FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

☐ Check if different than previously reported. (ACC)

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

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

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☒ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 11 / 01 / 2011 through 11 / 30 / 2011

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 12 / 16 / 2011

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

Office Use Only							

FEC FORM 3X
Rev. 12/2004

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 11 / 01 / 2011 To: 11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		353076.28
(b) Cash on Hand at Beginning of Reporting Period	432467.43	
(c) Total Receipts (from Line 19)	67776.14	568059.69
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	500243.57	921135.97
7. Total Disbursements (from Line 31)	13575.27	434467.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	486668.30	486668.30
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M 11 / D D 01 / Y Y Y Y 2011 To: M M 11 / D D 30 / Y Y Y Y 2011

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)	54430.37	458676.45
(ii) Unitemized	13345.77	108798.24
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	67776.14	567474.69
(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) ▶	67776.14	567474.69
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	585.00
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)) ▶	67776.14	568059.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	67776.14	568059.69

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	2011.27	22508.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	2011.27	22508.33
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	8500.00	401700.00
24. Independent Expenditures (use Schedule E)	0.00	3900.00
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	3064.00	6359.34
(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)) ▶	3064.00	6359.34
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))	13575.27	434467.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	13575.27	434467.67

DETAILED SUMMARY PAGE
of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	67776.14	567474.69
34. Total Contribution Refunds (from Line 28(d))	3064.00	6359.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64712.14	561115.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2011.27	22508.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2011.27	22508.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Patrick Aiello
Mailing Address: 275 W 28th St
Attn: Marlene
City: Yuma State: AZ Zip Code: 85364-7308
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 833.40
Date of Receipt: 11 / 28 / 2011
Transaction ID : 458F91F25987F0E774CC
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Peter Amaral
Mailing Address: 635 Medical Pkwy
City: Brenham State: TX Zip Code: 77833-5412
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11 / 24 / 2011
Transaction ID : 4AF18564DF362CC771EC
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Aaron Appiah
Mailing Address: 2280 Wednesday St
City: Tallahassee State: FL Zip Code: 32308-4387
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11 / 04 / 2011
Transaction ID : 5EC9D3573F73CB20B61
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 473.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Warren Appleman
Mailing Address: 66 E 79th St
City: New York | State: NY | Zip Code: 10075-0244
FEC 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: 11 / 26 / 2011
Transaction ID : 41BAB0A4F414327EE5E4
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Joe Arterberry
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 ▼: 583.34
Date of Receipt: 11 / 11 / 2011
Transaction ID : E0682A5A158DB63A6B9
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): James Arthur
Mailing Address: 3769 Crossings Dr
City: Prescott | State: AZ | Zip Code: 86305-7121
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 11 / 02 / 2011
Transaction ID : F19BDAFF91E0E4CF9C2
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Joseph Barron
Mailing Address: 3101 Mercedes Dr
City: Monroe State: LA Zip Code: 71201-5153
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/30/2011
Transaction ID : 00D6ED4F415B5C90533
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Arthur Basham
Mailing Address: 212 Oak Meadow Dr
City: Los Gatos State: CA Zip Code: 95032-4407
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 11/18/2011
Transaction ID : 7983E0DDD0A2AA20A69
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Rulon Beesley
Mailing Address: 44404 16th St W Ste 102
City: Lancaster State: CA Zip Code: 93534-2839
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 11/04/2011
Transaction ID : 0CF2D89F1362B8904D0
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1095.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Stanley Berke
Mailing Address: 360 Merrick Rd, Fl 3
City: Lynbrook State: NY Zip Code: 11563-2526
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 274.00
Date of Receipt: 11/10/2011
Transaction ID : DA516376EDAA616F118
Amount of Each Receipt this Period: 199.00

B. Full Name (Last, First, Middle Initial): Andrew Berman
Mailing Address: 9630 Kenton Ave
City: Skokie State: IL Zip Code: 60076-1216
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 11/02/2011
Transaction ID : 91C1F1C45A58CCAC0D2
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Daniel Bernstein
Mailing Address: 451 Ruin Creek Rd, Ste 204
City: Henderson State: NC Zip Code: 27536-5920
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 425.82
Date of Receipt: 11/02/2011
Transaction ID : A2A1E34B3DC453FE0AC
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 929.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Daniel Bernstein
Mailing Address: 451 Ruin Creek Rd, Ste 204
City: Henderson State: NC Zip Code: 27536-5920
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 425.82
Date of Receipt: 11 / 08 / 2011
Transaction ID : 4A69B38515876DB92336
Amount of Each Receipt this Period: 30.41

B. Full Name (Last, First, Middle Initial): David Blandford
Mailing Address: 1937 Old Main St, Ste 2
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: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.06
Date of Receipt: 11 / 30 / 2011
Transaction ID : 43B0B8A2150D1A0FF4B2
Amount of Each Receipt this Period: 83.34

C. Full Name (Last, First, Middle Initial): Chadwick Brasington
Mailing Address: 1016 Kirkpatrick Rd
City: Burlington State: NC Zip Code: 27215-9714
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 334.51
Date of Receipt: 11 / 07 / 2011
Transaction ID : 47CD9D1D17EAF3EEB199
Amount of Each Receipt this Period: 30.41

SUBTOTAL of Receipts This Page (optional) ▶ 144.16

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): William Bridges Jr.
Mailing Address: 21 Medical Park Dr
City: Asheville State: NC Zip Code: 28803-2493
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.04
Date of Receipt: 11 / 22 / 2011
Transaction ID : 4E57A71E37D432454D03
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Jeremiah Brown
Mailing Address: 17319 Interstate 35 N Ste 303
City: Schertz State: TX Zip Code: 78154-1282
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 249.00
Date of Receipt: 11 / 11 / 2011
Transaction ID : 6D54231BD5B4FFAAC04
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial): Lisa Sharon Bunin
Mailing Address: 1611 Pond Rd Paragon Center, Ste 403
City: Allentown State: PA Zip Code: 18104-2258
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 699.00
Date of Receipt: 11 / 21 / 2011
Transaction ID : CB2F206E9200C4EDB67
Amount of Each Receipt this Period: 199.00

