



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		455910.36
(b) Cash on Hand at Beginning of Reporting Period.....	432117.14	
(c) Total Receipts (from Line 19) .....	180919.50	356792.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	613036.64	812703.22
7. Total Disbursements (from Line 31).....	123266.05	322932.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	489770.59	489770.59
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

Write or Type Committee Name

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	147999.36	295885.94
(ii) Unitemized .....	32920.14	59906.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	180919.50	355792.86
(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) .....	180919.50	355792.86
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	1000.00
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))..... ▶	180919.50	356792.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	180919.50	356792.86

**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 .....	59583.05	63327.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	59583.05	63327.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	59000.00	248647.69
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 .....	4683.00	10957.68
(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)).....	4683.00	10957.68
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)) ..	123266.05	322932.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123266.05	322932.63

**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) .....	180919.50	355792.86
34. Total Contribution Refunds (from Line 28(d)) .....	4683.00	10957.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	176236.50	344835.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	59583.05	63327.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59583.05	63327.26

**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 133
	<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	<input type="checkbox"/> 17

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

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

**A. Abdulfatah Ali**  
Full Name (Last, First, Middle Initial)

Mailing Address 5421 La Sierra Dr

City Dallas State TX Zip Code 75231-4107

FEC 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  
 05 / 17 / 2012

**Transaction ID : 8503B8DDEF6DBE76FB0**

Amount of Each Receipt this Period  
 365.00

**B. John Aljian**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Johnson Ave

City Englewood Cliffs State NJ Zip Code 07632-2127

FEC 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  
 05 / 14 / 2012

**Transaction ID : 536A944C988E7EE460C**

Amount of Each Receipt this Period  
 365.00

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

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : E56768BAAC2DBA1E3C8**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> 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 133
	<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 Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 S Eliseo Dr  
 Ste 102  
 City Greenbrae State CA Zip Code 94904-2152  
 FEC 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  
 05 / 02 / 2012  
**Transaction ID : 87A08B10709B5FB1C50**  
 Amount of Each Receipt this Period  
 500.00

**B. Andrew Antoszyk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5911 Laurium Rd  
 City Charlotte State NC Zip Code 28226-5615  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : 41B25E8D4C085A74AAD**  
 Amount of Each Receipt this Period  
 500.00

**C. Warren Appleman**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2012  
**Transaction ID : 428AB00595322C6EA153**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1041.67
<b>TOTAL</b> 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 133
	<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) <b>A. John Armstrong</b>		Date of Receipt
Mailing Address 1590 Darling St		M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2012
City	State	Zip Code
Ogden	UT	84403-0445
FEC ID number of contributing federal political committee.		Transaction ID : <b>1CDA8970433C04958AC</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		365.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. George Arzeno</b>		Date of Receipt
Mailing Address PO Box 361142		M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2012
City	State	Zip Code
San Juan	Se	00936-1142
FEC ID number of contributing federal political committee.		Transaction ID : <b>00BBBA1D79000BF8112</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven Bagan</b>		Date of Receipt
Mailing Address 4344 20th Ave S		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012
City	State	Zip Code
Fargo	ND	58103-7436
FEC ID number of contributing federal political committee.		Transaction ID : <b>2A1D0CF59B8DAA57D03</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		500.00
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 133
	<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 Bailey**  
Full Name (Last, First, Middle Initial)

Mailing Address 912 E Willow Grove Ave

City Wyndmoor State PA Zip Code 19038-7910

FEC 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  
05 / 24 / 2012  
Transaction ID : 032D5DA9035E16FDF7

Amount of Each Receipt this Period  
500.00

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

Mailing Address 345 E 53rd St

City Minneapolis State MN Zip Code 55419-1431

FEC 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  
05 / 30 / 2012  
Transaction ID : 9C5C0E9AB7300A7CA29

