

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.
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2014"/> | <input type="text" value="450006.08"/> | <input type="text" value="450006.08"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="509566.67"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="39385.39"/> | <input type="text" value="499728.50"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="548952.06"/> | <input type="text" value="949734.58"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="75.67"/> | <input type="text" value="400858.19"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="548876.39"/> | <input type="text" value="548876.39"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 33323.43 | 403656.05 |
| (ii) Unitemized | 6061.96 | 93572.45 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 39385.39 | 497228.50 |
| (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) | 39385.39 | 497228.50 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 2500.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 39385.39 | 499728.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 39385.39 | 499728.50 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 75.67 | 774.86 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 75.67 | 774.86 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 400000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 83.33 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 83.33 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 75.67 | 400858.19 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 75.67 | 400858.19 |

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) | 39385.39 | 497228.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 83.33 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 39385.39 | 497145.17 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 75.67 | 774.86 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 75.67 | 774.86 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Omar Almallah
Full Name (Last, First, Middle Initial)

Mailing Address 20 Mule Rd

City Toms River State NJ Zip Code 08755-5028

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 28 / 2014
Transaction ID : 6FF87793-2731-4C1B-9

Amount of Each Receipt this Period 83.33

B. Arezo Amirikia
Full Name (Last, First, Middle Initial)

Mailing Address 3535 Franklin Rd

City Bloomfield Hills State MI Zip Code 48302-0961

FEC 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 08 / 26 / 2014
Transaction ID : EF080CD7-64B2-4E52-B

Amount of Each Receipt this Period 365.00

C. Jorge Arroyo
Full Name (Last, First, Middle Initial)

Mailing Address 50 Edgehill Rd

City Brookline State MA Zip Code 02445-7722

FEC 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 08 / 07 / 2014
Transaction ID : 21B049BF-7B00-48CE-A

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 948.33

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Joe Arterberry
Full Name (Last, First, Middle Initial)

Mailing Address 224 E Broadway Ste 110

City Louisville State KY Zip Code 40202-2016

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **08 / 28 / 2014**

Transaction ID : EEE35AFD-9CCB-4406-B

Amount of Each Receipt this Period **41.67**

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

Mailing Address PO Box 361142

City San Juan State PR Zip Code 00936-1142

FEC 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 **08 / 07 / 2014**

Transaction ID : 567B2DEC-4CD3-4693-8

Amount of Each Receipt this Period **250.00**

C. Penny Asbell
Full Name (Last, First, Middle Initial)

Mailing Address 1 Gustave L Levy Place, Box 1183

City New York State NY Zip Code 10029-6500

FEC 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 **08 / 06 / 2014**

Transaction ID : E6E4FD5F-D2EE-4003-9

Amount of Each Receipt this Period **365.00**

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) | PAGE 8 OF 43 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

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

Mailing Address 5 Via Encanto

City Santa Barbara State CA Zip Code 93108-1774

FEC 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
 08 / 26 / 2014

Transaction ID : C112673E-8A2B-4297-9

Amount of Each Receipt this Period
 365.00

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

Mailing Address 9301 W 74th St. Suite 210

City Shawnee Mission State KS Zip Code 66204

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : 99D2C6BA-5550-413B-B

Amount of Each Receipt this Period
 41.67

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

Mailing Address 1955 NW Northrup St

City Portland State OR Zip Code 97209-1614

FEC 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
 08 / 13 / 2014

Transaction ID : A4C7B697-F17E-4FB3-A

Amount of Each Receipt this Period
 1000.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1406.67 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Ramanath Bhandari | | Date of Receipt 08 / 28 / 2014 Transaction ID : C7559743-E848-4597-9 |
| Mailing Address 4513 Turtle Bay | | Amount of Each Receipt this Period 101.00 |
| City Springfield | State IL | Zip Code 62711 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 201.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. John Bishop | | Date of Receipt 08 / 06 / 2014 Transaction ID : E8797D33-3D84-412D-B |
| Mailing Address 4707 Everhart Rd Ste 108 | | Amount of Each Receipt this Period 365.00 |
| City Corpus Christi | State TX | Zip Code 78411-2751 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. David Blandford | | Date of Receipt 08 / 15 / 2014 Transaction ID : 93BF8B75-2C08-41E3-9 |
| Mailing Address 1937 Old Main St Ste 2 | | Amount of Each Receipt this Period 83.33 |
| City Maysville | State KY | Zip Code 41056-8956 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 499.98 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 549.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 12 Curtis St

