

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="292506.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="462329.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33762.00"/>	<input type="text" value="645905.18"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="496091.72"/>	<input type="text" value="938411.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="46085.64"/>	<input type="text" value="488405.49"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="450006.08"/>	<input type="text" value="450006.08"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	28030.30	527265.30
(ii) Unitemized	5731.70	115139.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33762.00	642405.18
(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)	33762.00	642405.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	33762.00	645905.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33762.00	645905.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	85.64	2296.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	85.64	2296.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	481500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4609.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4609.42
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	46085.64	488405.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46085.64	488405.49

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	33762.00	642405.18
34. Total Contribution Refunds (from Line 28(d))	0.00	4609.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33762.00	637795.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	85.64	2296.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	85.64	2296.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)
A. Charlotte Agnone

Mailing Address 114 Morey Dr

City Marysville State OH Zip Code 43040-1646

FEC 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
 12 / 10 / 2013
Transaction ID : 60DF4D4F-1C25-4AFB-B

Amount of Each Receipt this Period
365.00

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

Mailing Address 38707 Stivers St Ste B

City Fremont State CA Zip Code 94536-5337

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt
 12 / 20 / 2013
Transaction ID : 4DDAA566-A492-4B8B-8

Amount of Each Receipt this Period
500.00

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

Mailing Address 1811 W Royal Hunte Dr Ste 1

City Cedar City State UT Zip Code 84720-8174

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1241.66**

Date of Receipt
 12 / 15 / 2013
Transaction ID : BB050A59-BACC-49FB-8

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	948.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Nicholas Anderson

Mailing Address 1124 E Weisgarber Rd Ste 207

City Knoxville	State TN	Zip Code 37909-2686
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 12 / 20 / 2013
Transaction ID : FC921D10-ECD8-4BBF-8

Amount of Each Receipt this Period
 750.00

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

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland	State FL	Zip Code 32751-6108
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 730.00

Date of Receipt
 12 / 20 / 2013
Transaction ID : A3282013-F533-4D7F-B

Amount of Each Receipt this Period
 365.00

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

Mailing Address 451 Ruin Creek Rd Ste 204

City Henderson	State NC	Zip Code 27536-5920
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 398.00

Date of Receipt
 12 / 03 / 2013
Transaction ID : 01B61C36-AF2B-43CE-A

Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	1314.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Elizabeth Berzin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2724 Arbuckle St
 City Houston State TX Zip Code 77005-3932
 FEC 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
 12 / 10 / 2013
Transaction ID : FE4E4012-FBFC-4D93-B
 Amount of Each Receipt this Period
 75.00

B. Robert Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Curtis St
 City Meriden State CT Zip Code 06450-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 12 / 15 / 2013
Transaction ID : 1A2569F2-A9E5-42DA-A
 Amount of Each Receipt this Period
 41.67

C. Louis Blumenfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Pkwy S Ste 200
 City Maitland State FL Zip Code 32751-6114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 12 / 20 / 2013
Transaction ID : 290D0590-E2CD-48E3-A
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	481.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Bogorad
Full Name (Last, First, Middle Initial)

Mailing Address 2509 Walton Way

City Augusta State GA Zip Code 30904-4561

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **398.79**

Date of Receipt **12 / 15 / 2013**

Transaction ID : B881C844-4F10-411E-A

Amount of Each Receipt this Period **30.42**

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

Mailing Address 2512 Samaritan Ct Ste P

City San Jose State CA Zip Code 95124-4002

FEC 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 **12 / 29 / 2013**

Transaction ID : 740E34C7-7E7A-4C0E-A

Amount of Each Receipt this Period **500.00**

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

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 ▼ **300.00**

Date of Receipt **12 / 31 / 2013**

Transaction ID : ABEA5181-F39B-4DE5-8

Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **580.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt
 12 / 15 / 2013
Transaction ID : B91385B5-74BE-4637-B
 Amount of Each Receipt this Period
 83.37
 Aggregate Year-to-Date
 1083.34

B. Betty Cervenak
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Palisade Ave
 City Jersey City State NJ Zip Code 07306-1155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 04 / 2013
Transaction ID : A570B92D-BE93-4290-9
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 2000.00

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

Date of Receipt
 12 / 31 / 2013
Transaction ID : 9E0A8551-696D-4ABF-A
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date
 249.99

