zip Code

04901-4406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.69

Date of Receipt

09 / 08 / 2012

Transaction ID : 409699FEFE3C14D84E77

Amount of Each Receipt this Period

30.41

Full Name (Last, First, Middle Initial)

B. Arthur Schwartz

Mailing Address 5454 Wisconsin Ave
Ste 950

City

Chevy Chase

State

MD

Zip Code

20815-6912

FEC 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

09 / 05 / 2012

Transaction ID : 5FE9D1539BB0EB490E4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Debra Shetlar

Mailing Address 2002 Holcombe Blvd
Ste 112C

City

Houston

State

TX

Zip Code

77030-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

09 / 24 / 2012

Transaction ID : 4DF39F0EDD23A9AB8353

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

310.83

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Shulman

Mailing Address 999 E Basse Rd
Ste 127

City San Antonio State TX Zip Code 78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

09 / 22 / 2012

Transaction ID : 45DFAB43764F59BF47D7

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Lawrence Singerman

Mailing Address 3401 Enterprise Pkwy
Ste 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

09 / 29 / 2012

Transaction ID : 4C379A3D7DE920BC687E

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Daniel Smith

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

09 / 03 / 2012

Transaction ID : 4530B35D4217D567B376

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

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

250.02

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scott So

Mailing Address 2100 Webster St
Ste 214

City State Zip Code
San Francisco CA 94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 19 / 2012

Transaction ID : 4E3C80CE8DF9617341F2

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rand Spencer

Mailing Address 3612 Overbrook Dr

City State Zip Code
Dallas TX 75205-4327

FEC 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
09 / 19 / 2012

Transaction ID : 61DD981801682EF601B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Sydney Stapleton

Mailing Address 1726 Metromedical Dr

City State Zip Code
Fayetteville NC 28304-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2012

Transaction ID : FD5777BFBE7162423F0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

715.00

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

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Susan Stegeman

Mailing Address 301 N 8th St

Springfield Eye Consultants Pc, St

City

Springfield

State

IL

Zip Code

62701-1064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

09 / 19 / 2012

Transaction ID : 406B5CC01CE22413034

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Roger Steinert

Mailing Address 118 I

City

Irvine

State

CA

Zip Code

92697-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

09 / 21 / 2012

Transaction ID : 45FE9AF83BB23775D528

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Rhoads Stevens

Mailing Address 1329 Lusitana St

Ste 209

City

Honolulu

State

HI

Zip Code

96813-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

09 / 04 / 2012

Transaction ID : A35C8F4ADDECAFC491

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

813.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 66
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 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. Cameron Stone

Mailing Address 386 Kimberly Ave

City	State	Zip Code
Asheville	NC	28804-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		0	3		2	0	1	2		

Transaction ID : 4F9B89981834DA2106C7

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Gary Tanner

Mailing Address 10 Jacobs Ln

City	State	Zip Code
Newport News	VA	23606-2815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : 43398E14B7C5F8472917

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Randall TozerMailing Address 9811 N 95th St
Ste 101

City	State	Zip Code
Scottsdale	AZ	85258-4527

FEC 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	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	6		2	0	1	2		

Transaction ID : 4E70931551FDB9A77753

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

175.01

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

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

FOR LINE NUMBER: PAGE 46 OF 66
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Esteban Vietorisz

Mailing Address 666 Westover Rd

City State Zip Code
 Stamford CT 06902-1321

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 25 / 2012

Transaction ID : 63A9F27E1AE972C3703

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. William Thomas Walton

Mailing Address 13919 Bluff Wind

City State Zip Code
 San Antonio TX 78216-7923

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 19 / 2012

Transaction ID : 1D0C9B33D134BE788E5

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City State Zip Code
 West Hartford CT 06117-1859

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 14 / 2012

Transaction ID : 432E88DC0E661225B889

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

391.67

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: PAGE 47 OF 66
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Weingeist

Mailing Address 4717 53rd Ave S

City State Zip Code
 Seattle WA 98118-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

09 / 26 / 2012

Transaction ID : 40B4A1FFE7CF452F7FCE

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Joseph Weinstein

Mailing Address 4212 Hempstead Tpke

City State Zip Code
 Bethpage NY 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 ▼

250.00

Date of Receipt

09 / 20 / 2012

Transaction ID : 9711EADDA36F4F7BB17

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Wentzien

Mailing Address 3600 N Interstate Ave

City State Zip Code
 Portland OR 97227-1106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 12 / 2012

