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)

CITY ▲	STATE ▲	ZIP CODE ▲
San Francisco	CA	94109 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00196246

3. IS THIS REPORT ☒ NEW (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) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2013 through 07 / 31 / 2013

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 08 / 19 / 2013

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 07 / 01 / 2013 To: 07 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2013		292506.39
(b) Cash on Hand at Beginning of Reporting Period	358138.62	
(c) Total Receipts (from Line 19)	46836.47	393979.57
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	404975.09	686485.96
7. Total Disbursements (from Line 31)	47181.66	328692.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	357793.43	357793.43
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)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 07 / 01 / 2013 To: 07 / 31 / 2013

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)	34125.12	316492.58
(ii) Unitemized	12711.35	73986.99
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	46836.47	390479.57
(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) ▶	46836.47	390479.57
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	46836.47	393979.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	46836.47	393979.57

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	181.66	1548.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	181.66	1548.11
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	46500.00	323000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	4144.42
(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)) ▶	500.00	4144.42
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))	47181.66	328692.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	47181.66	328692.53

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	46836.47	390479.57
34. Total Contribution Refunds (from Line 28(d))	500.00	4144.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46336.47	386335.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	181.66	1548.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	181.66	1548.11

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Reginald George Ariyasu
Mailing Address: 3467 Stoner Ave
City: Los Angeles | State: CA | Zip Code: 90066-2819
FEC 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: 07 / 10 / 2013
Transaction ID : 657E8C2A-06A1-4D7A-9
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): John Armstrong
Mailing Address: 1590 Darling St
City: Ogden | State: UT | Zip Code: 84403-0445
FEC 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: 07 / 18 / 2013
Transaction ID : C462AD28-BCC6-4E8D-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): William Benevento
Mailing Address: 777 Tanglefoot Ln
City: Bettendorf | State: IA | Zip Code: 52722-1650
FEC ID number of contributing federal political committee.: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 07 / 18 / 2013
Transaction ID : 4EA30F18-3C4B-4821-9
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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)

A. Full Name (Last, First, Middle Initial): James Bennett
Mailing Address: 2475 5th St N
City: Columbus State: MS Zip Code: 39705-2005
FEC 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: 07 / 11 / 2013
Transaction ID : 1991E10B-B57E-4C86-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): 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 [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 246.69
Date of Receipt: 07 / 15 / 2013
Transaction ID : E9E6A053-FBE1-4133-9
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Scott Bornstein
Mailing Address: 9630 N Kenton Ave
City: Skokie State: IL Zip Code: 60076
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 07 / 18 / 2013
Transaction ID : 40693025-1063-4E3C-9
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1395.42

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

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

A. Full Name (Last, First, Middle Initial): Frank Burns
Mailing Address: 13324 Shelbyville Rd.
City: Louisville State: KY Zip Code: 40223
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.65
Date of Receipt: 07 / 15 / 2013
Transaction ID : 5DA61BE6-0E2A-4CE7-8
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Richard Cape
Mailing Address: PO Box 647
City: Dyersburg State: TN Zip Code: 38025
FEC 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: 07 / 16 / 2013
Transaction ID : 27DE81B3-51C6-453F-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Kristin Carter
Mailing Address: 1615 N Swan Rd
City: Tucson State: AZ Zip Code: 85712-4046
FEC 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: 07 / 08 / 2013
Transaction ID : C6272828-55B3-447A-A
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 813.33

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

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ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Joyce Cassen
Mailing Address: Ste 212, 850 W Hind Dr
City: Honolulu State: HI Zip Code: 96821
FEC 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: 07 / 08 / 2013
Transaction ID : 7216786B-ED08-4605-9
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Marina Chechelnitsky
Mailing Address: 227 N Jackson Ave
City: San Jose State: CA Zip Code: 95116-1603
FEC 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: 07 / 03 / 2013
Transaction ID : A19641AE-CE75-448B-8
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Donald Cinotti
Mailing Address: 600 Pavonia Ave, 6th Fl
City: Jersey City State: NJ Zip Code: 07306-2932
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 07 / 15 / 2013
Transaction ID : B45F7AFD-5C31-40AD-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1115.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): S. William William Clark
Mailing Address: 502 Isabella St
City: Waycross State: GA Zip Code: 31501-3638
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1458.31
Date of Receipt: 07 / 15 / 2013
Transaction ID : 6E8336C4-C88F-45AE-B
Amount of Each Receipt this Period: 208.33