SUBTOTAL of Receipts This Page (optional) ▶ 332.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): John Burchfield
Mailing Address: 2865 N Reynolds Rd, Ste 170
City: Toledo State: OH Zip Code: 43615-2076
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11/18/2011
Transaction ID : 42B7BC182875BD2509E9
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial): Frank Burns
Mailing Address: 13324 Shelbyville Rd
City: Louisville State: KY Zip Code: 40223-3936
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.06
Date of Receipt: 11/06/2011
Transaction ID : 4F43BDEAEE7CC1BABD87
Amount of Each Receipt this Period: 83.34

C. Full Name (Last, First, Middle Initial): F. Keith Busse
Mailing Address: 4700 Seton Center Pkwy, Ste 150
City: Austin State: TX Zip Code: 78759-5711
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/02/2011
Transaction ID : 0D117110E87851E03B8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 473.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Thomas Byrd
Mailing Address: 3677 Fort St
City: Lincoln Park | State: MI | Zip Code: 48146-4116
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 11 / 02 / 2011
Transaction ID : 82A67A7C1FE3260D322
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Mark Cabin
Mailing Address: 1555 Barrington Rd Ste 120
City: Hoffman Estates | State: IL | Zip Code: 60169-1062
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 398.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : 16F5CC513BBBEF385C0
Amount of Each Receipt this Period: 199.00

C. Full Name (Last, First, Middle Initial): Hak Chung
Mailing Address: 3520 Moye Trl
City: Duluth | State: GA | Zip Code: 30097-6216
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 708.35
Date of Receipt: 11 / 07 / 2011
Transaction ID : 1C80D5C7744ECC82E5B
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1699.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Hak Chung
Mailing Address: 3520 Moye Trl
City: Duluth State: GA Zip Code: 30097-6216
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 708.35
Date of Receipt: 11 / 09 / 2011
Transaction ID : 45F6A458D69ED17006F3
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Donald Cinotti
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: 1100.00
Date of Receipt: 11 / 18 / 2011
Transaction ID : 4A07B2A4D48565B8B223
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): S. William William Clark
Mailing Address: 502 Isabella St
City: Waycross State: GA Zip Code: 31501-3638
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 4583.26
Date of Receipt: 11 / 23 / 2011
Transaction ID : 445DAA6841FBB29B65FA
Amount of Each Receipt this Period: 416.66

SUBTOTAL of Receipts This Page (optional) ▶ 558.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Christopher Coad
Mailing Address: 157 W 19th St
City: New York | State: NY | Zip Code: 10011-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 11/02/2011
Transaction ID : 41060E55EC4465F175E
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial): Christopher Coad
Mailing Address: 157 W 19th St
City: New York | State: NY | Zip Code: 10011-4102
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 11/14/2011
Transaction ID : 4F3F9AC60EBC75575DE2
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Scott Corin
Mailing Address: 500 Faunce Corner Rd Bldg 100
City: North Dartmouth | State: MA | Zip Code: 02747-1278
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/20/2011
Transaction ID : 78D9F27D-3326-4A80-
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Russell Crain
Mailing Address: 11011 Hefner Pointe Dr, Ste B
City: Oklahoma City State: OK Zip Code: 73120-5005
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11/17/2011
Transaction ID : 46A49160F0A2B68059ED
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): Daniel Day
Mailing Address: 8401 Golden Valley Rd, Ste 330
City: Golden Valley State: MN Zip Code: 55427-4488
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/30/2011
Transaction ID : BB062FA0349605570AB
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Gary Denslow
Mailing Address: 6606 S Yale Ave, Ste 110
City: Tulsa State: OK Zip Code: 74136-3364
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/14/2011
Transaction ID : 31A5EB348DBDCDB72B3
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 915.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Brian Desmond
Mailing Address: 1501 NE Medical Center Dr
City: Bend State: OR Zip Code: 97701-6051
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 21 / 2011
Transaction ID : 9D46CEC8-559D-4198-
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Andrew Doan
Mailing Address: 31515 Rancho Pueblo Rd Ste 103
City: Temecula State: CA Zip Code: 92592-4837
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.36
Date of Receipt: 11 / 07 / 2011
Transaction ID : 48B197961D0445622DB2
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Joseph Doe
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: 334.62
Date of Receipt: 11 / 18 / 2011
Transaction ID : 43C2AEB84B53731F3A05
Amount of Each Receipt this Period: 30.42

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

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

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

A. Full Name (Last, First, Middle Initial): John Downing
Mailing Address: 985 Matlock Rd
City: Bowling Green State: KY Zip Code: 42104-7408
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 11 / 10 / 2011
Transaction ID : 982FD03EEFF53ED6C0F
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): James Dunagin
Mailing Address: 220 N 6th St
City: McAlester State: OK Zip Code: 74501-4738
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 398.00
Date of Receipt: 11 / 10 / 2011
Transaction ID : 869158170697D4F2534
Amount of Each Receipt this Period: 199.00

C. Full Name (Last, First, Middle Initial): Srinivas Dutt
Mailing Address: 12214 Cortez Blvd
City: Brooksville State: FL Zip Code: 34613-2631
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 11 / 07 / 2011
Transaction ID : 9D4CF9CF89FA4AD585C
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 774.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Martin Edwards
Mailing Address: 499 Farmington Ave
City: Farmington State: CT Zip Code: 06032-1943
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 565.00
Date of Receipt: 11/02/2011
Transaction ID : 4EB571D220A61B9CC55
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): William Ehlers
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: 333.36
Date of Receipt: 11/12/2011
Transaction ID : 482D8DCA2A4C285A1E92
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): John Stuart Ettenson
Mailing Address: 1 Theall Rd
City: Rye State: NY Zip Code: 10580-1404
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11/24/2011
Transaction ID : 025BAA76-CDDD-4F25-
Amount of Each Receipt this Period: 250.00