Transaction ID : 4C9CA3DDD51285D141EA

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

375.01

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

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

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

FOR LINE NUMBER: PAGE 48 OF 66
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Jon-Marc Weston

Mailing Address 2435 NW Kline St

City State Zip Code
 Roseburg OR 97471-1690

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 19 / 2012

Transaction ID : FE4E21C010C87A84507

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard Wieder

Mailing Address 11188 Tesson Ferry Rd
 Ste 100

City State Zip Code
 Saint Louis MO 63123-6962

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 ▼

400.00

Date of Receipt

09 / 07 / 2012

Transaction ID : 434B8E02CFE1A2A7A312

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Paul Wiesner

Mailing Address 1800 E Pavilion Pl
 Unit B

City State Zip Code
 Montrose CO 81401-5499

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

09 / 27 / 2012

Transaction ID : 35BD8D2E12654CE7C9D

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1850.00

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 66

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Wiggins

Mailing Address 1 Country Club Rd

City

Asheville

State

NC

Zip Code

28804-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 30 / 2012

Transaction ID : DFE00D5997E7F7BA5F2

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robin Wilson

Mailing Address 500 W Brown Deer Rd

City

Bayside

State

WI

Zip Code

53217-1627

FEC 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

09 / 17 / 2012

Transaction ID : 08D93C16-5558-4F9D-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Jeremy Wolfe

Mailing Address 3535 W 13 Mile Rd
Ste 344

City

Royal Oak

State

MI

Zip Code

48073-6770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

09 / 26 / 2012

Transaction ID : 429E9D960F9AA5FAC61C

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

456.67

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

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

FOR LINE NUMBER: PAGE 50 OF 66

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Wong

Mailing Address 99-128 Aiea Heights Dr
Ste 703

City State Zip Code
Aiea HI 96701-3978

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 08 / 2012

Transaction ID : 4642B0CA24500A3F1258

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Thomas Yau

Mailing Address 8630 Fenton St
Ste 514

City State Zip Code
Silver Spring MD 20910-3833

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 / D D / Y Y Y Y Y
09 / 11 / 2012

Transaction ID : 01E17112-8D65-46D7-

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David Deok Yu

Mailing Address 10 Congress St
Ste 340

City State Zip Code
Pasadena CA 91105-3020

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 / D D / Y Y Y Y Y
09 / 13 / 2012

Transaction ID : AA40E9C8942D2029489

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1041.67

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

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

FOR LINE NUMBER: PAGE 51 OF 66
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City Winston Salem State NC Zip Code 27103-5663

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2012

Transaction ID : 4F9BBC10959CFFC03D24

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

41.67

33221.63

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

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

FOR LINE NUMBER: PAGE 52 OF 66
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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. AAO

Mailing Address 655 Beach St.

City State Zip Code
 San Francisco CA 94109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2299.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 24 2012

Transaction ID : 4244CDDBE889C3E24C7

Amount of Each Receipt this Period

2299.00

PAC Admin, deposited by mistake.

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

2299.00

2299.00

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

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

FOR LINE NUMBER: PAGE 53 OF 66

(check only one)

☐ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☒ 16 ☐ 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. John Sullivan for Congress, Inc

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

FEC ID number of contributing federal political committee.

C C00366773

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : 96AEB37D56D5994098E

Amount of Each Receipt this Period

5000.00

Refund of G-2012 contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 66

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Sep 2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : 88202F155B29AE37EDD

Amount of Each Disbursement this Period

250.43

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 - Sep 2012

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : 948A5046FDE3C1376FA

Amount of Each Disbursement this Period

469.34

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

719.77

719.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 66

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. America Works PAC

Mailing Address PO Box 76187

City
WashingtonState
DCZip Code
20013Purpose of Disbursement
2012 Contribution

011

Candidate Name

America Works PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 602781C4D309992B484

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Angus King for Us Senate CampaignMailing Address 135 Maine Street
PO Box 368City
BrunswickState
MEZip Code
04011Purpose of Disbursement
2012 General

011

Candidate Name

Angus Stanley King Jr.