SUBTOTAL of Receipts This Page (optional).....	1166.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. S. William William Clark
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Isabella St
 City Waycross State GA Zip Code 31501-3638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : CB662357-1448-4BF9-A
 Amount of Each Receipt this Period
208.37

B. Scott Corin
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2013
Transaction ID : 3B0816E2-692A-46B1-8
 Amount of Each Receipt this Period
1000.00

C. Frank Cotter
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1789
 City Roanoke State VA Zip Code 24008-1789
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : CA04BDB4-2F42-4A9D-8
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....	1573.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. R. Doug Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 2401 S 31st St
 City Temple State TX Zip Code 76508-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : 8FC44E6E-1476-4D4B-9
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date
 1100.00

B. David Diskin
 Full Name (Last, First, Middle Initial)
 Mailing Address 4499 Town Center Pkwy
 City Flint State MI Zip Code 48532-3425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : D68984A2-F728-4D57-A
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date
 365.00

C. Michael Elman
 Full Name (Last, First, Middle Initial)
 Mailing Address 9114 Philadelphia Rd Ste 310
 City Baltimore State MD Zip Code 21237-4350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : 376F2D6F-F7B7-4C9C-9
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date
 1699.58

SUBTOTAL of Receipts This Page (optional).....	830.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Nataalka Fedoriw		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 Transaction ID : 7C22C478-8AAC-49C2-A
Mailing Address 3301 Lake Ave		Amount of Each Receipt this Period 1000.00
City Fort Wayne	State IN	Zip Code 46805-5529
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jerry Ford		Date of Receipt M M / D D / Y Y Y Y Y 12 / 15 / 2013 Transaction ID : 7296DFE3-5D9B-4879-B
Mailing Address 2020 Fleischmann Rd		Amount of Each Receipt this Period 30.38
City Tallahassee	State FL	Zip Code 32308-4599
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Luther Fry		Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2013 Transaction ID : 6CD1B873-3A7C-4F78-9
Mailing Address 310 E Walnut Street		Amount of Each Receipt this Period 1000.00
City Garden City	State KS	Zip Code 67846-5560
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2030.38
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Edgar Gamponia
Full Name (Last, First, Middle Initial)
Mailing Address 408 Santana Place
City Morgantown State WV Zip Code 26508
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 21 / 2013
Transaction ID : 395667FA-64C3-4E40-A
Amount of Each Receipt this Period
500.00

B. Geoffrey Garrett
Full Name (Last, First, Middle Initial)
Mailing Address 1455 E Bert Kouns Loop
City Shreveport State LA Zip Code 71105-6000
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 865.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2013
Transaction ID : ABD50CF4-9654-4662-A
Amount of Each Receipt this Period
365.00

C. Robert Gold
Full Name (Last, First, Middle Initial)
Mailing Address 790 Concourse Parkway South Suite
City Maitland State FL Zip Code 32751
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 699.62

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2013
Transaction ID : 99B5ED37-C77F-4B7D-B
Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	895.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 790 Concourse Parkway South Suite

City	State	Zip Code
Maitland	FL	32751

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **699.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : EF8955D1-3074-463F-9

Amount of Each Receipt this Period
365.00

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

Mailing Address 1124 E Weisgarber Rd Ste 207

City	State	Zip Code
Knoxville	TN	37909-2686

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : A8D80FB5-0A83-4738-8

Amount of Each Receipt this Period
750.00

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

Mailing Address 9401 N Oak Trfy Ste 200

City	State	Zip Code
Kansas City	MO	64155-3393

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 3A8A21E2-CAAA-4DDE-9

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	1198.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

A. Jean Hausheer
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 NW Burr Oak Dr
 City Lawton State OK Zip Code 73507-8923
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 02B38AB0-7E42-46D7-8
 Amount of Each Receipt this Period
 41.67

B. William Holcomb
 Full Name (Last, First, Middle Initial)
 Mailing Address 1813 Kress St NE
 City Cullman State AL Zip Code 35058-1565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 0FCA7914-7FF3-46E5-A
 Amount of Each Receipt this Period
 83.33

C. David Hunter
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Longwood Ave
 City Boston State MA Zip Code 02115-5724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : C45F112D-F980-4B19-A
 Amount of Each Receipt this Period
 22.37