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

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

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

A. Full Name (Last, First, Middle Initial): Paul Fecko
Mailing Address: 195 W Brown St
City: Birmingham State: MI Zip Code: 48009-6018
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1050.00
Date of Receipt: 11/02/2011
Transaction ID : 8BD6CDD33E2EC29C8B9
Amount of Each Receipt this Period: 550.00

B. Full Name (Last, First, Middle Initial): Robert Fier
Mailing Address: 1441 SE Ocean Blvd
City: Stuart State: FL Zip Code: 34996-2613
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 11/02/2011
Transaction ID : 6A857F65F2B2BFDA4B8
Amount of Each Receipt this Period: 375.00

C. Full Name (Last, First, Middle Initial): James Finegan
Mailing Address: 236 Roseberry St
City: Phillipsburg State: NJ Zip Code: 08865-1632
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.72
Date of Receipt: 11/07/2011
Transaction ID : 48DAB77F0A301BB85AA3
Amount of Each Receipt this Period: 83.34

SUBTOTAL of Receipts This Page (optional) ▶ 1008.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Martin Fishman
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: 11 / 05 / 2011
Transaction ID : 14840881-8FDE-4791-
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Robert Ford
Mailing Address: 2517 NE Kresky Ave
City: Chehalis State: WA Zip Code: 98532-2409
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : 79A0DC83EE8803666B8
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Thomas Gardner
Mailing Address: 756 Marion St
City: Denver State: CO Zip Code: 80218-3434
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : 7CB44E4090E209C5C03
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 5865.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Sunir Garg
Mailing Address: 840 Walnut St, Ste 1020
City: Philadelphia State: PA Zip Code: 19107-5109
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 304.20
Date of Receipt: 11 / 27 / 2011
Transaction ID : 4585ABFF5143FEEE44DB
Amount of Each Receipt this Period: 30.42

B. Full Name (Last, First, Middle Initial): Samuel Garrett
Mailing Address: 1524 Shorehaven Ct
City: Virginia Beach State: VA Zip Code: 23454-1718
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 22 / 2011
Transaction ID : DADBBFA0-AA77-4F2C-
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Joel Geffin
Mailing Address: 1201 W Main St
City: Waterbury State: CT Zip Code: 06708-3105
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 / 03 / 2011
Transaction ID : 8AABD40D-6843-443A-
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 780.42

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

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

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

A. Full Name (Last, First, Middle Initial): Michael Gilbert
Mailing Address: 12301 NE 10th Pl, Ste 200
City: Bellevue State: WA Zip Code: 98005-2487
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.72
Date of Receipt: 11/03/2011
Transaction ID : 4485B8E574564F59F38A
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Michael Gingold
Mailing Address: 499 Farmington Ave, Ste 100
City: Farmington State: CT Zip Code: 06032-1933
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/22/2011
Transaction ID : C92CAC046C3A4CB5EBF
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Jeffrey Goldstein
Mailing Address: 51 Robinhood Rd
City: Asheville State: NC Zip Code: 28804-1635
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/19/2011
Transaction ID : DF16A223-AFA2-4E7E-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Carlos Gonzales
Mailing Address: 2855 Gramercy St
City: Houston State: TX Zip Code: 77025-1756
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11/02/2011
Transaction ID : 7152014DFC6EFEE04FB
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): John Douglas Goosey
Mailing Address: 6545 Rutgers Ave
City: Houston State: TX Zip Code: 77005-3850
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00

Date of Receipt: 11/28/2011
Transaction ID : 46BF8F8B91ED3A5605EF
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Edward Graul
Mailing Address: 251 Moosa Blvd
City: Eunice State: LA Zip Code: 70535-3638
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: 855.01

Date of Receipt: 11/11/2011
Transaction ID : C912CA0C2E7C5CB5F79
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Robert Green Jr.
Mailing Address: 414 Navarro St, Ste 400
City: San Antonio State: TX Zip Code: 78205-2505
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/02/2011
Transaction ID : 7C127783EF4B9718D3C
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Erich Groos
Mailing Address: 2400 Patterson St, Ste 201
City: Nashville State: TN Zip Code: 37203-1587
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.72
Date of Receipt: 11/16/2011
Transaction ID : 4822BAFEF436C5040FF8
Amount of Each Receipt this Period: 83.34

C. Full Name (Last, First, Middle Initial): Donald Hall Jr.
Mailing Address: 3303 Indiana Ave
City: Vicksburg State: MS Zip Code: 39180-4540
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 865.00
Date of Receipt: 11/14/2011
Transaction ID : 86D9ECE11E0CA4650B0
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 948.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Richard Hamilton
Mailing Address: 250 Avenue K SW, Ste 200
City: Winter Haven State: FL Zip Code: 33880-3919
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/02/2011
Transaction ID : 1DAB4AE8-1FA9-4532-
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Mark Hammer
Mailing Address: 602 S Macdill Ave
City: Tampa State: FL Zip Code: 33609-4614
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11/19/2011
Transaction ID : 2FE38705-1C6A-4C0D-
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): H. King Hartman
Mailing Address: 516 Pellis Rd
City: Greensburg State: PA Zip Code: 15601-4592
FEC 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: 11/02/2011
Transaction ID : 6F3C73306F99D23A9C2
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1665.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Dr