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: ME

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Transaction ID : 665A4253726CD4058C6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Becerra for Congress

Mailing Address PO Box 261060

City
Los AngelesState
CAZip Code
90026Purpose of Disbursement
2012 General

011

Candidate Name

Xavier Becerra

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA

District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : 2F160F3FDB4AF5E0539

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Ben Cardin for Senate

Mailing Address PO Box 21093

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement
2012 General

011

Candidate Name

Benjamin L. Cardin

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : C608BBD53593BB633E4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bill Owens for Congress

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901

Purpose of Disbursement
2012 General

011

Candidate Name

William L. Owens

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : BE77725159A380DAA9E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Blaine for Congress 2012

Mailing Address PO Box 125

City	State	Zip Code
Holts Summit	MO	65043

Purpose of Disbursement
2012 General

011

Candidate Name

W. Blaine Luetkemeyer

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : E984522055DD68E6834

Amount of Each Disbursement this Period

1500.00

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

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

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brian Bilbray for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address 970 Seacoast Drive
7

City Imperial Beach State CA Zip Code 91932-2402

Purpose of Disbursement
2012 General

011

Transaction ID : DA1B8528616008E5703

Amount of Each Disbursement this Period

1000.00

Candidate Name

Brian P. Bilbray

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2012 General

011

Transaction ID : 8417AD06CC0751A56E0

Amount of Each Disbursement this Period

3000.00

Candidate Name

Larry D. Bucshon

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Full Name (Last, First, Middle Initial)

C. Cantor for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
2012 General

011

Transaction ID : DE2D331E9C9833A444A

Amount of Each Disbursement this Period

3000.00

Candidate Name

Eric Ivan Cantor

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

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

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

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Congressman Waxman Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2012

Mailing Address 6380 Wilshire Blvd., #1612

City	State	Zip Code
Los Angeles	CA	90048

Transaction ID : 13721E6147027271500

Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

Henry A. Waxman

Category/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 33

2500.00

Full Name (Last, First, Middle Initial)

B. Crowley for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Mailing Address 84-56 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Transaction ID : 5C1B1B7BB40E0EC8F34

Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

Joseph Crowley

Category/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 14

5000.00

Full Name (Last, First, Middle Initial)

C. Duncan D. Hunter for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2012

Mailing Address 9340 Fuerte Drive Suite 302

City	State	Zip Code
La Mesa	CA	91941

Transaction ID : 7DE062238C88ACEF293

Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period

Candidate Name

Duncan D. Hunter

Category/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

1000.00

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

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

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 66

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Fitzpatrick for Congress

Mailing Address PO Box 185

City
LanghorneState
PAZip Code
19047-0185Purpose of Disbursement
2012 General

011

Candidate Name

Michael G. Fitzpatrick

Category/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: PA

District: 08

Date of Disbursement

M M M /
09D D D /
27Y Y Y Y Y Y
2012

Transaction ID : 1F2F23F9D567795423E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City
New YorkState
NYZip Code
10016Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: NY

District:

Date of Disbursement

M M M /
09D D D /
05Y Y Y Y Y Y
2012

Transaction ID : 69E9096F600BB4D85D6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City
New YorkState
NYZip Code
10016Purpose of Disbursement
Void check originally reported on 9/5/12.

011

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought:



House



Senate



President

Disbursement For: 2016



Primary



General



Other (specify) ▼

State: NY

District:

Date of Disbursement

M M M /
09D D D /
27Y Y Y Y Y Y
2012

Transaction ID : CB3D4449BCF5C1632F6

Amount of Each Disbursement this Period

-2500.00

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

1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Hoyer for CongressMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 General

011

Candidate Name

Steny H. Hoyer

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : AB78890F9D08D202E6E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ImpactMailing Address 192 Lexington Ave.
Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Impact

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2012

Transaction ID : F425CFE142C4794DE88

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2012 General

011

Candidate Name

Ron Kind

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

Transaction ID : 68454DF49ED4D49CC1A

Amount of Each Disbursement this Period

1000.00

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

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

11000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Kinzinger for Congress

Mailing Address PO Box 487

City	State	Zip Code
New Lenox	IL	60451-0487

Purpose of Disbursement
2012 General

Candidate Name

Adam Kinzinger

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

Transaction ID : 8E72BAE1A54FC6BB448

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Matheson for Congress

Mailing Address PO Box 521048

City	State	Zip Code
Salt Lake City	UT	84152-1048

Purpose of Disbursement
2012 General

Candidate Name

James David Matheson

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Transaction ID : 0AB0972F9A23C744B46