City Meriden State CT Zip Code 06450-5900

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt
08 / 15 / 2014
Transaction ID : A29CE018-CBEB-4520-9

Amount of Each Receipt this Period
41.67

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

Mailing Address 1127 Wilshire Blvd Ste 1620

City Los Angeles State CA Zip Code 90017-4007

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt
08 / 15 / 2014
Transaction ID : D0C34C03-84FF-4028-B

Amount of Each Receipt this Period
83.33

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

Mailing Address 7101 E Carefree Dr

City Carefree State AZ Zip Code 85377-2960

FEC 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
08 / 06 / 2014
Transaction ID : 01C84F96-2F88-4DE1-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **625.00**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Frank Burns
 Full Name (Last, First, Middle Initial)
 Mailing Address 13324 Shelbyville Rd.
 City Louisville State KY Zip Code 40223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 28 / 2014
Transaction ID : FF5A24F3-E2EA-4893-A
 Amount of Each Receipt this Period 83.33

B. Richard Cape
 Full Name (Last, First, Middle Initial)
 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 08 / 01 / 2014
Transaction ID : A699BBB5-88E4-42A9-8
 Amount of Each Receipt this Period 365.00

C. Jack Mabry Mabry Chapman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 28 / 2014
Transaction ID : 93A8DD96-9921-4784-8
 Amount of Each Receipt this Period 83.33

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 531.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Donald Cinotti
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2014

Transaction ID : 71C91A53-4B56-4F6C-9

Amount of Each Receipt this Period
500.00

B. Ernesto Collazo
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 366407

City San Juan State PR Zip Code 00936-6407

FEC 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
 08 / 20 / 2014

Transaction ID : C627F1F5-337B-4DAB-8

Amount of Each Receipt this Period
365.00

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

Mailing Address 12109 Melrose St

City Overland Park State KS Zip Code 66213-1977

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

Name of Employer self Occupation ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014

Transaction ID : 485773BE-A592-4321-9

Amount of Each Receipt this Period
300.00

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1165.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. James Croley III
Full Name (Last, First, Middle Initial)

Mailing Address 613 Del Prado Blvd

City Cape Coral State FL Zip Code 33990

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt
08 / 15 / 2014
Transaction ID : F9B712DA-80B2-4AFF-9

Amount of Each Receipt this Period
83.33

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

Mailing Address 2424 S 90th St Ste 204

City West Allis State WI Zip Code 53227-2455

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **656.69**

Date of Receipt
08 / 15 / 2014
Transaction ID : 9C962131-04F6-41BB-A

Amount of Each Receipt this Period
41.67

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

Mailing Address 4 Cobblestone Ct

City Centerport State NY Zip Code 11721-1163

FEC 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
08 / 06 / 2014
Transaction ID : 631E3545-53C9-4D98-8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **625.00**

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Paul DeGregorio
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Pillsbury St Ste 100
 City Concord State NH Zip Code 03301-3549
 FEC 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
 08 / 01 / 2014
Transaction ID : 54110426-6ACE-43C3-A
 Amount of Each Receipt this Period
 250.00

B. Joseph Doe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Gull Rd
 City Kalamazoo State MI Zip Code 49048-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2014
Transaction ID : F9A62DFB-232C-4A7F-9
 Amount of Each Receipt this Period
 41.67

C. Joseph Doe
 Full Name (Last, First, Middle Initial)
 Mailing Address 1052 Gull Rd
 City Kalamazoo State MI Zip Code 49048-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 608.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014
Transaction ID : 3DF9A069-1F75-47D4-8
 Amount of Each Receipt this Period
 50.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 341.67 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. James Dooner
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 W 38th St
 City Austin State TX Zip Code 78705-1167
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2014
Transaction ID : D8B43848-5BC8-4013-A
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Patrick Droste
 Full Name (Last, First, Middle Initial)
 Mailing Address 4460 Oakleaf Drive SE
 City Grand Rapids State MI Zip Code 49546-3725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2014
Transaction ID : 2478A4D5-D92B-4B20-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