City: Wilmington
State: NC
Zip Code: 28403-5345

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 11 / 2011

Transaction ID : 4E7AB97553FEE76058B7

Amount of Each Receipt this Period: 50.00

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

Mailing Address 22 W Colt Square Dr
Henry Eye Clinic

City: Fayetteville
State: AR
Zip Code: 72703-2813

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 11 / 02 / 2011

Transaction ID : 226388DA58ABF3E9E54

Amount of Each Receipt this Period: 500.00

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

Mailing Address 3412 W Centre Ave

City: Portage
State: MI
Zip Code: 49024-4624

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For:
[ ] Primary [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 11 / 04 / 2011

Transaction ID : 62A6D899D2D4376E529

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Tawhid Hossain
Mailing Address: 301 Health Park Blvd, Ste 215
City: Saint Augustine State: FL Zip Code: 32086-5795
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 398.00
Date of Receipt: 11/04/2011
Transaction ID : 0CCC951696A9729DBC6
Amount of Each Receipt this Period: 199.00

B. Full Name (Last, First, Middle Initial): G. Baker Hubbard
Mailing Address: 1365B Clifton Rd NE, Ste B3409
City: Atlanta State: GA Zip Code: 30322-1013
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 11/08/2011
Transaction ID : 41349CB9AFB50953A517
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Robert Hutchins
Mailing Address: 3219 Clifton Ave, Ste 210
City: Cincinnati State: OH Zip Code: 45220-3041
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 398.00
Date of Receipt: 11/02/2011
Transaction ID : A8420E137FD5FA19D30
Amount of Each Receipt this Period: 199.00

SUBTOTAL of Receipts This Page (optional) ▶ 423.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): W. Jackson Iliff
Mailing Address: 8109 Ritchie Hwy
City: Pasadena State: MD Zip Code: 21122-6917
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11/30/2011
Transaction ID : 400C94BDC92BFDA9F13C
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial): John Johnson
Mailing Address: 110 Med Tech Pkwy
City: Johnson City State: TN Zip Code: 37604-4004
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: 500.00
Date of Receipt: 11/14/2011
Transaction ID : F55ABC8215EE2F2041B
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Randolph Johnston
Mailing Address: 1300 E 20th St
City: Cheyenne State: WY Zip Code: 82001-4021
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11/30/2011
Transaction ID : 4E07875E4791DA54FF91
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Leslie Jones
Mailing Address: 2041 Georgia Ave NW, Ste 2100
City: Washington State: DC Zip Code: 20060-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.36
Date of Receipt: 11/08/2011
Transaction ID : 458293DA9C7E5ABECF04
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Jerome Jordan
Mailing Address: 200 Mifflin Ave
City: Scranton State: PA Zip Code: 18503-1982
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.36
Date of Receipt: 11/02/2011
Transaction ID : 4CFF9A4E9F4024A17BA9
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Jeffrey Ward Kalenak
Mailing Address: 2600 N Mayfair Rd, Ste 600
City: Milwaukee State: WI Zip Code: 53226-1374
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/18/2011
Transaction ID : 596871BD30EF6B8C8C9
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Jeffrey Kaplan
Mailing Address: 4699 Main St, Ste 106
City: Bridgeport State: CT Zip Code: 06606-1830
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 564.00
Date of Receipt: 11/30/2011
Transaction ID : F7FCC1861D83C0A7E52
Amount of Each Receipt this Period: 199.00

B. Full Name (Last, First, Middle Initial): Mari Keithahn
Mailing Address: 3600 Amron Ct
City: Columbia State: MO Zip Code: 65202-1918
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/10/2011
Transaction ID : 60342BD2D0F53939BC5
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): James Klein
Mailing Address: 21711 Greater Mack Ave
City: Saint Clair Shores State: MI Zip Code: 48080-2418
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11/05/2011
Transaction ID : 4D138CE7046F1CA37493
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 664.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Craig Kliger
Mailing Address: 100 Galewood Cir
City: San Francisco State: CA Zip Code: 94131-1132
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 334.62
Date of Receipt: 11/24/2011
Transaction ID : 4B8092C18ADA88980C72
Amount of Each Receipt this Period: 30.42

B. Full Name (Last, First, Middle Initial): Sylvia Kodsi
Mailing Address: 300 E 33rd St Apt 21M
City: New York State: NY Zip Code: 10016-9465
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 274.00
Date of Receipt: 11/02/2011
Transaction ID : F82254CCA5358F11B22
Amount of Each Receipt this Period: 199.00

C. Full Name (Last, First, Middle Initial): Douglas Kohl
Mailing Address: 950 NW 13th St
City: Boca Raton State: FL Zip Code: 33486-2310
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/18/2011
Transaction ID : CEAED08C-14C5-42C5-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 729.42

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

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

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

A. Full Name (Last, First, Middle Initial): Carol Kollarits
Mailing Address: 3509 Briarfield Blvd
City: Maumee State: OH Zip Code: 43537-9383
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 11 / 18 / 2011
Transaction ID : FAB2645B-5BB4-4D9A-
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Dennis Kontra
Mailing Address: 5802 Washington Ave Ste 102
City: Mount Pleasant State: WI Zip Code: 53406-4050
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 11 / 10 / 2011
Transaction ID : 88A2A494C87B7A42664
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Douglas Kopp
Mailing Address: 2222 W 24th St Unit 10
City: Plainview State: TX Zip Code: 79072-1802
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 550.00
Date of Receipt: 11 / 08 / 2011
Transaction ID : 480FAA1C548866143895
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Roger Lash
Mailing Address: 9 Mulberry Ln
City: White Plains State: NY Zip Code: 10605-4456
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 11 / 14 / 2011
Transaction ID : AD2282296D76D1AC4B9
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Adrian Lavina
Mailing Address: 3399 Pga Blvd Ste 350
City: Palm Beach Gardens State: FL Zip Code: 33410-2831
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.68