Amount of Each Receipt this Period  
500.00

**C. Mark Balles**  
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 ▼ 1000.00

Date of Receipt  
05 / 24 / 2012  
Transaction ID : 0D06B308-DB09-4B21-

Amount of Each Receipt this Period  
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 133
	<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) <b>A. Katherine Baltz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2012 <b>Transaction ID : F8E43D6495E16A0E78B</b>
Mailing Address 5 Saint Vincent Cir Ste 101		Amount of Each Receipt this Period 500.00
City Little Rock	State AR	
Zip Code 72205-5415		Aggregate Year-to-Date ▼ 500.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Joseph Barron</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2012 <b>Transaction ID : E3F1EEEEB62CA567C0BB</b>
Mailing Address 3101 Mercedes Dr		Amount of Each Receipt this Period 365.00
City Monroe	State LA	
Zip Code 71201-5153		Aggregate Year-to-Date ▼ 365.00
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Ivan Batlle</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012 <b>Transaction ID : 4AD792BA1FD4AC9B135D</b>
Mailing Address 9301 W 74th St Ste 210		Amount of Each Receipt this Period 41.67
City Shawnee Mission	State KS	
Zip Code 66204-2235		Aggregate Year-to-Date ▼ 208.35
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	906.67
<b>TOTAL</b> 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 133
	<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) <b>A. Vineet Batra</b>		Date of Receipt
Mailing Address 15051 Hesperian Blvd Ste A		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City San Leandro	State CA	Zip Code 94578-3536
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : DD927AD9FB19B320D88</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Thomas Beardsley</b>		Date of Receipt
Mailing Address 8 Medical Park Dr		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City Asheville	State NC	Zip Code 28803-2493
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : D6981924BBE87EB4C90</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>C. Rulon Beesley</b>		Date of Receipt
Mailing Address 44404 16th St W Ste 102		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City Lancaster	State CA	Zip Code 93534-2839
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : BDCAB4EC172D4679810</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
		<input type="text" value="365.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 133
	<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. William Benevento**  
Full Name (Last, First, Middle Initial)

Mailing Address 777 Tanglefoot Ln

City Bettendorf State IA Zip Code 52722-1650

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
05 / 24 / 2012  
**Transaction ID : 1DDCF4D2605A0E1B68F**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 1955 NW Northrup St

City Portland State OR Zip Code 97209-1614

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 08 / 2012  
**Transaction ID : EE5450E0FB96B02043D**

Amount of Each Receipt this Period  
500.00

**C. Andrew Berman**  
Full Name (Last, First, Middle Initial)

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 ▼ 415.00

Date of Receipt  
05 / 21 / 2012  
**Transaction ID : 9E2DF422DEAD1263C34**

Amount of Each Receipt this Period  
415.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1280.00

**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 133
	<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. Perry Binder**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 6th Ave  
Unit 307

City San Diego State CA Zip Code 92103-6630

FEC 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  
05 / 07 / 2012  
**Transaction ID : 1751EAF97C96B51363C**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 1501 50th St  
Ste 133

City West Des Moines State IA Zip Code 50266-5920

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 ▼  
365.00

Date of Receipt  
05 / 14 / 2012  
**Transaction ID : DB0258C25548158BD4E**

Amount of Each Receipt this Period  
365.00

**C. James Bobrow**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 Hunter Ave  
Ste 102

City Clayton State MO Zip Code 63124-2082

FEC 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  
05 / 04 / 2012  
**Transaction ID : 45A1E9FE1D50031A8BB**

Amount of Each Receipt this Period  
500.00

**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)	PAGE 14 OF 133
	<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) <b>A. Steven Bodine</b>		Date of Receipt
Mailing Address 915 Palmer Rd Retina Consultations		MM / DD / YYYY 05 / 29 / 2012
City Bronxville	State NY	Zip Code 10708-3304
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 446C9526BF463FAAE26F</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		208.35

Full Name (Last, First, Middle Initial) <b>B. H. Culver Boldt</b>		Date of Receipt
Mailing Address 29 SHAGBARK Ct.		MM / DD / YYYY 05 / 17 / 2012
City Iowa City	State IA	Zip Code 52246
FEC ID number of contributing federal political committee. C		<b>Transaction ID : EC861C90F6CEB08B8F6</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		365.00

Full Name (Last, First, Middle Initial) <b>C. James Braun</b>		Date of Receipt
Mailing Address 114 Country Club Dr		MM / DD / YYYY 05 / 03 / 2012
City Hot Springs	State AR	Zip Code 71901-8034
FEC ID number of contributing federal political committee. C		<b>Transaction ID : B617EDE5201D80BC88C</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	656.67
<b>TOTAL</b> 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 133
	<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)**

**A. James Gerard Brooks Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2718 Madden Dr  
 City Columbus State GA Zip Code 31906-1137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2012  
**Transaction ID : 4C62A1D5551D8EAE4700**  
 Amount of Each Receipt this Period  
 41.67

**B. Bruce Brumm**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6751 N 72nd St Ste 105  
 City Omaha State NE Zip Code 68122-1746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 41D0BFD7B07DE8E2FC9C**  
 Amount of Each Receipt this Period  
 41.67

