

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	455910.36	
(c) Total Receipts (from Line 19)	31025.01	31025.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	486935.37	486935.37
7. Total Disbursements (from Line 31).....	19527.38	19527.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	467407.99	467407.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23350.00	23350.00
(ii) Unitemized	7675.01	7675.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31025.01	31025.01
(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)	31025.01	31025.01
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	0.00
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))..... ▶	31025.01	31025.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31025.01	31025.01

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	745.04	745.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	745.04	745.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
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	2782.34	2782.34
(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)).....	2782.34	2782.34
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)) ..	19527.38	19527.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19527.38	19527.38

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)	31025.01	31025.01
34. Total Contribution Refunds (from Line 28(d))	2782.34	2782.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28242.67	28242.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	745.04	745.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	745.04	745.04

**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 22
	<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. Steven Andersen
Full Name (Last, First, Middle Initial)

Mailing Address 38707 Stivers St
Ste B

City Fremont State CA Zip Code 94536-5337

FEC 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
01 / 04 / 2012
Transaction ID : **DB4397DD851CE1C50EA**

Amount of Each Receipt this Period
500.00

B. Priscilla Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 386 Crooked Ln

City Blue Eye State MO Zip Code 65611-8318

FEC 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
01 / 07 / 2012
Transaction ID : **DEABD750-DB5C-4008-**

Amount of Each Receipt this Period
250.00

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

Mailing Address 790 Concourse Pkwy S
Ste 200

City Maitland State FL Zip Code 32751-6114

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
01 / 11 / 2012
Transaction ID : **082D296D03ED165D1E3**

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Azar
 Full Name (Last, First, Middle Initial)
 Mailing Address 2571 Mosside Blvd
 East Suburban Ophth Assoc
 City Monroeville State PA Zip Code 15146-3576
 FEC 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
 01 / 08 / 2012
Transaction ID : 1577D03C-DF30-419A-
 Amount of Each Receipt this Period
 365.00

B. Sterling Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 14000 N Portland Ave
 Ste 101
 City Oklahoma City State OK Zip Code 73134-4004
 FEC 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
 01 / 05 / 2012
Transaction ID : 9C409553A5D33A4BDF4
 Amount of Each Receipt this Period
 365.00

C. Janet Betchkal
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Shircliff Way
 Dillon Building Suite 134
 City Jacksonville State FL Zip Code 32204-4757
 FEC 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
 01 / 01 / 2012
Transaction ID : D4105771-F1B1-4878-
 Amount of Each Receipt this Period
 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Janet Betchkal
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Shircliff Way
 Dillon Building Suite 134
 City Jacksonville State FL Zip Code 32204-4757
 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
 01 / 01 / 2012
Transaction ID : D7525E77-C43B-4943-
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : D7F596B8E26A9EDC69B
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

C. 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)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 10 / 2012
Transaction ID : FC6993ED87CD21F1E1A
 Amount of Each Receipt this Period
 5000.00
 Aggregate Year-to-Date ▼
 5000.00

SUBTOTAL of Receipts This Page (optional).....	6365.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. S. William William Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : 47E7B9E8C80756DE3B2F
 Amount of Each Receipt this Period
 416.66

B. Linda Day
 Full Name (Last, First, Middle Initial)
 Mailing Address 6309 Evanston Ave N
 City Seattle State WA Zip Code 98103-5642
 FEC 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
 01 / 20 / 2012
Transaction ID : B0376A90-0E8A-43A2-
 Amount of Each Receipt this Period
 365.00

C. Anna Luisa Luisa Di Lorenzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 2877 Crooks Rd Ste B
 City Troy State MI Zip Code 48084-4717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2012
Transaction ID : 4CF19E5F438574F4070F
 Amount of Each Receipt this Period
 208.34

SUBTOTAL of Receipts This Page (optional).....▶	990.00
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 10 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
	<input type="checkbox"/> 12 <input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. David Durfee
 Full Name (Last, First, Middle Initial)
 Mailing Address 616 SE Manchester Pl
 City Portland State OR Zip Code 97202-9012
 FEC 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
 01 / 06 / 2012
Transaction ID : 68F4B1AD-91C2-4BB4-
 Amount of Each Receipt this Period
 500.00

B. Albert Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 1550 Oak St Ste 4
 City Eugene State OR Zip Code 97401-7701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2012
Transaction ID : 480A5044-968C-488F-
 Amount of Each Receipt this Period
 750.00