Date of Receipt: 11 / 02 / 2011
Transaction ID : 72EDE33CDD5E09FA8EB
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Adrian Lavina
Mailing Address: 3399 Pga Blvd Ste 350
City: Palm Beach Gardens State: FL Zip Code: 33410-2831
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 666.68

Date of Receipt: 11 / 08 / 2011
Transaction ID : 4CA6A3E7B4CAC615D83F
Amount of Each Receipt this Period: 83.34

SUBTOTAL of Receipts This Page (optional) ▶ 948.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Janice Law
Mailing Address: 2311 Pierce Ave
City: Nashville State: TN Zip Code: 37232-0025
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 225.00
Date of Receipt: 11/04/2011
Transaction ID : 441FAF88BC8EA69D11E1
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial): Charles Lederer
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: 11/11/2011
Transaction ID : 7CD094FBACECEE8DF0B
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Junhee Lee
Mailing Address: 7015 SW 95th St
City: Pinecrest State: FL Zip Code: 33156-3034
FEC 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: 11/02/2011
Transaction ID : 02EE6B982CA53F8340C
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1325.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): David Levine
Mailing Address: 19271 Montgomery Village Ave, Ste H2
City: Montgomery Village | State: MD | Zip Code: 20886-5029
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/10/2011
Transaction ID : 6433AC08AE0BC934C3F
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Sue Lim
Mailing Address: 263 Harrington Dr
City: Troy | State: MI | Zip Code: 48098-3027
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11/08/2011
Transaction ID : 439A91DFAEC482E13DD4
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Richard Lindstrom
Mailing Address: 9801 Dupont Ave S, Ste 200
City: Bloomington | State: MN | Zip Code: 55431-3200
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/14/2011
Transaction ID : 413EE7BD13F7691EA38
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1025.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Douglas Litchfield
Mailing Address: PO Box 1921
City: Bismarck State: ND Zip Code: 58502-1921
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/02/2011
Transaction ID : C646B349204FFFFA48B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Samuel Lo
Mailing Address: 1441 Kapiolani Blvd Ste 418
City: Honolulu State: HI Zip Code: 96814-4400
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/12/2011
Transaction ID : 78A8DF0C-B6A2-4DD4-
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Eric Paul Lohse
Mailing Address: 1025 S 6th St
City: Springfield State: IL Zip Code: 62703-2403
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/10/2011
Transaction ID : A8D4D3C1F3B0DB521A5
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Peter Lowe
Mailing Address: 4175 S Congress Ave, Ste V
City: Lake Worth | State: FL | Zip Code: 33461-4725
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.70
Date of Receipt: 11/16/2011
Transaction ID : 475186B4EDB56305C3C2
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Ronald Lowery
Mailing Address: 10 Hospital Cir
City: Batesville | State: AR | Zip Code: 72501-7310
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/28/2011
Transaction ID : F5D36FC75FE417DD8F1
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Mary Gerard Lynch
Mailing Address: 3845 Club Dr NE
City: Atlanta | State: GA | Zip Code: 30319-1109
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/02/2011
Transaction ID : A667B732926C9BD55D7
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
J. Christopher MacDonald

Mailing Address 7940 Floyd Curl Dr
Ste 820

City: San Antonio
State: TX
Zip Code: 78229-3906

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2011

Transaction ID : 35FE6EAB966706DF8C2

Amount of Each Receipt this Period: 800.00

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

Mailing Address 2224 Alaqua Dr

City: Longwood
State: FL
Zip Code: 32779-3100

FEC 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 11 / D D 02 / Y Y Y Y 2011

Transaction ID : EE17BAC8A73BA083DC9

Amount of Each Receipt this Period: 365.00

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

Mailing Address 3865 N Mulford Rd

City: Rockford
State: IL
Zip Code: 61114-5603

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 833.40

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2011

Transaction ID : 48A1859834B67DCC79B6

Amount of Each Receipt this Period: 83.34

SUBTOTAL of Receipts This Page (optional) ▶ 1248.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Sheron Marshall
Mailing Address: 7075 Campus Dr, Ste 100
City: Colorado Springs | State: CO | Zip Code: 80920-6524
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.36
Date of Receipt: 11 / 08 / 2011
Transaction ID : 4391904827FBE54DF40D
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Benjamin Mason
Mailing Address: 1110 Eagle Ridge Rd
City: Cedar Falls | State: IA | Zip Code: 50613-1514
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.02
Date of Receipt: 11 / 29 / 2011
Transaction ID : 44E987E4DF2DCBA486C7
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): John Mason
Mailing Address: 1301 20th Ave
City: Meridian | State: MS | Zip Code: 39301-4121
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 18 / 2011
Transaction ID : 8AB23722-6306-468C-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 583.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Raul Masvidal
Mailing Address: 250 SW 42nd Ave
City: Coral Gables State: FL Zip Code: 33134-1755
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11 / 02 / 2011
Transaction ID : 04CEBB01DADFFF801B5
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Desmond McGuire
Mailing Address: 2010 E 1st St Ste 140
City: Santa Ana State: CA Zip Code: 92705-4086
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 / 02 / 2011
Transaction ID : DA530F4F6B8D75C006D
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Timothy McInnis
Mailing Address: 300 N Willson Ave Ste 1003
City: Bozeman State: MT Zip Code: 59715-3551
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : 4C99A9450DEE3A136AD2
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 1390.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Toufic Melki
Mailing Address: 15020 Shady Grove Rd, Ste 302
City: Rockville State: MD Zip Code: 20850-3379
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/30/2011
Transaction ID : D6BB95E0B3A3367A510
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Aaron Miller
Mailing Address: 13414 Medical Complex Dr, Ste 4
City: Tomball State: TX Zip Code: 77375-3333
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11/23/2011
Transaction ID : 468F9EE93B4B56F97B4F
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial): Frederick Miller
Mailing Address: 15 Lowell St, Ste 1
City: Portland State: ME Zip Code: 04102-2726
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/02/2011
Transaction ID : B66ACE89B81399C4D77
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 780.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Adrienne Millett
Mailing Address: 207 Wimberly Pl
City: Richmond State: KY Zip Code: 40475-3541
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : 78001EF2613CFEA577E
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Thomas Millman
Mailing Address: 17900 23 Mile Rd Ste 100
City: Macomb State: MI Zip Code: 48044-1161
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 / 21 / 2011
Transaction ID : 5F56B4FC-8488-4672-
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Thomas Millman
Mailing Address: 17900 23 Mile Rd Ste 100
City: Macomb State: MI Zip Code: 48044-1161
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 / 21 / 2011
Transaction ID : E07B49D7-7B5F-4A9D-
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Amalia Miranda
Mailing Address: 3435 NW 56th St, Building A # 700
City: Oklahoma City State: OK Zip Code: 73112-4448
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : 43A5AB57C5A135177FBE
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): Craig Morgan
Mailing Address: 1611 13th Ave
City: Huntington State: WV Zip Code: 25701-3811
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 11 / 18 / 2011
Transaction ID : 121AA3FA2B4A2AE6038
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Eric Nelson
Mailing Address: 6405 France Ave S, Ste W460
City: Edina State: MN Zip Code: 55435-2189
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11 / 02 / 2011
Transaction ID : 4687B07CBF8B8F4ABCD3
Amount of Each Receipt this Period: 25.00