C. Jeffrey Edelstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 2905 W Warner Rd Ste 20
 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)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2014
Transaction ID : ABD13F29-4DB2-48A0-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 125 Secret Lake Rd

City Avon State CT Zip Code 06001-3465

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2014

Transaction ID : 7DDD8143-9579-4540-9

Amount of Each Receipt this Period
41.67

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

Mailing Address 1750 El Camino Real Ste 103

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
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 4DA2D415-C44A-4302-A

Amount of Each Receipt this Period
500.00

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

Mailing Address 112 N Akers St Ste A

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 ▼ **333.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 28 / 2014

Transaction ID : 2AD46132-935F-4A99-8

Amount of Each Receipt this Period
83.33

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Brad Feldman
Full Name (Last, First, Middle Initial)

Mailing Address 1703 S Broad St

City Philadelphia State PA Zip Code 19148-1536

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.35

Date of Receipt
08 / 15 / 2014
Transaction ID : 1FAB8F37-45DB-452C-9

Amount of Each Receipt this Period
41.67

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

Mailing Address 236 Roseberry St

City Phillipsburg State NJ Zip Code 08865

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
08 / 15 / 2014
Transaction ID : F6CED9B0-FBEC-41FB-9

Amount of Each Receipt this Period
83.33

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

Mailing Address 100 Presidential Blvd Ste 100

City Bala Cynwyd State PA Zip Code 19004-1108

FEC 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
08 / 01 / 2014
Transaction ID : 71512286-E388-45AD-A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Martin Fishman
Full Name (Last, First, Middle Initial)

Mailing Address 431 Monterey Ave Ste 3

City Los Gatos State CA Zip Code 95030-5319

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 25 / 2014

Transaction ID : B8C2932B-5E8E-48F4-A

Amount of Each Receipt this Period
500.00

B. Gregory Ford
Full Name (Last, First, Middle Initial)

Mailing Address 2560 Business Park Dr

City Cleveland State TN Zip Code 37311

FEC 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
 08 / 18 / 2014

Transaction ID : 47E2F9E8-065A-4619-8

Amount of Each Receipt this Period
250.00

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

Mailing Address 405 International Dr

City Williamsville State NY Zip Code 14221-5725

FEC 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
 08 / 06 / 2014

Transaction ID : C3226F94-D4A1-45EB-B

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Dean Russell Forgey
Full Name (Last, First, Middle Initial)

Mailing Address 1520 S 70th St Ste 102

City Lincoln State NE Zip Code 68506-1596

FEC 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
08 / 06 / 2014
Transaction ID : **D1266636-9F0E-4AD4-B**

Amount of Each Receipt this Period
500.00

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

Mailing Address 1135 S Sunset Ave Ste 312

City West Covina State CA Zip Code 91790-3965

FEC 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
08 / 07 / 2014
Transaction ID : **ED487323-1E04-42F8-A**

Amount of Each Receipt this Period
365.00

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

Mailing Address 2925 Lord Baltimore Dr Ste 300

City Baltimore State MD Zip Code 21244-2660

FEC 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
08 / 26 / 2014
Transaction ID : **306E12A4-85C8-4811-B**

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3365.00

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 20 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Sidney Gicheru
 Full Name (Last, First, Middle Initial)
 Mailing Address 4385 San Carlos Drive
 City Dallas State TX Zip Code 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 08 / 15 / 2014
Transaction ID : 7656959A-B43B-4D11-B
 Amount of Each Receipt this Period 208.33

B. Michael Gilbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 NE 10th Pl Ste 200
 City Bellevue State WA Zip Code 98005-2487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 08 / 15 / 2014
Transaction ID : A53A5566-FFCD-45E9-A
 Amount of Each Receipt this Period 83.33

C. Holly Gore
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Exposition Blvd
 City New Orleans State LA Zip Code 70118-5719
 FEC 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 08 / 26 / 2014
Transaction ID : A6DBA3C5-713F-4448-8
 Amount of Each Receipt this Period 250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 541.66 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. B. B. Gorman
Full Name (Last, First, Middle Initial)