SUBTOTAL of Receipts This Page (optional).....▶	147.37
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Janigian
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 Dudley St Ste 303
 City Providence State RI Zip Code 02905-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt
 12 / 15 / 2013
Transaction ID : 899C6405-9B8C-4C7F-A
 Amount of Each Receipt this Period
 41.67

B. Jerome Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Mifflin Avenue
 City Scranton State PA Zip Code 18503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt
 12 / 31 / 2013
Transaction ID : E45BBB26-C879-4DDA-9
 Amount of Each Receipt this Period
 41.67

C. Mari Keithahn
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 12 / 03 / 2013
Transaction ID : 7EAD4BEA-A240-47B9-A
 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)	PAGE 18 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Roderick Kent
Full Name (Last, First, Middle Initial)
Mailing Address 1814 Lincoln Way
City Coeur D Alene State ID Zip Code 83814-2540
FEC 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 12 / 10 / 2013
Transaction ID : 8ADDEE25-902F-4791-A
Amount of Each Receipt this Period 300.00

B. Daniel Kiernan
Full Name (Last, First, Middle Initial)
Mailing Address 100 Banks Ave Apt 1272
City Rockville Centre State NY Zip Code 11570-3939
FEC 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 12 / 15 / 2013
Transaction ID : E9151D0D-D171-4370-B
Amount of Each Receipt this Period 41.67

C. Craig King
Full Name (Last, First, Middle Initial)
Mailing Address 3209 N 4th St Ste 100
City Longview State TX Zip Code 75605-5170
FEC 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 12 / 15 / 2013
Transaction ID : 17F11E3D-1140-48A6-9
Amount of Each Receipt this Period 30.42

SUBTOTAL of Receipts This Page (optional)..... **372.09**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Judith Kirby
Full Name (Last, First, Middle Initial)

Mailing Address 4209 Bordeaux Ave

City Dallas State TX Zip Code 75205

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.30**

Date of Receipt
12 / 15 / 2013
Transaction ID : 40F305E4-1FF7-4419-8

Amount of Each Receipt this Period
833.33

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

Mailing Address 2075 Barkley Blvd Ste 100

City Bellingham State WA Zip Code 98226-6614

FEC 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
12 / 17 / 2013
Transaction ID : B26C5678-4C70-48F7-8

Amount of Each Receipt this Period
500.00

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

Mailing Address 10 Hawthorne PI Ste 106

City Boston State MA Zip Code 02114-2336

FEC 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
12 / 11 / 2013
Transaction ID : C3B17D80-0F76-4C7F-B

Amount of Each Receipt this Period
365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Kenneth Low
 Full Name (Last, First, Middle Initial)
 Mailing Address 38707 Stivers St Ste B
 City Fremont State CA Zip Code 94536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : 132826F3-2778-4663-9
 Amount of Each Receipt this Period
 1000.00

B. Richard Lucius
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 15th St N Ste D
 City Saint Cloud State MN Zip Code 56303-1543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2013
Transaction ID : 35CECC8A-436F-49E3-B
 Amount of Each Receipt this Period
 1000.00

C. David Ludwick
 Full Name (Last, First, Middle Initial)
 Mailing Address 825 5th Ave Ste 102
 City Chambersburg State PA Zip Code 17201-4214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2013
Transaction ID : 5BECA026-143D-4689-A
 Amount of Each Receipt this Period
 365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas Marvelli
Full Name (Last, First, Middle Initial)

Mailing Address 6273 Granbury Rd

City Fort Worth State TX Zip Code 76133

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt
12 / 15 / 2013
Transaction ID : 630031D2-4ED7-42AF-9

Amount of Each Receipt this Period
30.42

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

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 ▼ **541.67**

Date of Receipt
12 / 15 / 2013
Transaction ID : 3CFA149C-6568-4CCC-B

Amount of Each Receipt this Period
41.63

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

Mailing Address 1501 NE Medical Center Dr

City Bend State OR Zip Code 97701-6099

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
12 / 05 / 2013
Transaction ID : 4C9AD80A-FE14-446E-8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **572.05**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. J. Patrick McGraw
Full Name (Last, First, Middle Initial)