B. Full Name (Last, First, Middle Initial): Ronald Cole
Mailing Address: MVT Visual Rehabilitation Center
1700 Alhambra Blvd Ste 100
City: Sacramento State: CA Zip Code: 95816
FEC 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: 07 / 03 / 2013
Transaction ID : D1E88603-3807-4CB6-9
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Bill Davenport
Mailing Address: 2090 SE Ocean Boulevard
City: Stuart State: FL Zip Code: 34996
FEC 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: 07 / 02 / 2013
Transaction ID : 3592F82B-FC13-46F1-9
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 823.33

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Jeffrey Edelstein
Mailing Address: Ste 20, 2905 W Warner Rd
City: Chandler State: AZ Zip Code: 85224-1674
FEC 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: 07 / 08 / 2013
Transaction ID : 6B98FA84-3AE8-4B64-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Robert Elliston
Mailing Address: Ste 103, 1750 El Camino Real
City: Burlingame State: CA Zip Code: 94010-3210
FEC 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: 07 / 09 / 2013
Transaction ID : DE81687E-96FF-41A9-9
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Michael Elman
Mailing Address: Ste 310, 9114 Philadelphia Rd
City: Baltimore State: MD Zip Code: 21237-4350
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1212.94
Date of Receipt: 07 / 15 / 2013
Transaction ID : 88D4481A-101D-45DA-9
Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 1030.42

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)

A. Full Name (Last, First, Middle Initial): Randy Ennen
Mailing Address: 3312 S 70th St
City: Fort Smith State: AR Zip Code: 72903
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 / 03 / 2013
Transaction ID : F500F2CD-0FAB-40F3-A
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Randolph Falk
Mailing Address: 11030 Valley Mall
City: El Monte State: CA Zip Code: 91731
FEC 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: 07 / 03 / 2013
Transaction ID : 006E7B40-3055-4AEA-8
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Samer Farah
Mailing Address: Ste 203A 3250 Westchester Ave
City: Bronx State: NY Zip Code: 10461-4580
FEC 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: 07 / 09 / 2013
Transaction ID : 95FEC7FD-230F-48F2-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Stan Feil
Mailing Address: Ste A, 112 N Akers St
City: Visalia State: CA Zip Code: 93291-5121
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 07 / 15 / 2013
Transaction ID : BB5B182D-55DF-48F3-B
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Jon Robert Fishburn
Mailing Address: 5886 S. Horseshoe Pl.
City: Boise State: ID Zip Code: 83716
FEC 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: 07 / 09 / 2013
Transaction ID : B634022C-27F7-4DCB-9
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Jerry Ford
Mailing Address: 2020 Fleischmann Rd
City: Tallahassee State: FL Zip Code: 32308-4599
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 212.94
Date of Receipt: 07 / 15 / 2013
Transaction ID : F55770A9-2D39-4111-9
Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 437.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): David Fuerst
Mailing Address: 1135 Sunset Ave, Suite 312
City: West Covina State: CA Zip Code: 91790-3937
FEC 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: 07 / 17 / 2013
Transaction ID : B12421B5-E284-4539-9
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Ravi Goel
Mailing Address: 25 Parnell Drive
City: Cherry Hill State: NJ Zip Code: 08003
FEC 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: 07 / 03 / 2013
Transaction ID : D76D8F13-CF5C-45F9-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Scott Goldstein
Mailing Address: Tri County Eye Phsysicians & Surge, 319 2nd St Pike
City: Southampton State: PA Zip Code: 18966
FEC 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: 07 / 03 / 2013
Transaction ID : 45AA9025-B8AB-4E91-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Carter Gussler
Mailing Address: 2841 Lexington Ave
City: Ashland State: KY Zip Code: 41101-3009
FEC 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: 07 / 12 / 2013
Transaction ID : 77BEA712-515F-4C4A-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): John Hagan
Mailing Address: 9401 N Oak Trfy Ste 200
City: Kansas City State: MO Zip Code: 64155-3393
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.65
Date of Receipt: 07 / 15 / 2013
Transaction ID : 3C9AE9F0-AF66-42BE-9
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): John Haines
Mailing Address: 1550 Oak St Ste 3
City: State: OR Zip Code: 97401-7701
FEC 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: 07 / 31 / 2013
Transaction ID : F7EF3381-BA37-48FB-
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1583.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial): Robert Haverly
Mailing Address: 311 W 24th St Ste 401
City: Erie State: PA Zip Code: 16502-2667
FEC 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: 07 / 08 / 2013
Transaction ID : 976CCFE6-8A07-492F-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): John Herlihy
Mailing Address: 4560 S Glenview Pl
City: Rapid City State: SD Zip Code: 57702-6804
FEC 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: 07 / 05 / 2013
Transaction ID : F15C6DED-97B6-4871-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Ronald Herrington
Mailing Address: Ste 403 1190 N State St
City: Jackson State: MS Zip Code: 39202-2413
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 07 / 08 / 2013
Transaction ID : 4895D778-301D-4752-9
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1095.00