Mailing Address 1115 5th Ave Ste 1A

City New York State NY Zip Code 10128-0100

FEC 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
 08 / 06 / 2014

Transaction ID : 8F2C8E37-0BAE-4F1E-8

Amount of Each Receipt this Period
 250.00

B. Daniel Greenberg
Full Name (Last, First, Middle Initial)

Mailing Address 800 Austin St Ste 256E

City Evanston State IL Zip Code 60202-3477

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 26 / 2014

Transaction ID : F068601D-50F2-4C3B-8

Amount of Each Receipt this Period
 250.00

C. Kamal Gupta
Full Name (Last, First, Middle Initial)

Mailing Address 19335 Allen Rd

City Brownstown State MI Zip Code 48183

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 11 / 2014

Transaction ID : 19B553B4-5994-4B58-8

Amount of Each Receipt this Period
 500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 22 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Roy Hager
Full Name (Last, First, Middle Initial)
Mailing Address 4255 Carmichael Ct N
City Montgomery State AL Zip Code 36106-3607
FEC 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 **08 / 06 / 2014**
Transaction ID : 2B163F7A-F317-4349-8
Amount of Each Receipt this Period **500.00**

B. Jean Hausheer
Full Name (Last, First, Middle Initial)
Mailing Address 29 NW Burr Oak Dr
City Lawton State OK Zip Code 73507-8923
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.36**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 38485BD7-8C92-4CE1-B
Amount of Each Receipt this Period **41.67**

C. Russell Hayhurst
Full Name (Last, First, Middle Initial)
Mailing Address 901 W 38th St Ste 303
City Austin State TX Zip Code 78705-1162
FEC 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 **08 / 12 / 2014**
Transaction ID : F1924A0E-42F2-484F-A
Amount of Each Receipt this Period **365.00**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Nathan Hesemann
Full Name (Last, First, Middle Initial)
Mailing Address 706 Engelton Dr
City Olivette State MO Zip Code 63132-3423
FEC 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 08 / 28 / 2014
Transaction ID : FE808D4C-DF15-4B85-9
Amount of Each Receipt this Period 500.00

B. Gary Hirshfield
Full Name (Last, First, Middle Initial)
Mailing Address 11 Hillside Ave
City Port Washington State NY Zip Code 11050-2723
FEC 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 08 / 15 / 2014
Transaction ID : DE93C792-8AFA-4383-8
Amount of Each Receipt this Period 41.67

C. William Holcomb
Full Name (Last, First, Middle Initial)
Mailing Address 1813 Kress St NE
City Cullman State AL Zip Code 35058-1565
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 15 / 2014
Transaction ID : 308AFA1E-FF25-4ECE-A
Amount of Each Receipt this Period 83.33

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. G. Baker Hubbard
Full Name (Last, First, Middle Initial)

Mailing Address 1365B Clifton Rd
Ste B4401

City Atlanta State GA Zip Code 30322-1013

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.76**

Date of Receipt
08 / 15 / 2014
Transaction ID : AE1B6C77-552B-48EE-B

Amount of Each Receipt this Period
41.67

B. G. Baker Hubbard
Full Name (Last, First, Middle Initial)

Mailing Address 1365B Clifton Rd NE Ste B4401

City Atlanta State GA Zip Code 30322-1013

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **343.76**

Date of Receipt
08 / 15 / 2014
Transaction ID : F7C10D7C-1A39-454A-9

Amount of Each Receipt this Period
2.08

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

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 ▼ **365.00**

Date of Receipt
08 / 27 / 2014
Transaction ID : 5416A595-7804-4CC7-9

Amount of Each Receipt this Period
365.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 408.75 |
| 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) | PAGE 25 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Morton Israel
 Full Name (Last, First, Middle Initial)
 Mailing Address 770 Magnolia Ave Ste 2D
 City Corona State CA Zip Code 92879-3122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 28 / 2014
Transaction ID : 0879E31D-B81C-44CD-9
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date
 666.64