Mailing Address 703 Rutter Ave

City Kingston State PA Zip Code 18704-4801

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 ▼ 500.00

Date of Receipt
12 / 26 / 2013
Transaction ID : **D30C9055-1C8B-4033-A**

Amount of Each Receipt this Period
500.00

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

Mailing Address 1124 E Weisgarber Rd Ste 207

City Knoxville State TN Zip Code 37909-2686

FEC 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
12 / 20 / 2013
Transaction ID : **A834110F-D6AF-458A-8**

Amount of Each Receipt this Period
750.00

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

Mailing Address 735 Grey Hawk Dr NE

City Rio Rancho State NM Zip Code 87144-4709

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
12 / 31 / 2013
Transaction ID : **6D8E077D-C9D2-4DB6-B**

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional)..... ▶ 1291.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Benton Murphy

Mailing Address 27 Montebello Rd

City Pueblo	State CO	Zip Code 81001-1236
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013

Transaction ID : B142FDA8-69DD-481A-A

Amount of Each Receipt this Period
500.00

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

Mailing Address 4278 W 3rd St

City Los Angeles	State CA	Zip Code 90020-3449
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013

Transaction ID : C06B7E2A-AFD6-46A1-A

Amount of Each Receipt this Period
83.33

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

Mailing Address 1814 Lincoln Way

City Coeur D Alene	State ID	Zip Code 83814-2540
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013

Transaction ID : C0D4E732-BF8D-4783-A

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	883.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stephen Perkins
Full Name (Last, First, Middle Initial)
Mailing Address 1124 E Weisgarber Rd Ste 207

City Knoxville	State TN	Zip Code 37909-2686
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2013

Transaction ID : 6D06D8A7-ECA8-4350-9

Amount of Each Receipt this Period
750.00

B. Dustin Pomerleau
Full Name (Last, First, Middle Initial)
Mailing Address 195 Fore River Pkwy Ste 480

City Portland	State ME	Zip Code 04102-2787
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2013

Transaction ID : 08B1D0C1-DDD2-4844-B

Amount of Each Receipt this Period
75.00

C. Tedd Puckett
Full Name (Last, First, Middle Initial)
Mailing Address 1209 Valley View St

City Radford	State VA	Zip Code 24141
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
615.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2013

Transaction ID : 23F7D9F0-E546-4FBB-A

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1075.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Tayyib Rana
 Full Name (Last, First, Middle Initial)
 Mailing Address 22059 Auction Barn Drive
 City Ashburn State VA Zip Code 20148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013
Transaction ID : F6CB4A87-FA79-4B9F-A
 Amount of Each Receipt this Period
 500.00

B. Brian Ranelle
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : 14850720-CDE5-4083-A
 Amount of Each Receipt this Period
 500.00

C. Gary Rubin
 Full Name (Last, First, Middle Initial)
 Mailing Address 7001 W Archer Ave
 City Chicago State IL Zip Code 60638-2201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 299.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 18 / 2013
Transaction ID : 3B3A4FE8-4BBA-40AB-B
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	1199.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mark Ruchman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Reservoir Ofc Park Ste 203
 City Southbury State CT Zip Code 06488-3926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 447.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : AE0F1B12-CBE6-4CB3-8
 Amount of Each Receipt this Period
 41.67

B. Paul Schultz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 E Barnett Rd
 City Medford State OR Zip Code 97504-8279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 29DF49BE-3CBE-4BA5-B
 Amount of Each Receipt this Period
 208.33

C. Stuart Seiff
 Full Name (Last, First, Middle Initial)
 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 ▼ 243.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 54CABB11-862A-42D4-8
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	280.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Janet Serle
 Full Name (Last, First, Middle Initial)
 Mailing Address 151 East 85 St
 Apt 11E
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 399.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2013
Transaction ID : 6472FB25-8384-4098-9
 Amount of Each Receipt this Period
 199.00

B. David Shulman
 Full Name (Last, First, Middle Initial)
 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 ▼ 999.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 2966A946-7618-4FB3-8
 Amount of Each Receipt this Period
 83.33