**C. Donald Budenz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5151 Bioinformatics Campus Box 7040  
 City Chapel Hill State NC Zip Code 27599-7040  
 FEC 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  
 05 / 07 / 2012  
**Transaction ID : E6E6A7C7049191B7E2B**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> 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 133
	<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. Patricia Buehler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1122 NW Foxwood  
 City Bend State OR Zip Code 97701-8606  
 FEC 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 Y  
 05 / 04 / 2012  
**Transaction ID : 0684DDC8F36BD216FC6**  
 Amount of Each Receipt this Period  
 1000.00

**B. Frank Burns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 Pepperbush Rd  
 City Louisville State KY Zip Code 40207-5707  
 FEC 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  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2012  
**Transaction ID : 4D55AA2F328570C38B5E**  
 Amount of Each Receipt this Period  
 83.34

**C. Brandon Busbee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Warwick Lane Ste 350  
 City Nashville State TN Zip Code 37205  
 FEC 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 Y  
 05 / 17 / 2012  
**Transaction ID : 21E3A08C43CB00C9A77**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.34
<b>TOTAL</b> 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 133
	<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	<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) <b>A. Carlos Buznego</b>		Date of Receipt
Mailing Address 8940 N Kendall Dr Ste 400E		<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code
Miami	FL	33176-2175
FEC ID number of contributing federal political committee.		Transaction ID : <b>6FAF480C-4CF4-4F44-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kenneth Cahill</b>		Date of Receipt
Mailing Address 262 Neil Ave Ste 430		<input type="text" value="05"/> / <input type="text" value="02"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43215-7312
FEC ID number of contributing federal political committee.		Transaction ID : <b>479FDA63E10562CFBA7</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joseph Calderone</b>		Date of Receipt
Mailing Address 2 South Ave E Ste 1		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cranford	NJ	07016-2811
FEC ID number of contributing federal political committee.		Transaction ID : <b>2233BC342A1B803D0FD</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 133
	<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. Bruce Cameron**  
Full Name (Last, First, Middle Initial)

Mailing Address 10330 Meridian Ave N  
Ste 370

City Seattle State WA Zip Code 98133-9463

FEC 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  
05 / 24 / 2012  
Transaction ID : 1F44C9A1-D804-4B99-

Amount of Each Receipt this Period  
500.00

**B. John Campagna**  
Full Name (Last, First, Middle Initial)

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  
05 / 07 / 2012  
Transaction ID : 60D4B2D867CD98D8395

Amount of Each Receipt this Period  
365.00

**C. Charles Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 5540 Saratoga Blvd  
Ste 200

City Corpus Christi State TX Zip Code 78413-2953

FEC 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  
05 / 09 / 2012  
Transaction ID : 35005A8FBD488D46196

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 133
	<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. Louis Cantor**  
Full Name (Last, First, Middle Initial)

Mailing Address 455 Somerset Dr W

City Indianapolis State IN Zip Code 46260-2919

FEC 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  
 05 / 08 / 2012  
**Transaction ID : 0D5725875E627919690**

Amount of Each Receipt this Period  
 500.00

**B. Jose Carro Soto**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 9924

City Arecibo State Se Zip Code 00613-9924

FEC 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  
 05 / 08 / 2012  
**Transaction ID : 13FAB08ECE5824647AC**

Amount of Each Receipt this Period  
 365.00

**C. Leon Frank Cashwell Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 N Pointe Ct

City Greensboro State NC Zip Code 27408-3187

FEC 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  
 05 / 25 / 2012  
**Transaction ID : BB75E93F621D1A742C5**

Amount of Each Receipt this Period  
 300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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) <b>A. Denise Chamblee</b>		Date of Receipt
Mailing Address 10 Jacobs Ln		M M M / D D D / Y Y Y Y Y Y 05 / 03 / 2012
City	State	Zip Code
Newport News	VA	23606-2815
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 547BD3ABA55B18400F8</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	365.00	

Full Name (Last, First, Middle Initial) <b>B. Audrey Chan</b>		Date of Receipt
Mailing Address 24 Olde Sheepfield Rd		M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2012
City	State	Zip Code
Marion	MA	02738-2137
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 8CDB7C72B4D6E8B3361</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. Audrey Chan</b>		Date of Receipt
Mailing Address 24 Olde Sheepfield Rd		M M M / D D D / Y Y Y Y Y Y 05 / 23 / 2012
City	State	Zip Code
Marion	MA	02738-2137
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 605E9128-3DF5-4C82-</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 133
	<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. Mohsin Cheema**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 370 Washington Ave  
 City Kingston State NY Zip Code 12401-3702  
 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  
 05 / 25 / 2012  
**Transaction ID : D5D350E20A60516FAE9**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date  1000.00