B. Mark Iverson
 Full Name (Last, First, Middle Initial)
 Mailing Address 81 River St
 City Montpelier State VT Zip Code 05602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 20 / 2014
Transaction ID : 3696C364-CC2F-41D5-A
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

C. Anthony Pruett Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Halton Rd
 City Greenville State SC Zip Code 29607-3403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 07 / 2014
Transaction ID : C1BE4EFB-80BE-40EE-B
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 583.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Full Name (Last, First, Middle Initial)
A. Leslie Jones

Mailing Address 8477 Indian Paintbrush Way

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| Lorton | VA | 22079-5610 |

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 15 | / | 2014 |

Transaction ID : E7569AB0-334A-42DA-8

Amount of Each Receipt this Period
41.67

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

Mailing Address 335 East Parker Road

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Morganton | NC | 28655 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 01 | / | 2014 |

Transaction ID : EA819431-71B7-47F0-A

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Kent Kebert

Mailing Address 1307 Aston Ave

| | | |
|--------|-------|------------|
| City | State | Zip Code |
| McComb | MS | 39648-2898 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 08 | / | 2014 |

Transaction ID : 246B93FB-96CF-410F-A

Amount of Each Receipt this Period
365.00

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. David Kinsler
 Full Name (Last, First, Middle Initial)
 Mailing Address 426 W Main St
 City Salem State VA Zip Code 24153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt
 08 / 15 / 2014
Transaction ID : 52A6A3C6-3257-4670-8
 Amount of Each Receipt this Period
 30.42

B. Ivory Kinslow
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 Thompson
 City El Dorado State AR Zip Code 71730
 FEC 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
 08 / 06 / 2014
Transaction ID : A2F82FB6-D312-497F-A
 Amount of Each Receipt this Period
 250.00

C. Kendra Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 Emerson Pl Apt 4A
 City Boston State MA Zip Code 02114-2214
 FEC 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
 08 / 26 / 2014
Transaction ID : 4C9EF456-6073-40CF-A
 Amount of Each Receipt this Period
 365.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 645.42 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Craig Kliger | | Date of Receipt |
| Mailing Address 100 Galewood Cir | | <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| San Francisco | CA | 94131-1132 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : A34B15AF-E34C-4E5F-A |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Self | Ophthalmologist | <input type="text" value="41.67"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="458.35"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Daniel Krivoy | | Date of Receipt |
| Mailing Address 9808 Venice Blvd Ste 400 | | <input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Culver City | CA | 90232-6807 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : DB90E8BF-FC03-45CD-9 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Self | Ophthalmologist | <input type="text" value="30.42"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="334.58"/> | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Mitchel Lautenberg | | Date of Receipt |
| Mailing Address 601 Route 37 W | | <input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Toms River | NJ | 08755-8050 |
| FEC ID number of contributing federal political committee. | <input type="text" value="C"/> | Transaction ID : 3EFEC655-D4E2-438B-8 |
| Name of Employer | Occupation | Amount of Each Receipt this Period |
| Self | Ophthalmologist | <input type="text" value="500.00"/> |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="500.00"/> | |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="572.09"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Janice Law
Full Name (Last, First, Middle Initial)
Mailing Address 2311 Pierce Ave
City Nashville State TN Zip Code 37232-8808
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **208.35**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 477BFD3C-40EF-4E2B-9
Amount of Each Receipt this Period **41.67**

B. Charles Lederer
Full Name (Last, First, Middle Initial)
Mailing Address 1004 Carondelet Dr Ste 405
City Kansas City State MO Zip Code 64114-4801
FEC 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 **08 / 05 / 2014**
Transaction ID : 5022C3AC-F4C6-49B5-8
Amount of Each Receipt this Period **1000.00**

C. Donna Lee
Full Name (Last, First, Middle Initial)
Mailing Address 1300 Crane St
City Menlo Park State CA Zip Code 94025-4283
FEC 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 **08 / 29 / 2014**
Transaction ID : B76CB1CB-CE30-4A63-8
Amount of Each Receipt this Period **500.00**