C. Kevin Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 S Main St
 City Greenville State PA Zip Code 16125-1773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : 5868EEDF-801F-478D-8
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1282.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rand Spencer		Date of Receipt
Mailing Address 2828 Hood St Apt 1107		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75219-7809
FEC ID number of contributing federal political committee.		Transaction ID : 336A0B86-2CA1-42F8-9
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.42"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="638.78"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cameron Stone		Date of Receipt
Mailing Address 21 Medical Park Dr		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Asheville	NC	28803-2493
FEC ID number of contributing federal political committee.		Transaction ID : D32E0C16-7623-4DE2-9
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.33"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1958.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Donald Stone		Date of Receipt
Mailing Address 7308 NE 101st Street		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Oklahoma City	OK	73151
FEC ID number of contributing federal political committee.		Transaction ID : 454EBC18-FBE9-4CF1-B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="666.64"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="322.08"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Donald Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 7308 NE 101st Street
 City Oklahoma City State OK Zip Code 73151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : 722C88B0-338C-4159-9
 Amount of Each Receipt this Period
 83.33

B. D. Justin Stormogipson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 Lincoln Way
 City Coeur D Alene State ID Zip Code 83814-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : 6A55C324-4F0B-44F7-9
 Amount of Each Receipt this Period
 300.00

C. Prem Subramanian
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 N Wolfe St
 City Baltimore State MD Zip Code 21287-0005
 FEC 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : C533A23D-9CC0-474A-9
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	413.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Prem Subramanian

Mailing Address 600 N Wolfe St

City Baltimore State MD Zip Code 21287-0005

FEC 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 **12 / 31 / 2013**

Transaction ID : 9B962985-D761-454E-A

Amount of Each Receipt this Period **30.42**

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

Mailing Address 317 N Delaware St

City Kennewick State WA Zip Code 99336-7750

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt **12 / 15 / 2013**

Transaction ID : 6076FF67-CED7-40CA-B

Amount of Each Receipt this Period **41.67**

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

Mailing Address 525 Ave Fd Roosevelt Ofc 705

City San Juan State PR Zip Code 00918-8057

FEC 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 **12 / 16 / 2013**

Transaction ID : 94FDB5FE-EC41-4CA0-9

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **572.09**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Marvin Talansky
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 S Arlene Dr
 City West Long Branch State NJ Zip Code 07764-1157
 FEC 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2013
Transaction ID : 00264555-F0A2-4691-A
 Amount of Each Receipt this Period
 365.00

B. Monica Thoms
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 S Arlington Heights Rd
 City Arlington Heights State IL Zip Code 60005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : 58B53230-F653-4F2C-B
 Amount of Each Receipt this Period
 365.00

C. Can Tran
 Full Name (Last, First, Middle Initial)
 Mailing Address 3625 Red Oak Ct
 City New Orleans State LA Zip Code 70131-8425
 FEC 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
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2013
Transaction ID : 1B068C11-1625-4ED5-8
 Amount of Each Receipt this Period
 199.00

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)	PAGE 33 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Lawrence Ulanski
Full Name (Last, First, Middle Initial)

Mailing Address 400 E South Water St
Apt 4502

City Chicago State IL Zip Code 60601-4099

FEC 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
12 / 05 / 2013
Transaction ID : 35F5EEFB-1852-4F1E-8

Amount of Each Receipt this Period
199.00

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

Mailing Address 1717 Shaffer St Ste 207

City Kalamazoo State MI Zip Code 49048-1625

FEC 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
12 / 12 / 2013
Transaction ID : 8A68E6EC-B04A-4DBE-A

Amount of Each Receipt this Period
365.00

C. Floyd Wergeland Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 3425 Malpazo Ct

City Bonita State CA Zip Code 91902-1221

FEC 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
12 / 03 / 2013
Transaction ID : 086DAE87-4461-4F73-B

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)	PAGE 34 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Martin Whitaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 193 Main St
 City Norway State ME Zip Code 04268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 10 / 2013
Transaction ID : 9C101E57-4684-4581-B
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1000.00

B. Stewart White
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 Lakeside Boulevard
 City Lakeside State MT Zip Code 59922-9701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 17 / 2013
Transaction ID : 2D3C57AA-7C2C-40DB-8
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 300.00

C. Paul Wiesner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1800 E Pavilion Pl Unit B
 City Montrose State CO Zip Code 81401-5499
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 03 / 2013
Transaction ID : 030D4CF3-0F10-46E9-B
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date
 2000.00