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

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

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

A. Full Name (Last, First, Middle Initial): Ngoc Nguyen
Mailing Address: 2380 Montpelier Dr, Ste 300
City: San Jose State: CA Zip Code: 95116-1620
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/10/2011
Transaction ID : 67C7DF4B38A7710F027
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Corey Notis
Mailing Address: 900 Stuyvesant Ave
City: Union State: NJ Zip Code: 07083-6936
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/02/2011
Transaction ID : BE33720850B06E852F7
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Stephen O'Connell
Mailing Address: 340 Hulse Rd, Naval Aerospace Medical Institute,
City: Pensacola State: FL Zip Code: 32508-1089
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 458.37
Date of Receipt: 11/29/2011
Transaction ID : 49BB961B1314C6A48B79
Amount of Each Receipt this Period: 41.67

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

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

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

A. Full Name (Last, First, Middle Initial): Kelly Patrick O'Neill
Mailing Address: 563 Wessel Dr
City: Fairfield State: OH Zip Code: 45014-3668
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 916.74
Date of Receipt: 11 / 09 / 2011
Transaction ID : 4AB694B6DCBBFC8A446E
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Paul Orloff
Mailing Address: 178 E 71st St
City: New York State: NY Zip Code: 10021-5131
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 11 / 15 / 2011
Transaction ID : 439E8308EB04CA0F0801
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial): Millicent Palmer
Mailing Address: 4101 Woolworth Ave Ste 112
City: Omaha State: NE Zip Code: 68105-1850
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 458.34
Date of Receipt: 11 / 22 / 2011
Transaction ID : 4C18B299B02F02998C09
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 250.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): C. Downey Price
Mailing Address: 333 N Rivershire Dr, Ste 160
City: Conroe State: TX Zip Code: 77304-2711
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/10/2011
Transaction ID : 43B6CC86B8C82547D8F
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Claire Price
Mailing Address: 3000 Rogers Ave
City: Fort Smith State: AR Zip Code: 72901-4232
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/04/2011
Transaction ID : D7E1A41FF49C37E1235
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Arnold Prywes
Mailing Address: 4212 Hempstead Tpke
City: Bethpage State: NY Zip Code: 11714-5723
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/10/2011
Transaction ID : 2F64B2BD218E2CB581D
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): William Quayle
Mailing Address: 2855 Gramercy St
Houston Eye Associates
City: Houston State: TX Zip Code: 77025-1756
FEC 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: 11 / 02 / 2011
Transaction ID : 974B4A08F51F2B4BBFD
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Vadrevu Raju
Mailing Address: 3140 Collins Ferry Rd
City: Morgantown State: WV Zip Code: 26505-3352
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11 / 11 / 2011
Transaction ID : 4C67A9C5CD76584DBC02
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Brian Ranelle
Mailing Address: 1872 Norwood Dr
City: Hurst State: TX Zip Code: 76054-3066
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11 / 22 / 2011
Transaction ID : 54F82129718AD15AFA2
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 640.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): David Richardson
Mailing Address: 207 S Santa Anita Ave, Ste P25
City: San Gabriel State: CA Zip Code: 91776-1145
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3487.00
Date of Receipt: 11/26/2011
Transaction ID : 4B879F8FD19FFAA2ADC7
Amount of Each Receipt this Period: 317.00