**B. David Chia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15785 Laguna Canyon Rd Ste 300  
 City Irvine State CA Zip Code 92618-3178  
 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  
 05 / 31 / 2012  
**Transaction ID : 63DEAC3A-BB6C-4F81-**  
 Amount of Each Receipt this Period  
 199.00  
 Aggregate Year-to-Date  398.00

**C. David Chia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15785 Laguna Canyon Rd Ste 300  
 City Irvine State CA Zip Code 92618-3178  
 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  
 05 / 31 / 2012  
**Transaction ID : 7E0D9807-1072-4A9F-**  
 Amount of Each Receipt this Period  
 199.00  
 Aggregate Year-to-Date  398.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1398.00
<b>TOTAL</b> 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 133
	<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	<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. Patrick Chin**

Mailing Address PO Box 698

City Westwood State NJ Zip Code 07675-0698

FEC 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  
 05 / 17 / 2012

**Transaction ID : E69BDC38C084DF9BD02**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Hak Chung**

Mailing Address 2070 Pleasant Hill Rd Ste 100

City Duluth State GA Zip Code 30096-4659

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2012

**Transaction ID : 4C049B8F05CBD903A8DE**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**C. Mark Cichowski**

Mailing Address PO Box 1227

City Coupeville State WA Zip Code 98239-1227

FEC 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  
 05 / 08 / 2012

**Transaction ID : 0AFE06361D7E3E343FD**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1541.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 133
	<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 Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 1252 Hidden Lake Dr

City Bloomfield Hills State MI Zip Code 48302-1955

FEC 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  
 05 / 30 / 2012  
**Transaction ID : 509B5139C4136A593CC**

Amount of Each Receipt this Period  
 365.00

**B. 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  
 05 / 02 / 2012  
**Transaction ID : 43529C0282444A40197D**

Amount of Each Receipt this Period  
 833.36

**C. Sander M. Zeskin Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 S Lenola Rd Bldg 11

City Moorestown State NJ Zip Code 08057-1556

FEC 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  
 05 / 25 / 2012  
**Transaction ID : 1ABDFAF06D12DC3C9E7**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2198.36
<b>TOTAL</b> 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 133
	<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. Ronald Cole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1700 Alhambra Blvd  
 Mvt Visual Rehabilitation Center,  
 City Sacramento State CA Zip Code 95816-7050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 05 / 24 / 2012  
**Transaction ID : 5E3D284708565569185**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  250.00

**B. James Conahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9330 S University Blvd  
 Ste 220  
 City Highlands Ranch State CO Zip Code 80126-5049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 05 / 18 / 2012  
**Transaction ID : BBE2173B77D37E331BA**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  365.00

**C. Joseph Coney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2816 Veron Ln  
 City Twinsburg State OH Zip Code 44087-3249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 05 / 17 / 2012  
**Transaction ID : 379E67529AAEBDC83DD**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1115.00
<b>TOTAL</b> 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 133
	<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. Joseph Conner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 W Tipton St  
 City Seymour State IN Zip Code 47274-2157  
 FEC 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  
 05 / 14 / 2012  
**Transaction ID : A674411401E0831A264**  
 Amount of Each Receipt this Period  
 1000.00

**B. Brian Connolly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Delancey Ct  
 City Pittsford State NY Zip Code 14534-2700  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : 5258F0D3C1DF471A9A5**  
 Amount of Each Receipt this Period  
 365.00

**C. James Conrad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite 300  
 4306 Harding Road  
 City Nashville State TN Zip Code 37205-2286  
 FEC 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  
 05 / 07 / 2012  
**Transaction ID : 98840BDC74C59385AD2**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> 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 133
	<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. Kim Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 1720 El Camino Real  
Ste 235

City Burlingame State CA Zip Code 94010-3213

FEC 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  
05 / 25 / 2012  
**Transaction ID : 32C8D182EFAE1932B19**

Amount of Each Receipt this Period  
1000.00

**B. Atyz Cope**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 239

City Statesboro State GA Zip Code 30459-0239

FEC 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  
05 / 27 / 2012  
**Transaction ID : 451D8B111464D675A56D**

Amount of Each Receipt this Period  
83.34

**C. Michael Couris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3969 4th Ave  
Ste 301

City San Diego State CA Zip Code 92103-3165

FEC 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  
05 / 22 / 2012  
**Transaction ID : E8ACFEB6DAF63D613AB**