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1541.67 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) A. Katherine Lee | | Date of Receipt |
| Mailing Address 222 N 2nd St Ste 215 | | <input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2014"/> |
| City Boise | State ID | Zip Code 83702-6130 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 7DCD2F30-15F2-4A7A-9 |
| Name of Employer Self | | Occupation Ophthalmologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="365.00"/> |
| | | <input type="text" value="365.00"/> |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) B. Jay Harris Levy | | Date of Receipt |
| Mailing Address 184 NE 168th St | | <input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2014"/> |
| City Miami | State FL | Zip Code 33162-3412 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : C9FC68A3-A7C5-42B9-B |
| Name of Employer Self | | Occupation Ophthalmologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="500.00"/> |
| | | <input type="text" value="500.00"/> |

| | | |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) C. Ben Mahan | | Date of Receipt |
| Mailing Address 926 N Jackson St | | <input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2014"/> |
| City Tullahoma | State TN | Zip Code 37388-2300 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Transaction ID : 296A2D55-4C5C-4009-9 |
| Name of Employer Self | | Occupation Ophthalmologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="50.00"/> |
| | | <input type="text" value="615.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="915.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Jeff Maltzman | | Date of Receipt |
| Mailing Address 3565 E. Placita de la Raza | | <input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Tucson | AZ | 85718 |
| FEC ID number of contributing federal political committee. | | Transaction ID : B9D9E0E1-CAD2-49E5-9 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1000.00"/> |
| Name of Employer | Occupation | |
| Self | Ophthalmologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Francis Manning | | Date of Receipt |
| Mailing Address 2115 Noll Dr | | <input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Lancaster | PA | 17603-7600 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 4CE0E67F-83C4-4A14-8 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> |
| Name of Employer | Occupation | |
| Self | Ophthalmologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="500.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Peter Maris Jr. | | Date of Receipt |
| Mailing Address 11 Surrey Ln | | <input type="text" value="08"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> |
| City | State | Zip Code |
| Old Westbury | NY | 11568-1138 |
| FEC ID number of contributing federal political committee. | | Transaction ID : 42A03628-C832-419D-9 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="300.00"/> |
| Name of Employer | Occupation | |
| Self | Ophthalmologist | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="300.00"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | <input type="text" value="1800.00"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value=""/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

A. Benjamin Mason
Full Name (Last, First, Middle Initial)
Mailing Address 3108 Waterbury Dr
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 **208.35**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 5495183B-5CB6-449C-9
Amount of Each Receipt this Period **41.67**

B. Raul Masvidal
Full Name (Last, First, Middle Initial)
Mailing Address 250 SW 42nd Ave
City Miami State FL Zip Code 33134
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **243.36**

Date of Receipt **08 / 15 / 2014**
Transaction ID : B96A17BC-FC8D-4CCD-A
Amount of Each Receipt this Period **30.42**

C. Robert Mathews
Full Name (Last, First, Middle Initial)
Mailing Address 1501 NE Medical Center Dr
City Bend State OR Zip Code 97701-6099
FEC 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 **08 / 28 / 2014**
Transaction ID : DD9A1E95-5EAD-4D03-A
Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **572.09**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Terrence McCanna
Full Name (Last, First, Middle Initial)
Mailing Address 2525 County Trunk I
City Chippewa Falls State WI Zip Code 54729
FEC 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 **08 / 26 / 2014**
Transaction ID : 4CEC136E-FDF4-4BEA-9
Amount of Each Receipt this Period **365.00**

B. Robert Melendez
Full Name (Last, First, Middle Initial)
Mailing Address 735 Grey Hawk Dr NE
City Rio Rancho State NM Zip Code 87144-4709
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **335.63**

Date of Receipt **08 / 15 / 2014**
Transaction ID : 12BC09B5-E099-48BD-B
Amount of Each Receipt this Period **42.00**

C. Michael Edward Edward Migliori
Full Name (Last, First, Middle Initial)
Mailing Address 120 Dudley St Ste 301
City Providence State RI Zip Code 02905-2429
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.03**

Date of Receipt **08 / 28 / 2014**
Transaction ID : 6A0CEFCB-C85B-43EE-9
Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **490.33**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

A. Aaron Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 S Almondell Way
 City The Woodlands State TX Zip Code 77354
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1133.32