B. Full Name (Last, First, Middle Initial): Chester Ridenour
Mailing Address: 398 Highgate Ave
City: Worthington State: OH Zip Code: 43085-3019
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/02/2011
Transaction ID : 68D5307EB91DD5D4DF5
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Gregory Riffle
Mailing Address: 9485 Mentor Ave, Ste 110
City: Mentor State: OH Zip Code: 44060-8724
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 11/10/2011
Transaction ID : BCD578086EE575B6E81
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 932.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Frank Romano
Mailing Address: 102 Fairview Dr, Southampton Medical Building, Ste
City: Franklin State: VA Zip Code: 23851-1206
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11/18/2011
Transaction ID : 02D84F66F7FA923277F
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Teresa Rosales
Mailing Address: 4100 Long Beach Blvd, Ste 108
City: Long Beach State: CA Zip Code: 90807-2696
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11/09/2011
Transaction ID : 4A6497962F31A270AAE8
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial): Aron Rose
Mailing Address: 40 Temple St, Ste 5B
City: New Haven State: CT Zip Code: 06510-2715
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/05/2011
Transaction ID : 26537C9B-E508-400F-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 775.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Donald Roy
Mailing Address: 1360 E Herndon Ave
Eye Medical Clinic of Fresno, Ste
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: 365.00
Date of Receipt: 11 / 28 / 2011
Transaction ID : 01F019A36CEBE2745D2
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Mark Ruchman
Mailing Address: 1 Reservoir Office 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)
Aggregate Year-to-Date: 456.26
Date of Receipt: 11 / 28 / 2011
Transaction ID : 423DAEB6D3783DA945C5
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Steven Samuelson
Mailing Address: 2827 N Clarkson St
City: Fremont State: NE Zip Code: 68025-7714
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 11 / 22 / 2011
Transaction ID : 410B83A1E5227396719A
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 420.42

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

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

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

A. Full Name (Last, First, Middle Initial): Linda Schumacher-Feero
Mailing Address: 8 Thomas Dr
City: Waterville State: ME Zip Code: 04901-4406
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 259.82
Date of Receipt: 11 / 08 / 2011
Transaction ID : 43C583DD5C0828C6E82C
Amount of Each Receipt this Period: 30.41

B. Full Name (Last, First, Middle Initial): Bruce Schwartz
Mailing Address: 707 N Michigan St Ste 210
City: South Bend State: IN Zip Code: 46601-1069
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.00
Date of Receipt: 11 / 14 / 2011
Transaction ID : E508E1AA410A1D6390B
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Edward Shubert
Mailing Address: 17070 Red Oak Dr Ste 405
City: Houston State: TX Zip Code: 77090-2616
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 730.00
Date of Receipt: 11 / 04 / 2011
Transaction ID : 06EF17940FA7E317C94
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 760.41

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): David Shulman
Mailing Address: 999 E Basse Rd, Ste 127
City: San Antonio State: TX Zip Code: 78209-1802
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 916.74
Date of Receipt: 11/22/2011
Transaction ID : 4C548A472C4B30576196
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Harinderjit Singh
Mailing Address: 3685 Wheeler Rd, Ste 201
City: Augusta State: GA Zip Code: 30909-6440
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/02/2011
Transaction ID : 0ADF164AE8FD57AF997
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Brian Sippy
Mailing Address: 700 W Kent Ave
City: Missoula State: MT Zip Code: 59801-6772
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/28/2011
Transaction ID : DBAAF87B-E919-411A-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1083.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Eric Smith
Mailing Address: 135 W Ravine Rd, Ste 2-C
City: Kingsport State: TN Zip Code: 37660-3847
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/04/2011
Transaction ID : 07FD80C6-A33D-4A06-
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Scott So
Mailing Address: 2100 Webster St, Ste 214
City: San Francisco State: CA Zip Code: 94115-2375
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1100.00
Date of Receipt: 11/19/2011
Transaction ID : 4C8FBDBA2EA296626174
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Alfred Solish
Mailing Address: 630 S Raymond Ave, Unit 230
City: Pasadena State: CA Zip Code: 91105-3283
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 11/10/2011
Transaction ID : 9F8AB9A8B082DC3C2BA
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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Gerald Spindel
Mailing Address: 6 Tsienneto Rd, Ste 101
City: Derry State: NH Zip Code: 03038-1584
FEC 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: 11/16/2011
Transaction ID : 45449B00CA3E116D2B0B
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Roger Steinert
Mailing Address: 118 Medical I
City: Irvine State: CA Zip Code: 92697-0001
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/30/2011
Transaction ID : 129016D76347DA00DE1
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Donald Stone
Mailing Address: 7308 NE 101st St
City: Oklahoma City State: OK Zip Code: 73151-9449
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11/02/2011
Transaction ID : 447B93A3720D8EDB21D4
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 1091.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Regina Sun
Mailing Address: 1919 Vassar St, Apt B
City: Houston State: TX Zip Code: 77098-5454
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 833.40
Date of Receipt: 11/23/2011
Transaction ID : 47E38C0D8618D829104B
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial): Gary Tanner
Mailing Address: 10 Jacobs Ln
City: Newport News State: VA Zip Code: 23606-2815
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11/29/2011
Transaction ID : 4FD69FAC7236EC2E483C
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial): John William Thomas
Mailing Address: 867 Brookhaven Springs Ct NE
City: Atlanta State: GA Zip Code: 30342-3551
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11/11/2011
Transaction ID : E1B4B50ADB10E978EAE
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 383.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Robert Trent
Mailing Address: 3190 Churn Creek Rd
City: Redding State: CA Zip Code: 96002-2122
FEC 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: 11/28/2011
Transaction ID : A921741E2424D8895FB
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial): William Thomas Walton
Mailing Address: 13919 Bluff Wind
City: San Antonio State: TX Zip Code: 78216-7923
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 458.37
Date of Receipt: 11/18/2011
Transaction ID : 49AC45DAFC672DD1037
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Thomas Peter Ward
Mailing Address: 18 Old Stone Xing
City: West Hartford State: CT Zip Code: 06117-1859
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11/14/2011
Transaction ID : 4865B36BA105C620DD17
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 2591.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): James Wentzien
Mailing Address: 3600 N Interstate Ave
City: Portland State: OR Zip Code: 97227-1106
FEC ID number of contributing federal political committee: C
Name of Employer: Self Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 291.69
Date of Receipt: 11/12/2011
Transaction ID : 4138884FA6339B45F7B3
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Wayne Whitmore
Mailing Address: 116 E 68th St
City: New York State: NY Zip Code: 10065-5955
FEC ID number of contributing federal political committee: C
Name of Employer: Self Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11/02/2011
Transaction ID : 33DF3EBE41B662C7C5F
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): John Wilmeth
Mailing Address: PO Box 1226
City: Anderson State: SC Zip Code: 29622-1226
FEC ID number of contributing federal political committee: C
Name of Employer: Self Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/02/2011
Transaction ID : 3461FA5C4AD1BE9E8A8
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1041.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Scott Zeigen
Mailing Address: 130 Almshouse Rd, Ste 202-B
City: Richboro State: PA Zip Code: 18954-1130
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11/29/2011
Transaction ID : 191D2B3163A7EF2E5BD
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Carol Ziel
Mailing Address: 2025 Frontis Plaza Blvd, Ste 100
City: Winston Salem State: NC Zip Code: 27103-5663
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 625.05
Date of Receipt: 11/10/2011
Transaction ID : 4653AFDD7BF1F3B887E4
Amount of Each Receipt this Period: 41.67