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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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): George Hilts III
Mailing Address: 200 S 5th St
City: Bismarck State: ND Zip Code: 58504-5675
FEC 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: 07 / 29 / 2013
Transaction ID : B7C98CC4-54B7-4144-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): 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 [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 253.11
Date of Receipt: 07 / 15 / 2013
Transaction ID : 7A190C72-7349-4493-B
Amount of Each Receipt this Period: 22.38

C. Full Name (Last, First, Middle Initial): Robert Janigian
Mailing Address: Ste 303 120 Dudley St
City: Providence State: RI Zip Code: 02905-2429
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02
Date of Receipt: 07 / 15 / 2013
Transaction ID : 0116AF32-9817-4D3A-8
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 429.05

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

A. Full Name (Last, First, Middle Initial): Kent Kebert
Mailing Address: 1307 Aston Ave
City: McComb State: MS Zip Code: 39648-2898
FEC 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: 07 / 08 / 2013
Transaction ID : 2A93A2D6-9186-427C-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Judith Kirby
Mailing Address: 4209 Bordeaux Ave
City: Dallas State: TX Zip Code: 75205
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.65
Date of Receipt: 07 / 15 / 2013
Transaction ID : D0CA80AA-14B3-4922-A
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Seong Lee
Mailing Address: 5441 Health Center Dr
City: Abilene State: TX Zip Code: 79606
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 / 03 / 2013
Transaction ID : 7B78AC0D-C1AA-4C43-A
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 698.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial): David Levine
Mailing Address: Ste H2, 19271 Montgomery Village Ave
City: Montgomery Village State: MD Zip Code: 20886-5029
FEC 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: 07 / 05 / 2013
Transaction ID : AF7D540E-7CD0-45B4-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Richard Lindstrom
Mailing Address: Ste 200, 9801 Dupont Ave S
City: Bloomington State: MN Zip Code: 55431-3200
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 / 12 / 2013
Transaction ID : BC8502AC-6530-4A73-8
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Majid Mani
Mailing Address: 8736 Glenwick Ln
City: La Jolla State: CA Zip Code: 92037-2039
FEC 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: 07 / 02 / 2013
Transaction ID : 38F08186-4CA0-4B3C-8
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

A. Full Name (Last, First, Middle Initial): 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 [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.36
Date of Receipt: 07 / 15 / 2013
Transaction ID : 8D275683-6180-445E-A
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): John McCrary III
Mailing Address: 12203 Vista Bay Ln
City: Houston State: TX Zip Code: 77041-6022
FEC 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: 07 / 02 / 2013
Transaction ID : 3DDB8823-FD81-4391-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Thomas McPhee
Mailing Address: 8320 E Aster Dr
City: Scottsdale State: AZ Zip Code: 85260-5236
FEC 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: 07 / 08 / 2013
Transaction ID : A771AD41-4394-40FA-A
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 906.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Robert Melendez
Mailing Address: 735 Grey Hawk Dr NE
City: Rio Rancho | State: NM | Zip Code: 87144-4709
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.03
Date of Receipt: 07 / 31 / 2013
Transaction ID : DF1119DB-FE92-4063-8
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Carl Migliazzo
Mailing Address: 7504 Antioch Rd
City: Overland Park | State: KS | Zip Code: 66204-2622
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 25 / 2013
Transaction ID : 90C40953-3017-4D89-B
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Michael Edward Edward Migliori
Mailing Address: 120 Dudley St Ste 301
City: Providence | State: RI | Zip Code: 02905-2429
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 583.32
Date of Receipt: 07 / 31 / 2013
Transaction ID : 08CFD35E-2331-4031-8
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Carl Minning Jr.
Mailing Address: 2935 Maple Ave
City: Zanesville State: OH Zip Code: 43701-1748
FEC 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: 07 / 02 / 2013
Transaction ID : D24604CE-9731-4546-9
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Amalia Miranda
Mailing Address: Bldg A # 700, 3435 NW 56th St
City: Oklahoma City State: OK Zip Code: 73112-4442
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 964.98
Date of Receipt: 07 / 15 / 2013
Transaction ID : C63A0537-A725-4EBF-B
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Sok Nam
Mailing Address: 4278 W 3rd St
City: Los Angeles State: CA Zip Code: 90020-3449
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.65
Date of Receipt: 07 / 15 / 2013
Transaction ID : 407C641E-FF95-4B94-9
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 1166.66