Date of Receipt 08 / 28 / 2014
Transaction ID : A29FFB03-2632-4F8B-9
 Amount of Each Receipt this Period 100.00

B. Amalia Miranda
 Full Name (Last, First, Middle Initial)
 Mailing Address 3435 NW 56th St Ste 700
 City Oklahoma City State OK Zip Code 73112-4442
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1031.64

Date of Receipt 08 / 28 / 2014
Transaction ID : BF838137-30C9-48BC-8
 Amount of Each Receipt this Period 83.33

C. Philip Niswander
 Full Name (Last, First, Middle Initial)
 Mailing Address 40 North Union Road
 City Williamsville State NY Zip Code 14221
 FEC 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 08 / 06 / 2014
Transaction ID : 48B20D6C-5C75-4E25-A
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 683.33
TOTAL This Period (last page this line number only)..... ▶

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Douglas Gerald Owen
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Imperial Lakes Rd
 City Richmond State KY Zip Code 40475-8075
 FEC 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
 08 / 29 / 2014
Transaction ID : B279F766-35A2-4A47-9
 Amount of Each Receipt this Period
 250.00

B. Daniel Pluznik
 Full Name (Last, First, Middle Initial)
 Mailing Address 1133 20th St NW Ste B150
 City Washington State DC Zip Code 20036-3424
 FEC 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
 08 / 08 / 2014
Transaction ID : 783C1B9A-EF8E-4A9D-B
 Amount of Each Receipt this Period
 250.00

C. Jonathan Prenner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Galloping Hill
 City Kenilworth State NJ Zip Code 07033-1303
 FEC 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
 08 / 24 / 2014
Transaction ID : A0DD82C1-9674-4A87-B
 Amount of Each Receipt this Period
 500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| 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 36 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. John Riffle
 Full Name (Last, First, Middle Initial)
 Mailing Address 594 Firestone Pl
 City Augusta State GA Zip Code 30907-8955
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 18 / 2014
Transaction ID : C2FDDE2E-BE47-4E31-8
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date 365.00

B. Philip Rizzuto
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St Ste 301
 City Providence State RI Zip Code 02905-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 28 / 2014
Transaction ID : 996E4DBA-DB60-45F9-A
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date 333.36

C. Mark Ruchman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Reservoir Ofc Park Ste 203
 City Southbury State CT Zip Code 06488-3926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 08 / 27 / 2014
Transaction ID : 89C983F1-ABA0-4B25-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date 583.30

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 43 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

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

A. Joseph Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 31455 Winter Place Pkwy
 City Salisbury State MD Zip Code 21804-1891
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2014
Transaction ID : BC25B8B6-3FA8-44C4-B
 Amount of Each Receipt this Period
 500.00

B. Richard Seeger
 Full Name (Last, First, Middle Initial)
 Mailing Address 1015 Ridge Rd
 City Webster State NY Zip Code 14580-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 07 / 2014
Transaction ID : 53D004FC-27EF-4E14-A
 Amount of Each Receipt this Period
 500.00

C. William Segal
 Full Name (Last, First, Middle Initial)
 Mailing Address 3800 Pleasant Hill Rd Ste 3
 City Duluth State GA Zip Code 30096-1428
 FEC 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
 08 / 06 / 2014
Transaction ID : 5AA5A65A-EBA6-429D-8
 Amount of Each Receipt this Period
 250.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1250.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Martin Seremet
Full Name (Last, First, Middle Initial)