C. Robert Gold
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Pkwy S Ste 200
 City Maitland State FL Zip Code 32751-6114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 05 / 2012
Transaction ID : 65AC1EA060F8568170E
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1615.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Cynthia Hampton
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 Saddletree Rd
 City Oxford State NC Zip Code 27565-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 04 / 2012
Transaction ID : 9978E39154CE1384FAA
 Amount of Each Receipt this Period
 1000.00

B. Jamie Ikeda
 Full Name (Last, First, Middle Initial)
 Mailing Address 14239 Bluebird Park Rd
 City Windermere State FL Zip Code 34786-3127
 FEC 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
 01 / 05 / 2012
Transaction ID : BF90DD01FE0D4D5B16B
 Amount of Each Receipt this Period
 365.00

C. Michael Ip
 Full Name (Last, First, Middle Initial)
 Mailing Address 3420 Viburnum Dr
 City Madison State WI Zip Code 53705-1443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 199.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 08 / 2012
Transaction ID : 741A9592-58F5-4C25-
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	1564.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Michael Ip		Date of Receipt MM / DD / YYYY 01 / 08 / 2012 Transaction ID : EB5C14DD-746E-4084-
Mailing Address 3420 Viburnum Dr		Amount of Each Receipt this Period 199.00
City Madison	State WI	Zip Code 53705-1443
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 199.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Izbrand		Date of Receipt MM / DD / YYYY 01 / 05 / 2012 Transaction ID : D5617EFBFB88A5A4C26
Mailing Address 1750 Pine St Ste 4		Amount of Each Receipt this Period 1000.00
City Abilene	State TX	Zip Code 79601-3044
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Earl Lawrence Jordan		Date of Receipt MM / DD / YYYY 01 / 05 / 2012 Transaction ID : BD977801F9831C03343
Mailing Address PO Box 1270		Amount of Each Receipt this Period 365.00
City Joplin	State MO	Zip Code 64802-1270
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1564.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Mark Krawitz		Date of Receipt										
Mailing Address 65 Mountain Blvd Ext		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>05</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		05		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
01		05		2012								
City	State	Zip Code										
Warren	NJ	07059-2632										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>											
		Transaction ID : D8FB03EFB5E24634759										
		Amount of Each Receipt this Period										
		<input type="text" value="365.00"/>										

Full Name (Last, First, Middle Initial) B. Eligijus Lelis		Date of Receipt										
Mailing Address 14488 Hawthorne Dr		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>11</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		11		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
01		11		2012								
City	State	Zip Code										
Lemont	IL	60439-9126										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.00"/>											
		Transaction ID : 46950DC7FCF5F89E531										
		Amount of Each Receipt this Period										
		<input type="text" value="365.00"/>										

Full Name (Last, First, Middle Initial) C. Mark Lindsay		Date of Receipt										
Mailing Address 2725 E 29th St		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>13</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	01		13		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
01		13		2012								
City	State	Zip Code										
Bryan	TX	77802-2504										
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>											
Name of Employer	Occupation											
Self	Ophthalmologist											
Receipt For:	Aggregate Year-to-Date ▼											
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>											
		Transaction ID : F0B3CA755653DDFECAF										
		Amount of Each Receipt this Period										
		<input type="text" value="300.00"/>										

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1030.00"/>
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 14 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kenneth Low
Full Name (Last, First, Middle Initial)

Mailing Address 38707 Stivers St
Ste B

City Fremont State CA Zip Code 94536-5337

FEC 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
01 / 05 / 2012
Transaction ID : 652EFDD590CEC56B8CB

Amount of Each Receipt this Period
500.00

B. Jonathan Lowry
Full Name (Last, First, Middle Initial)

Mailing Address 335 E Parker Rd

City Morganton State NC Zip Code 28655-5112

FEC 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
01 / 05 / 2012
Transaction ID : 1025F7B26427B4A1A92

Amount of Each Receipt this Period
1000.00

C. William Maxwell
Full Name (Last, First, Middle Initial)

Mailing Address 1360 E Herndon Ave
Ste 401

City Fresno State CA Zip Code 93720-3326

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
01 / 05 / 2012
Transaction ID : 897441C53AC6759576D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Karen Nixon		Date of Receipt
Mailing Address N5390 Rancho Viejo Rd		MM / DD / YYYY 01 / 05 / 2012
City	State	Zip Code
Fond Du Lac	WI	54937-9373
FEC ID number of contributing federal political committee. C		Transaction ID : F29168683290035A125
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) B. Ethiraj Ramchander		Date of Receipt
Mailing Address 1007 Juliette Blvd		MM / DD / YYYY 01 / 06 / 2012
City	State	Zip Code
Mount Dora	FL	32757-6501
FEC ID number of contributing federal political committee. C		Transaction ID : C554D9E5CE1DAAED210
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	365.00	