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)	PAGE 27 OF 133
	<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) <b>A. Gregory Cox</b>		Date of Receipt
Mailing Address 2 Hamilton Health Pl Bldg NO2		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Hamilton	State NJ	Zip Code 08690-3563
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : FAE364C45F6EB4D80D8</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kevin Cox</b>		Date of Receipt
Mailing Address 635 Robert E Lee Ave		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Elkins	State WV	Zip Code 26241-3282
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 6F78489DAE2BB417899</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mark Cox</b>		Date of Receipt
Mailing Address 3400 W 10th St		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Sedalia	State MO	Zip Code 65301-2198
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 81057F6BFA7B3371717</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 133
	<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. Russell Cranston**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1084 E Lake Rd  
City Dundee State NY Zip Code 14837-9787  
FEC 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 **05 / 17 / 2012**  
**Transaction ID : 03F3827864494D29051**  
Amount of Each Receipt this Period **365.00**

**B. Kathleen Cronin**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 356  
City Monument Beach State MA Zip Code 02553-0356  
FEC 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 **05 / 25 / 2012**  
**Transaction ID : 58BB79A52543245D518**  
Amount of Each Receipt this Period **500.00**

**C. Paul Cutarelli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7887 E Belleview Ave Ste 180  
City Englewood State CO Zip Code 80111-6016  
FEC 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 **05 / 25 / 2012**  
**Transaction ID : A5A29B56F6A17C49166**  
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)	PAGE 29 OF 133
	<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. Martha Damaske Snearly**

Mailing Address 8055 Twin Oaks Dr

City Broadview Heights State OH Zip Code 44147-1035

FEC 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  
 05 / 10 / 2012  
**Transaction ID : D33451C3AE423A9E8E6**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**B. William Deegan**

Mailing Address 6355 Walker Ln  
Retina Group of Washington, Ste 50

City Alexandria State VA Zip Code 22310-3251

FEC 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  
 05 / 04 / 2012  
**Transaction ID : BB276EF450AE5AD5C19**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C. Ellen Dehm**

Mailing Address 160 Pleasant St

City Attleboro State MA Zip Code 02703-2443

FEC 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  
 05 / 07 / 2012  
**Transaction ID : EF0BE677EC27AC35774**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 133
	<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. David Demartini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 La Casa Via  
 Ste 222  
 City Walnut Creek State CA Zip Code 94598-3014  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : 5B08F97DF58572862A0**  
 Amount of Each Receipt this Period  
 365.00

**B. Brian Desmond**  
 Full Name (Last, First, Middle Initial)  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : 97A96CD404AD71E09B7**  
 Amount of Each Receipt this Period  
 500.00

**C. Steven Dewey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1423 N Tejon St  
 City Colorado Springs State CO Zip Code 80907-7436  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : 7F0BEA05E0735D072FC**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 133
	<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. Anna Luisa Luisa Di Lorenzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1325 Pilgrim Ave  
 City Birmingham State MI Zip Code 48009-4803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2041.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2012  
**Transaction ID : 49F89C7AB711DC42E24E**  
 Amount of Each Receipt this Period  
 208.34

**B. Michael Diesenhause**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4991 N Circulo Sobrio  
 City Tucson State AZ Zip Code 85718-6061  
 FEC 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  
 05 / 30 / 2012  
**Transaction ID : 0BDEFD8A68CC4EAC957**  
 Amount of Each Receipt this Period  
 500.00

**C. Andrew Doan**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 4A49985278BC72C66BEF**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.01
<b>TOTAL</b> 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 133
	<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) <b>A. John Drouilhet</b>		Date of Receipt
Mailing Address 1329 Lusitana St Ste 502		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Honolulu	State HI	Zip Code 96813-2412
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : B15AAFC8DF0AA41BD78</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="365.00"/>

Full Name (Last, First, Middle Initial) <b>B. Robert Dundervill</b>		Date of Receipt
Mailing Address PO Box 3970		<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Charleston	State WV	Zip Code 25339-3970
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : DE6F25B45279F02E38D</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Alexander Eaton</b>		Date of Receipt
Mailing Address P O BOX 61768		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Fort Myers	State FL	Zip Code 33906
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 344338565C328A962BD</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="5000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="6365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 133
	<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 Malcolm Edwards**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1240 Colonial Commons Ct  
 City Lancaster State SC Zip Code 29720-2200  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : 7682F5C1146D6389FCC**  
 Amount of Each Receipt this Period  
 365.00