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Alvaro O'Byrne
Mailing Address: 3205 Henderson Bayou Rd
City: Lake Charles | State: LA | Zip Code: 70605-4030
FEC 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: 07 / 02 / 2013
Transaction ID : B19176C0-94F8-4CC6-9
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Jack Oats
Mailing Address: 47 Inlet View Path
City: East Moriches | State: NY | Zip Code: 11940-1605
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 07 / 03 / 2013
Transaction ID : 61BC19B9-E11F-4ED8-9
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Carolyn Oesterle
Mailing Address: 2015 N Main St
City: Wheaton | State: IL | Zip Code: 60187
FEC 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: 07 / 29 / 2013
Transaction ID : BD305863-C788-41E2-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Kenneth Parschauer
Mailing Address: 2600 Hayes Ave
City: Sandusky State: OH Zip Code: 44870-5311
FEC 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: 07 / 23 / 2013
Transaction ID : 8BF0AD6B-8AB4-44EB-8
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Alpa Patel
Mailing Address: Apt 3, 1926 Glendon Ave
City: Los Angeles State: CA Zip Code: 90025-4661
FEC 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: 07 / 23 / 2013
Transaction ID : 9ADCE1AD-55A2-4F07-B
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): George Patterson
Mailing Address: 8218 Wisconsin Ave, Ste 316
City: Bethesda State: MD Zip Code: 20814-3107
FEC 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: 07 / 17 / 2013
Transaction ID : 0D057C72-9CC5-46BE-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1730.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Randall Peairs
Mailing Address: 200 Mifflin Ave
City: Scranton State: PA Zip Code: 18503
FEC 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: 07 / 12 / 2013
Transaction ID : 387327A7-5BC6-4AA5-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Julie Perry
Mailing Address: Ste 200 999 Adams St
City: St Helena State: CA Zip Code: 94574-1171
FEC ID number of contributing federal political committee.: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 291.69
Date of Receipt: 07 / 15 / 2013
Transaction ID : BDAF3A99-F837-40DC-B
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Michael Peterson
Mailing Address: 700 W Kent Ave
City: Missoula State: MT Zip Code: 59801-6772
FEC 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: 07 / 12 / 2013
Transaction ID : EECF65C3-5BE3-4BD4-9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 906.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Thomas Pheasant
Mailing Address: 220 Grandview Ave
City: Camp Hill State: PA Zip Code: 17011-1778
FEC 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: 07 / 31 / 2013
Transaction ID : 56AE32C3-C465-4296-8
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Lawrence Piazza
Mailing Address: PO Box 1539
City: Blue Hill State: ME Zip Code: 04614-1539
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 749.99
Date of Receipt: 07 / 15 / 2013
Transaction ID : BC0441AC-AFA1-44D0-9
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Dustin Pomerleau
Mailing Address: 195 Fore River Pkwy Ste 480
City: Portland State: ME Zip Code: 04102-2787
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 525.00
Date of Receipt: 07 / 17 / 2013
Transaction ID : 1FBC8987-C5CB-4D9E-B
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 1158.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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)

A. Full Name (Last, First, Middle Initial): Abraham Poulose
Mailing Address: 6408 Locust St
City: Shawnee State: KS Zip Code: 66218-9067
FEC 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: 07 / 02 / 2013
Transaction ID : 2FFDEB3B-CA17-49C1-8
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Jean Ramsey
Mailing Address: 58 Gregory Island Road
City: Hamilton State: MA Zip Code: 01982
FEC 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: 07 / 27 / 2013
Transaction ID : B99C64D9-D3DD-4E74-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Stephen Reck
Mailing Address: 1418 Bethel Park Ct NE
City: Olympia State: WA Zip Code: 98506-3301
FEC 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: 07 / 05 / 2013
Transaction ID : 1736FD76-6FB6-4A59-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1095.00