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: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

TOTAL This Period (last page this line number only) ▶ 54430.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

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

A.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: AMEX discount - Nov 2011
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 30 / 2011
Transaction ID : 05A651F2084D009B8DD
Amount of Each Disbursement this Period: 439.62

B.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: Bank charges - Nov 2011
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 11 / 30 / 2011
Transaction ID : D345AC99BAF59CF6D6A
Amount of Each Disbursement this Period: 1476.65

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1916.27

TOTAL This Period (last page this line number only) ▶ 1916.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

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

A. Full Name (Last, First, Middle Initial): Daniel Webster for Congress
Mailing Address: 3400 Old Winter Garden Road
City: Orlando State: FL Zip Code: 32805
Purpose of Disbursement: 2012 Primary Contribution
Category/Type: 011
Candidate Name: Daniel K. Webster
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 08
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 16 / 2011
Transaction ID : 24048-3929101824760
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Denham for Congress
Mailing Address: 2150 River Plaza Dr., #150
City: Sacramento State: CA Zip Code: 95833
Purpose of Disbursement: 2012 Primary Contribution
Category/Type: 011
Candidate Name: Jeffrey Denham
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 10
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 16 / 2011
Transaction ID : 24048-5829584002494
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Engel for Congress
Mailing Address: 462 California Road
City: Bronxville State: NY Zip Code: 10708
Purpose of Disbursement: 2012 Primary Contribution
Category/Type: 011
Candidate Name: Eliot L. Engel
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 17
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 16 / 2011
Transaction ID : 24048-2139398455619
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

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

A. Full Name (Last, First, Middle Initial): Ensign for Senate
Mailing Address: PO Box 370667
City: Las Vegas State: NV Zip Code: 89137
Purpose of Disbursement: Void ck originally reported 3/1/11.
Category/Type: 011
Candidate Name: John Ensign
Office Sought: ☐ House ☒ Senate ☐ President
State: NV District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 28 / 2011
Transaction ID : 14468-33456057310104
Amount of Each Disbursement this Period: -5000.00

B. Full Name (Last, First, Middle Initial): Friends of Bill Posey
Mailing Address: PO Box 360877
City: Melbourne State: FL Zip Code: 32936
Purpose of Disbursement: 2012 Primary Contribution
Category/Type: 011
Candidate Name: Bill Posey
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 15
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 16 / 2011
Transaction ID : 24048-6066400408744
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Jeff Miller for Congress
Mailing Address: PO Box 126
City: Pensacola State: FL Zip Code: 32591
Purpose of Disbursement: 2012 Primary Contribution
Category/Type: 011
Candidate Name: Jefferson B. Miller
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 01
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 16 / 2011
Transaction ID : 24048-7816736102104
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶ -1500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

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

A. Full Name (Last, First, Middle Initial): Matsui for Congress
Mailing Address: PO Box 1738
City: Sacramento State: CA Zip Code: 95812
Purpose of Disbursement: 2012 Primary Contribution
Category/Type: 011
Candidate Name: Doris O. Matsui
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 16 / 2011
Transaction ID : 24048-2885400652885
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Menendez for Senate
Mailing Address: One Gateway Center Suite 520
City: Newark State: NJ Zip Code: 07102
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Robert Menendez
Office Sought: ☐ House ☒ Senate ☐ President
State: NJ District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 30 / 2011
Transaction ID : 77344-4786950945854
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Roskam for Congress Committee
Mailing Address: PO Box 713
City: Wheaton State: IL Zip Code: 60187
Purpose of Disbursement: 2012 General Contribution
Category/Type: 011
Candidate Name: Peter J. Roskam
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 17 / 2011
Transaction ID : 43537-2609369158744
Amount of Each Disbursement this Period: 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶ 8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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)

A. Full Name (Last, First, Middle Initial): Neelakshi Bhagat
Mailing Address: 90 Bergen St, Ste 6168
City: Newark State: NJ Zip Code: 07103-2425
Purpose of Disbursement: Refund duplicate contribution received
Category/Type: 010
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 21 / 2011
Transaction ID : C135702EF815E978729
Amount of Each Disbursement this Period: 365.00

B. Full Name (Last, First, Middle Initial): Cameron Javid
Mailing Address: 6561 E Carondelet Dr
City: Tucson State: AZ Zip Code: 85710-2156
Purpose of Disbursement:
Category/Type: 010
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 21 / 2011
Transaction ID : 5D57E1745F5A79E9859
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Michael McCracken
Mailing Address: 1630 Clarkson St, Apt 314
City: Denver State: CO Zip Code: 80218-1480
Purpose of Disbursement:
Category/Type: 010
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 02 / 2011
Transaction ID : 5EABFC6BD412B8A062C
Amount of Each Disbursement this Period: 199.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3064.00

TOTAL This Period (last page this line number only) ▶ 3064.00