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for CongressMailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2012 General

Candidate Name

Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Transaction ID : 64604DBD272BF3C35B8

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 DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Paton for Congress

Mailing Address PO Box 68758

City Tucson	State AZ	Zip Code 85737
----------------	-------------	-------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Jonathan Paton

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : C1038C6E0693A27C67D

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Paul Tonko for CongressMailing Address 911 Central Avenue
PO Box 221

City Albany	State NY	Zip Code 12206
----------------	-------------	-------------------

Purpose of Disbursement
2012 General

011

Candidate Name

Paul D. Tonko

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : BDA5E6D422862CEF83A

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Southerland for Congress

Mailing Address PO Box 1692

City Lynn Haven	State FL	Zip Code 32444
--------------------	-------------	-------------------

Purpose of Disbursement
2012 General

011

Candidate Name

William Steve Southerland II

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2012

Transaction ID : 6C60306EC2A574F8134

Amount of Each Disbursement this Period

2500.00

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

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

11500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Steve Israel for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

Mailing Address PO Box 777

City	State	Zip Code
Deer Park	NY	11729

Purpose of Disbursement
2012 General

011

Transaction ID : D314729A633F43B1A90

Amount of Each Disbursement this Period

1000.00

Candidate Name

Steve J. Israel

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 03

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Texans for Henry Cuellar Congressional Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Mailing Address 1519 Washington Street
Suite 200

City	State	Zip Code
Laredo	TX	78040

Purpose of Disbursement
2012 General

011

Transaction ID : 66BACD6D911343BDCE3

Amount of Each Disbursement this Period

1000.00

Candidate Name

Henry Roberto Cuellar

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 28

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. The Committee for the Preservation of Capitalism

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20035-5314

Purpose of Disbursement
2012 Contribution

011

Transaction ID : ADC6A30BC28787573B1

Amount of Each Disbursement this Period

2500.00

Candidate Name

The Committee for the Preservation of Capitalism

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

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

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

4500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. The Congressman Joe Barton Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Mailing Address PO Box 1444

Transaction ID : 8684E0107783D378A68

City	State	Zip Code
Ennis	TX	75120

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period
1000.00

Candidate Name

Joe L. Barton

Category/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 06

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address 2931 E Dublin Granville Road
Suite 190**Transaction ID : DF728A4C72FD6F28040**

City	State	Zip Code
Columbus	OH	43231-2098

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 General

011

Amount of Each Disbursement this Period
1200.00

Candidate Name

Patrick J. Tiberi

Category/
Type

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

Full Name (Last, First, Middle Initial)

C. Trust PAC Team Republicans for Utilizing Sensible Tactics

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Mailing Address 228 S. Washington Street
Suite 115**Transaction ID : 3DB871C81FA1377E684**

City	State	Zip Code
Alexandria	VA	22314

Amount of Each Disbursement this Period

Purpose of Disbursement
2012 Contribution

011

Amount of Each Disbursement this Period
2500.00

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible Tactics

Category/
Type

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

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

4700.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Three digital displays showing the date 09/12/2012 in MM/DD/YYYY format. The first display shows '09' with 'M' indicators above it. The second display shows '12' with 'D' indicators above it. The third display shows '2012' with 'Y' indicators above it.

011

2500.00

☐ Primary ☒ General
☐ Other (specify) ▼

09 / 19 / 2012

011

1000.00

☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

3500.00

73700.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 66
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER ▼ C C00196246
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on MM / DD / YYYYYY		

Full Name (Last, First, Middle Initial) of Payee DMI Direct		Date MM / DD / YYYYYY
Mailing Address 1145 W Collins Ave		Amount 153500.00
City Orange	State CA	
Zip Code 92867	Transaction ID : V5B6145091D97AC49D94	
Purpose of Expenditure IE NY-18, date of dissemination is 9-24-12.	Category/Type 	Office Sought: ☒ House ☐ Senate ☐ President State: NY District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Nan Alison Sutter Hayworth		Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYYYY
Mailing Address		Amount
City	State	
Zip Code	Transaction ID : V5B6145091D97AC49D94	
Purpose of Expenditure	Category/Type 	Office Sought: ☐ House ☐ Senate ☐ President State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: ☐ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 		Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	153500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	153500.00

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

Steven Rausch

[Electronically Filed]

Signature

Date

MM / DD / YYYYYY