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)
[X] 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)

A. Full Name (Last, First, Middle Initial): John Rizzo
Mailing Address: 8 Morton Ave Ste 101
City: Ridley Park | State: PA | Zip Code: 19078
FEC 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: 07 / 05 / 2013
Transaction ID : 953D8A2E-4ECC-4FDF-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Catherine Rommel
Mailing Address: 2115 Noll Dr
City: Lancaster | State: PA | Zip Code: 17603-7600
FEC 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: 07 / 05 / 2013
Transaction ID : 7846D9BE-DF92-4A41-9
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Mark Ruchman
Mailing Address: 1449 Old Waterbury Rd Suite 203
City: Southbury | State: CT | Zip Code: 06488
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 238.77
Date of Receipt: 07 / 15 / 2013
Transaction ID : B1B4E959-998A-44A4-8
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 656.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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)

A. Full Name (Last, First, Middle Initial): John Saunders
Mailing Address: 1517 Nicholasville Rd, Ste 101
City: | State: KY | Zip Code: 40503-1429
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 07 / 31 / 2013
Transaction ID : 223AAF1C-F696-4A4E-
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Daniel Schickner
Mailing Address: 3655 Dakota Rd.
City: Kingman | State: AZ | Zip Code: 86401-0628
FEC 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: 07 / 03 / 2013
Transaction ID : 025F331F-BE49-4EC4-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Edward Shubert
Mailing Address: Ste 405, 17070 Red Oak Dr
City: Houston | State: TX | Zip Code: 77090-2616
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 07 / 09 / 2013
Transaction ID : 4659F18A-886D-4F9F-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1095.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): David Shulman
Mailing Address: Ste 127, 999 E Basse Rd
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: 583.32
Date of Receipt: 07 / 15 / 2013
Transaction ID : 4DA3BDD5-2D53-4FF3-9
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Eric Alfred Sieck
Mailing Address: 1025 Maine St
City: Quincy State: IL Zip Code: 62301-4038
FEC 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: 07 / 02 / 2013
Transaction ID : 67C814C2-3DD1-427F-8
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Cameron Stone
Mailing Address: 21 Medical Park Dr
City: Asheville State: NC Zip Code: 28803-2493
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 916.66
Date of Receipt: 07 / 15 / 2013
Transaction ID : 7147AE40-81C3-4B40-B
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ▶ 656.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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)

A. Full Name (Last, First, Middle Initial): Donald Stone
Mailing Address: 7308 NE 101st Street
City: Oklahoma City | State: OK | Zip Code: 73151
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.99
Date of Receipt: 07 / 31 / 2013
Transaction ID : 6C7B5C32-2282-44A0-B
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Prem Subramanian
Mailing Address: 500 Dartmouth Ave
City: Silver Spring | State: MD | Zip Code: 20910-4261
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 212.94
Date of Receipt: 07 / 15 / 2013
Transaction ID : 74C79274-E43C-45CA-A
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Alvin Tao
Mailing Address: PO Box 5545
City: Lafayette | State: IN | Zip Code: 47903-5545
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 / 17 / 2013
Transaction ID : 83329B5C-D70D-4D0C-B
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 413.75

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)
[X] 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)

A. Full Name (Last, First, Middle Initial): Donald Texada
Mailing Address: 1501 Kings Hwy, PO Box 33932
City: Shreveport State: LA Zip Code: 71103-4228
FEC 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: 07 / 18 / 2013
Transaction ID : 363E82C4-FEA2-4E26-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Robert Treft
Mailing Address: Ste 175, 1580 W Antelope Dr
City: Layton State: UT Zip Code: 84041-1175
FEC 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: 07 / 16 / 2013
Transaction ID : B7C42C10-A172-46F8-9
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Sebastian Troia
Mailing Address: 1646 s 187 cr
City: Omaha State: NE Zip Code: 68130
FEC 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: 07 / 14 / 2013
Transaction ID : 69B46A17-2459-4B55-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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)
[X] 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)

A. Full Name (Last, First, Middle Initial): Stanley Truhlsen
Mailing Address: 412 N 97th Ct
City: Omaha State: NE Zip Code: 68114-2395
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 274.00
Date of Receipt: 07 / 10 / 2013
Transaction ID : 19943FC9-EF23-46EA-9
Amount of Each Receipt this Period: 199.00