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Julianne Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 21438 SW Christensen Ct
 City Tualatin State OR Zip Code 97062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2013
Transaction ID : A9D31CFE-FD7B-493F-9
 Amount of Each Receipt this Period
 250.00

B. David Wold
 Full Name (Last, First, Middle Initial)
 Mailing Address 1814 Lincoln Way
 City Coeur D Alene State ID Zip Code 83814-2540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2013
Transaction ID : 65E0F13F-CC0E-49E8-8
 Amount of Each Receipt this Period
 300.00

C. Jeremy Wolfe
 Full Name (Last, First, Middle Initial)
 Mailing Address 3535 West 13 Mile Rd Ste 344
 City Royal Oak State MI Zip Code 48073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1541.71

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 67F34335-1B48-4852-9
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	633.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Samuel Yun
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Lawrence St #5
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2013
Transaction ID : 22720358-C91C-42B6-A
 Amount of Each Receipt this Period
 30.42

B. Samuel Yun
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 Lawrence St #5
 City New Haven State CT Zip Code 06511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.36

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013
Transaction ID : BE851162-2688-401A-8
 Amount of Each Receipt this Period
 30.42

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 Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	60.84
TOTAL This Period (last page this line number only).....▶	28030.30

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Dec 2013 - Bank charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 04F0A51355EC4C1F458

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bera Victory Fund

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Bera Victory Fund

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : 85D497CB0FF7C42EB88

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

William H. Flores

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: TX District: 17

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : 88BA708A9C1EABFCF2D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Braley for Iowa

Mailing Address PO Box 856

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Bruce L. Braley

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: IA District:

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : A1F89AC72F31C41C37A

Amount of Each Disbursement this Period

5000.00

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

12500.00

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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chesapeake PAC

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Chesapeake PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2013

Transaction ID : 4BD6A357AA3A869CA70

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2014 Primary

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
12 / 18 / 2013

Transaction ID : 29B89D1825F5D57AEED

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Donna Christensen Campaign

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement
2014 Primary

011

Candidate Name

Donna Marie Christensen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: VI District: 01

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2013

Transaction ID : 04D94549EA21C033314

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Engel for Congress

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Eliot L. Engel

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 25BFA34585FF1D8F158

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address PO Box 61

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Elizabeth Esty

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : B67E35ECDEBE7A881C4

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Rich Nugent

Mailing Address PO Box 15668

City State Zip Code
Brooksville FL 34604-0122

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Richard B. Nugent

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2013

Transaction ID : 9EA6AEC0491BC7547A6

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)..... ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement
2014 Primary

011

Candidate Name

Darrell Issa

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 49

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 0065393A451F735439A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Julia Brownley for Congress

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement
2014 Primary

011

Candidate Name

Julia Brownley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 977F07D133941EFC483

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ron Kind

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 0E0E99B158C4DCEE669

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Luke Messer for Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
2014 Primary

011

Candidate Name

Allan Lucas Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 63D2228BC54F7B01232

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement
2014 Primary

011

Candidate Name

Michael Clifton Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2013			

Transaction ID : D331C4F5FBEC5F0366C

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michael D. Crapo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 0828850B60677A7DCF3

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Murphpac

Mailing Address 410 1st St SE, FI 3

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

011

Category/
Type

Candidate Name

Murphpac

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 4B68CD14BC4F8C97095

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) Contribution

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : CE513C6729DB453989B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Peterson for Congress

Mailing Address 26192 Floyd Lake Point Road

City Detroit Lakes State MN Zip Code 56502

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Collin C. Peterson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) Contribution

State: MN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 731ECA8B5F30F9F0C5F

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2014 Primary

011

Candidate Name

Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 36E9849B8BD58880A35

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Shore PAC

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Shore PAC

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			03			2013			

Transaction ID : 57A453766877170B1ED

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy for Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement
2014 Primary

011

Candidate Name

Timothy F. Murphy

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2013			

Transaction ID : 1553B0C616150DF07A3

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2014 Primary

011

Category/
Type

Candidate Name

Gregory P. Walden

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

Transaction ID : 8322987586FDF43823A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Ron Wyden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2013

Transaction ID : EAE5EF2FE368D96F9A7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

3500.00

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

46000.00