Full Name (Last, First, Middle Initial) C. David Richardson		Date of Receipt
Mailing Address 207 S Santa Anita Ave Ste P25		MM / DD / YYYY 01 / 26 / 2012
City	State	Zip Code
San Gabriel	CA	91776-1145
FEC ID number of contributing federal political committee. C		Transaction ID : 47079DC5760562D17217
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		317.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	317.00	

SUBTOTAL of Receipts This Page (optional).....▶	1682.00
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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Catherine Rommel
 Full Name (Last, First, Middle Initial)
 Mailing Address 2115 Noll Dr
 City Lancaster State PA Zip Code 17603-7600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2012
Transaction ID : DDAB228F97B56A8429C
 Amount of Each Receipt this Period
 250.00

B. Brian Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 138 W Avon Pkwy
 City Asheville State NC Zip Code 28804-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2012
Transaction ID : 184B789A-79E0-4ED1-
 Amount of Each Receipt this Period
 350.00

C. Richard Storm
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 E Park Ave
 City Long Beach State NY Zip Code 11561-3600
 FEC 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
 01 / 05 / 2012
Transaction ID : D7B7C53403BB1FA663E
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	965.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Frank Stephen Teed		Date of Receipt 01 / 18 / 2012 Transaction ID : 99F155402BD33FC5BDF
Mailing Address 2914 Cypress Rd		Amount of Each Receipt this Period 1000.00
City Arkadelphia	State AR	Zip Code 71923-4227
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Victor Thomas		Date of Receipt 01 / 11 / 2012 Transaction ID : 484E0DC56FDE6CF8AD0
Mailing Address 790 Concourse Pkwy S Ste 200		Amount of Each Receipt this Period 365.00
City Maitland	State FL	Zip Code 32751-6114
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <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. Lyle Thorstenson		Date of Receipt 01 / 11 / 2012 Transaction ID : 1C3953CE0ABB0E5CB0D
Mailing Address PO Box 632020		Amount of Each Receipt this Period 1000.00
City Nacogdoches	State TX	Zip Code 75963-2020
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2365.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Steven Young

Mailing Address 1300 N 500 E
Ste 220

City Logan State UT Zip Code 84341-2472

FEC 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
01 / 05 / 2012

Transaction ID : AFB829822FAAADD9EA

Amount of Each Receipt this Period
365.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	365.00
TOTAL This Period (last page this line number only).....▶	23350.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Jan 2012

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 5B4A4B6461113B9ADC6

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Jan 2012

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : D1D56683E365A96F747

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)..... ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2012

Mailing Address 430 South Capitol Street, SE
2nd Floor

Transaction ID : 88780-5895196795463

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2012 Primary Contribution

011
Category/ Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Dutch Ruppersberger for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	19	/	2012

Mailing Address 22 W. Padonia Road
Suite C-141

Transaction ID : 88780-2836114764213

City Timonium State MD Zip Code 21093

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2012 Primary Contribution

011
Category/ Type

Candidate Name

C.A. Dutch Ruppersberger

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: MD District: 02

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) Contribution

State: District:

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

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

16000.00

16000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Janet Betchkal

Mailing Address 3 Shircliff Way
Dillon Building Suite 134

City Jacksonville State FL Zip Code 32204-4757

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2012

Transaction ID : FF5FF9CCF9FFBA4BD6B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cynthia Hampton

Mailing Address 238 Saddletree Rd

City Oxford State NC Zip Code 27565-3466

Purpose of Disbursement
CC Charge refunded same day as received.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2012

Transaction ID : 9421AFC468C1A35E259

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Ip

Mailing Address 3420 Viburnum Dr

City Madison State WI Zip Code 53705-1443

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 27 / 2012

Transaction ID : 0AC7C74C670033813BB

Amount of Each Disbursement this Period

199.00

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

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

2199.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Edward Edward Migliori

Mailing Address 120 Dudley St
Ste 301

City Providence State RI Zip Code 02905-2429

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : 034F63035C91376A381

Amount of Each Disbursement this Period

83.34

Full Name (Last, First, Middle Initial)

B. Anthony Villanueva

Mailing Address 901 Campus Dr
Ste 203

City Daly City State CA Zip Code 94015-4930

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : F8742738B869F98B169

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

583.34

2782.34