B. Full Name (Last, First, Middle Initial): Albert Lon Ungricht
Mailing Address: Ste 410, 5770 S 250 E
City: Salt Lake City State: UT Zip Code: 84107-8178
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 07 / 18 / 2013
Transaction ID : 6C25B65F-7C36-419B-B
Amount of Each Receipt this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Peter Utrata
Mailing Address: 262 Neil Ave, Ste 320
City: Columbus State: OH Zip Code: 43215-7311
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 212.87
Date of Receipt: 07 / 02 / 2013
Transaction ID : 403FBA23495260EFE35F
Amount of Each Receipt this Period: 30.41

SUBTOTAL of Receipts This Page (optional) ▶ 2729.41

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 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)

A. Full Name (Last, First, Middle Initial): William Thomas Walton
Mailing Address: 13919 Bluff Wind
City: San Antonio State: TX Zip Code: 78216-7923
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 476.67
Date of Receipt: 07 / 15 / 2013
Transaction ID : DA4D7692-AB04-4E0A-9
Amount of Each Receipt this Period: 10.00

B. Full Name (Last, First, Middle Initial): Gary Weiner
Mailing Address: 18 Crestview Dr
City: Salina State: KS Zip Code: 67401-3586
FEC 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: 07 / 09 / 2013
Transaction ID : 6E76E42F-8A3C-4733-B
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Martin Whitaker
Mailing Address: 193 Main St
City: Norway State: ME Zip Code: 04268
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 / 04 / 2013
Transaction ID : C529BD55-6990-4E85-8
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1510.00

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)
[X] 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)

A. Full Name (Last, First, Middle Initial): Jeffrey Whitman
Mailing Address: Ste 400, 2801 Lemmon Ave
City: Dallas State: TX Zip Code: 75204-2399
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1083.31
Date of Receipt: 07/15/2013
Transaction ID : 83FF4089-D541-49D6-A
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Curtis Winkler
Mailing Address: 4915 E Baseline Rd, Ste # 114
City: Gilbert State: AZ Zip Code: 85234
FEC 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: 07/08/2013
Transaction ID : 5CE3B9CD-0E6A-4F5C-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Brian Wnorowski
Mailing Address: Ste 206, 530 Lakehurst Rd
City: Toms River State: NJ Zip Code: 08755-8021
FEC 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: 07/16/2013
Transaction ID : B25163FE-78B1-4761-B
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1083.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Jeremy Wolfe
Mailing Address: 3535 West 13 Mile Rd Ste 344
City: Royal Oak
State: MI
Zip Code: 48073
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 791.69
Date of Receipt: 07 / 15 / 2013
Transaction ID : E13894AC-F0A4-4224-9
Amount of Each Receipt this Period: 83.33

B.
Full Name (Last, First, Middle Initial): 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 ▼: 791.69
Date of Receipt: 07 / 21 / 2013
Transaction ID : 441996B55D3B1727CF87
Amount of Each Receipt this Period: 83.34

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City:
State:
Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: MM / DD / YYYY
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 166.67

TOTAL This Period (last page this line number only) ▶ 34125.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 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)

A.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: AMEX charges - Jul 2013
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 31 / 2013
Transaction ID : 70A86801C4812516E2C
Amount of Each Disbursement this Period: 5.06

B.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: Bank charges - Jul 2013
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 31 / 2013
Transaction ID : D6AF14F8D191350D435
Amount of Each Disbursement this Period: 176.60

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 181.66

TOTAL This Period (last page this line number only) ▶ 181.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 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)

A. Full Name (Last, First, Middle Initial): Andy Harris for Congress
Mailing Address: PO Box 604
City: Bel Air State: MD Zip Code: 21014
Purpose of Disbursement: 2014 Primary
Candidate Name: Andrew P. Harris
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 10 / 2013
Transaction ID : 547A457530AB9F70591
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Bera for Congress
Mailing Address: Post Office Box 582496
City: Elk Grove State: CA Zip Code: 95758
Purpose of Disbursement: 2014 Primary
Candidate Name: Ameriash B. Bera
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 07
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 1984B9922A486BA7E1E
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): Bill Flores for Congress
Mailing Address: PO Box 6207
City: Bryan State: TX Zip Code: 77805-6207
Purpose of Disbursement: 2014 Primary
Candidate Name: William H. Flores
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 17
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 49953E28490CCAB6F2A
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 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)