Mailing Address 71 Kirkwood Rd

City West Hartford State CT Zip Code 06117

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : B6DFC663-4957-44BA-A

Amount of Each Receipt this Period
500.00

B. Joseph Sidikaro
Full Name (Last, First, Middle Initial)

Mailing Address 435 N Roxbury Dr Ste 410

City Beverly Hills State CA Zip Code 90210-5006

FEC 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
 08 / 18 / 2014

Transaction ID : 7A084C92-0FA0-4A21-9

Amount of Each Receipt this Period
365.00

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

Mailing Address 1371 W Main St

City Newark State OH Zip Code 43055-3676

FEC 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
 08 / 26 / 2014

Transaction ID : B19C8E58-F6FC-46CC-9

Amount of Each Receipt this Period
250.00

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 39 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Cameron Stone | | Date of Receipt 08 / 15 / 2014 Transaction ID : 32B1C2E2-7CE8-46E9-8 |
| Mailing Address 21 Medical Park Dr | | Amount of Each Receipt this Period 208.33 |
| 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1041.65 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Abraham Suhr | | Date of Receipt 08 / 06 / 2014 Transaction ID : 5E8F2042-36D7-4AF3-9 |
| Mailing Address 3551 Roger Brooke Dr | | Amount of Each Receipt this Period 500.00 |
| City JBSA Fort Sam Hous | State TX | Zip Code 78234-6315 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Howard Tessler | | Date of Receipt 08 / 14 / 2014 Transaction ID : 803C2384-A0AA-45E9-9 |
| Mailing Address 48 S Greenleaf Ave | | Amount of Each Receipt this Period 250.00 |
| City Gurnee | State IL | Zip Code 60031 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 958.33 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Randall Tozer
Full Name (Last, First, Middle Initial)
Mailing Address 9811 N 95th St Ste 101

| | | |
|--------------------|-------------|------------------------|
| City Scottsdale | State AZ | Zip Code 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 ▼
865.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 06 | / | 2014 |

Transaction ID : 1B69B55B-A4FF-4EAA-9

Amount of Each Receipt this Period
365.00

B. Alan Wagner
Full Name (Last, First, Middle Initial)
Mailing Address 5520 Greenwich Rd Ste 204

| | | |
|------------------------|-------------|------------------------|
| City Virginia Beach | State VA | Zip Code 23462-6541 |
|------------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.65

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 15 | / | 2014 |

Transaction ID : 2C703BE0-E371-4BEA-A

Amount of Each Receipt this Period
83.33

C. Tay Weinman
Full Name (Last, First, Middle Initial)
Mailing Address 571 West 7th St

| | | |
|-------------------|-------------|------------------------|
| City San Pedro | State CA | Zip Code 90731-3115 |
|-------------------|-------------|------------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
583.38

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 15 | / | 2014 |

Transaction ID : 678F09A2-2303-4190-A

Amount of Each Receipt this Period
41.67

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 490.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

Mailing Address 571 West 7th St

City San Pedro State CA Zip Code 90731-3115

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.38**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2014

Transaction ID : 59880E27-CC36-4423-A

Amount of Each Receipt this Period
41.67

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

Mailing Address 13303 Tesson Ferry Rd Ste 100

City Saint Louis State MO Zip Code 63128-4062

FEC 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
 08 / 15 / 2014

Transaction ID : 74CCA2B7-39F8-4B73-9

Amount of Each Receipt this Period
125.00

C. Brian Wnorowski
Full Name (Last, First, Middle Initial)

Mailing Address 530 Lakehurst Rd Ste 206

City Toms River State NJ Zip Code 08755-8063

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : A8FDCA11-ADDA-4F92-B

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **666.67**

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 43 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

A. Eugene Wolchok
Full Name (Last, First, Middle Initial)

Mailing Address 3636 University Blvd S Ste A2

City Jacksonville State FL Zip Code 32216-4210

FEC 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 08 / 12 / 2014
Transaction ID : 4389C2FC-AA85-4E2E-8

Amount of Each Receipt this Period 500.00

B. Lauren Yancey
Full Name (Last, First, Middle Initial)

Mailing Address 400 Scenic View Ln

City Carrollton State GA Zip Code 30116-1856

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

Date of Receipt 08 / 28 / 2014
Transaction ID : E22994BC-6E65-4679-8

Amount of Each Receipt this Period 30.42

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

Mailing Address 56 Waterway Island Dr

City Isle of Palms State SC Zip Code 29451

FEC 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 08 / 06 / 2014
Transaction ID : 32095168-4616-4E60-8

Amount of Each Receipt this Period 500.00

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1030.42 |
| TOTAL This Period (last page this line number only).....▶ | 33323.43 |

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Aug 2014

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 48541BDF7B454B2A4AA

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

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

/ /

Amount of Each Disbursement this Period

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

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