A. Full Name (Last, First, Middle Initial): Charles Boustany Jr. Md for Congress, Inc.
Mailing Address: PO Box 80126
City: Lafayette State: LA Zip Code: 70598-0126
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Charles W. Boustany Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07/01/2013
Transaction ID : AC518C3E1A092A79940
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Dr. Raul Ruiz for Congress
Mailing Address: PO Box 6116
City: La Quinta State: CA Zip Code: 92248
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Raul Ruiz
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 36
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07/30/2013
Transaction ID : 7DF1F2FC6F9EE59C63E
Amount of Each Disbursement this Period: 4000.00

C. Full Name (Last, First, Middle Initial): Dutch Ruppersberger for Congress Committee
Mailing Address: 22 W. Padonia Road, Suite C-141
City: Timonium State: MD Zip Code: 21093
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: C.A. Dutch Ruppersberger
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 02
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07/10/2013
Transaction ID : 21F633BFF0680B5CDFC
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 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)

A. Full Name (Last, First, Middle Initial): Fitzpatrick for Congress
Mailing Address: PO Box 185
City: Langhorne State: PA Zip Code: 19047-0185
Purpose of Disbursement: 2014 Primary
Candidate Name: Michael G. Fitzpatrick
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 08
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 304EB6DA72B4E385A3E
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Friends of Bill Posey
Mailing Address: PO Box 411486
City: Melbourne State: FL Zip Code: 32941
Purpose of Disbursement: 2014 Primary
Candidate Name: Bill Posey
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 08
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 01 / 2013
Transaction ID : 40A741AF702897A8040
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Friends of Dave Reichert
Mailing Address: PO Box 2032
City: Issaquah State: WA Zip Code: 98027
Purpose of Disbursement: 2014 Primary
Candidate Name: David G. Reichert
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 08
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 6B35D2796C95A5BDDE0
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 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)

A. Full Name (Last, First, Middle Initial): Friends of David Schweikert
Mailing Address: 228 S Washington Street, Ste 115
City: Alexandria State: VA Zip Code: 22314-5404
Purpose of Disbursement: 2014 Primary
Candidate Name: David Schweikert
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: AZ District: 06
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07/10/2013
Transaction ID : F535809A2D0E130CA68
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Friends of Erik Paulsen
Mailing Address: PO Box 44369, 250 Prairie Center Drive
City: Eden Prairie State: MN Zip Code: 55344
Purpose of Disbursement: 2014 Primary
Candidate Name: Erik Paulsen
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07/01/2013
Transaction ID : D9DCCB7C1BA0E90C7E0
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Friends of Joe Pitts
Mailing Address: PO Box 775
City: Unionville State: PA Zip Code: 19375
Purpose of Disbursement: 2014 Primary
Candidate Name: Joseph R. Pitts
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 16
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07/10/2013
Transaction ID : 1D147F44F15D0D3C8F0
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 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)

A. Full Name (Last, First, Middle Initial): Friends of Sessions Senate Committee Inc
Mailing Address: PO Box 4278
City: Montgomery State: AL Zip Code: 36103
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Jefferson Beauregard Sessions
Office Sought: ☐ House ☒ Senate ☐ President
State: AL District:
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 23 / 2013
Transaction ID : B9756C14A12D487FF9F
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Gene Green Congressional Campaign
Mailing Address: PO Box 16128
City: Houston State: TX Zip Code: 77222
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Raymond Eugene Green
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 29
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 217418F257E7770A716
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Jeff Miller for Congress
Mailing Address: PO Box 126
City: Pensacola State: FL Zip Code: 32591
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Jefferson B. Miller
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 01
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 23 / 2013
Transaction ID : 16C44E25DBCAB30E737
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Julia Brownley for Congress
Mailing Address: PO Box 2018
City: Thousand Oaks State: CA Zip Code: 91358
Purpose of Disbursement: 2014 Primary
Candidate Name: Julia Brownley
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 26
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 0C776B932034135CBAD
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Lincoln PAC
Mailing Address: PO Box A3968
City: Chicago State: IL Zip Code: 60690
Purpose of Disbursement: VOID 5/29 check. Didn't receive check.
Candidate Name: Lincoln PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2013 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 15 / 2013
Transaction ID : 6291BB3DED64EFA8E7A
Amount of Each Disbursement this Period: -1000.00

C. Full Name (Last, First, Middle Initial): Lincoln PAC
Mailing Address: PO Box A3968
City: Chicago State: IL Zip Code: 60690
Purpose of Disbursement: 2013 Contribution - Reissue
Candidate Name: Lincoln PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2013 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 15 / 2013
Transaction ID : 92E87C15B72F67175C3
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 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)

A. Full Name (Last, First, Middle Initial): Louie Gohmert for Congress Committee
Mailing Address: PO Box 8060
City: Tyler State: TX Zip Code: 75711
Purpose of Disbursement: 2014 Primary
Candidate Name: Louis Buller Gohmert Jr.
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 01
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 01 / 2013
Transaction ID : 865C5D6E2CC81D7F396
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Marsha Blackburn for Congress, Inc.
Mailing Address: PO Box 3750
City: Brentwood State: TN Zip Code: 37024-3750
Purpose of Disbursement: 2014 Primary
Candidate Name: Marsha Blackburn
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: TN District: 07
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 8DCA5CFBF1EDED4D1A3
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Matheson for Congress
Mailing Address: PO Box 521048
City: Salt Lake City State: UT Zip Code: 84152-1048
Purpose of Disbursement: 2014 Primary
Candidate Name: James David Matheson
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: UT District: 04
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07 / 23 / 2013
Transaction ID : F4A7E57E18B5248B2AE
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Matsui for Congress
Mailing Address: PO Box 1738
City: Sacramento State: CA Zip Code: 95812
Purpose of Disbursement: 2014 Primary
Candidate Name: Doris O. Matsui
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 06
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 30 / 2013
Transaction ID : 115894CA6DC13E78991
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Mike Rogers for Congress
Mailing Address: 123 East 13th Street
City: Anniston State: AL Zip Code: 36201
Purpose of Disbursement: 2014 Primary
Candidate Name: Michael Dennis Rogers
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: AL District: 03
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 10 / 2013
Transaction ID : 8FDA770F198093B5313
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Paul Gosar for Congress
Mailing Address: PO Box 2967
City: Prescott State: AZ Zip Code: 86302
Purpose of Disbursement: 2014 Primary
Candidate Name: Paul R. Gosar
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: AZ District: 04
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 23 / 2013
Transaction ID : 09BE2773A3F5971EBE9
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 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)

A. Full Name (Last, First, Middle Initial): Paul Tonko for Congress
Mailing Address: 911 Central Avenue, PO Box 221
City: Albany State: NY Zip Code: 12206
Purpose of Disbursement: 2014 Primary
Candidate Name: Paul D. Tonko
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 20
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/23/2013
Transaction ID : 763274FADBF33AA4330
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): People for Enterprise Trade and Economic Growth (PETE PAC)
Mailing Address: 7804 Evening Lane
City: Alexandria State: VA Zip Code: 22306-2754
Purpose of Disbursement: 2013 Contribution
Candidate Name: People for Enterprise Trade and Economic Growth (PETE PAC)
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2013 [ ] Primary [ ] General [X] Other (specify) Contribution
Date of Disbursement: 07/10/2013
Transaction ID : A6E4195F2184E5BB7C1
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Richard E Neal for Congress Committee
Mailing Address: 76 Magnolia Terrace
City: Springfield State: MA Zip Code: 01108
Purpose of Disbursement: 2014 Primary
Candidate Name: Richard Edmund Neal
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 01
Disbursement For: 2014 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 07/23/2013
Transaction ID : 9615FADFD63D5C2ECBB
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 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)

A.
Full Name (Last, First, Middle Initial): The Congressman Joe Barton Committee
Mailing Address: PO Box 1444
City: Ennis State: TX Zip Code: 75120
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Joe L. Barton
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 06
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 23 / 2013
Transaction ID : 152EE87C001F90FFFC0
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Tiberi for Congress
Mailing Address: 2931 E Dublin Granville Road Suite 190
City: Columbus State: OH Zip Code: 43231-2098
Purpose of Disbursement: 2014 Primary
Category/Type: 011
Candidate Name: Patrick J. Tiberi
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 12
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 10 / 2013
Transaction ID : E4EE0BFDAC45A6245BC
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 46500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 23 24 25 26
27 [X] 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial): Michael Raizman
Mailing Address: Ste 600, 50 Staniford St
City: Boston State: MA Zip Code: 02114-2587
Purpose of Disbursement: Refund of duplicate June contribution received
Category/Type: 010
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 07 / 02 / 2013
Amount of Each Disbursement this Period: 500.00

Transaction ID : 0ADC8BFB511E364EADA

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00