**B. Nancy Efferson-Bonachea**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Riverway Pl  
 Bedford Commons  
 City Bedford State NH Zip Code 03110-6730  
 FEC 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  
 05 / 01 / 2012  
**Transaction ID : B0D122A5-428E-4D04-**  
 Amount of Each Receipt this Period  
 500.00

**C. Joseph Elman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 140 Washington Ave  
 City North Haven State CT Zip Code 06473-1712  
 FEC 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  
 05 / 14 / 2012  
**Transaction ID : C2BF3A8E901DCA5ECE6**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 133
	<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) <b>A. Randy Ennen</b>		Date of Receipt
Mailing Address 3312 S 70th St		M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2012
City Fort Smith	State AR	Zip Code 72903-5052
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 1A3BF4410689878D295</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1000.00	

Full Name (Last, First, Middle Initial) <b>B. Katherine Erlichman</b>		Date of Receipt
Mailing Address 311 Hospital Dr		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2012
City Everett	State PA	Zip Code 15537-7022
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 1A030A9428F607A29A7</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Evans</b>		Date of Receipt
Mailing Address 9157 Huebner Rd		M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2012
City San Antonio	State TX	Zip Code 78240-1502
FEC ID number of contributing federal political committee. C		<b>Transaction ID : FD5169726C5ADE07B7D</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> 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 133
	<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. Randolph Falk**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11030 Valley Mall

City El Monte	State CA	Zip Code 91731-2617
------------------	-------------	------------------------

FEC 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  
05 / 03 / 2012  
**Transaction ID : 711CAA00718BDE8361C**

Amount of Each Receipt this Period  
250.00

**B. Samer Farah**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3250 Westchester Ave  
Ste 203A

City Bronx	State NY	Zip Code 10461-4580
---------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 04 / 2012  
**Transaction ID : 79F27F812324663C033**

Amount of Each Receipt this Period  
1000.00

**C. James Felch**  
Full Name (Last, First, Middle Initial)  
Mailing Address 117 Abbotsford Drive

City Nashville	State TN	Zip Code 37215
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FEC 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  
05 / 16 / 2012  
**Transaction ID : F0426F2D889A064CDA5**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> 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 133
	<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. Robert Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 Boston Ave  
 City Altamonte Springs State FL Zip Code 32701-4706  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : 42C1F305262B7AD8A0A**  
 Amount of Each Receipt this Period  
 250.00

**B. Robert Fier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1441 E Ocean Boulevard  
 City Stuart State FL Zip Code 34996-2646  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : CE2625BFEA0E6315B75**  
 Amount of Each Receipt this Period  
 365.00

**C. James Finegan**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 4F61B74B4ED36860666A**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 133
	<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. Richard Fish**  
Full Name (Last, First, Middle Initial)

Mailing Address 6560 Fannin St  
Vitreoretinal Cnslts, Ste 750

City Houston State TX Zip Code 77030-2727

FEC 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  
05 / 10 / 2012  
**Transaction ID : 72EF5CCC007A95F6F37**

Amount of Each Receipt this Period  
1000.00

**B. Keith Fisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 9th Ave  
Ste 404

City Fort Worth State TX Zip Code 76104-3918

FEC 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  
05 / 25 / 2012  
**Transaction ID : DB2BFEBaed5313A202C**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 67676 E Bay Rd

City North Bend State OR Zip Code 97459-9460

FEC 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  
05 / 09 / 2012  
**Transaction ID : CBE6FF699A8BF65C380**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 133
	<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) <b>A. Erin Fogel</b>		Date of Receipt 05 / 25 / 2012 <b>Transaction ID : 6D91404F00F6C4595CC</b>
Mailing Address 13 N Bow Dunbarton Rd		Amount of Each Receipt this Period 365.00
City Bow	State NH	Zip Code 03304-4701
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 ▼ 30.41	

Full Name (Last, First, Middle Initial) <b>B. Erin Fogel</b>		Date of Receipt 05 / 26 / 2012 <b>Transaction ID : 4873AAA691209C1C3740</b>
Mailing Address 13 N Bow Dunbarton Rd		Amount of Each Receipt this Period 30.41
City Bow	State NH	Zip Code 03304-4701
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 ▼ 30.41	

Full Name (Last, First, Middle Initial) <b>C. Terry Forrest</b>		Date of Receipt 05 / 04 / 2012 <b>Transaction ID : 21DDF3C69ECCAF2C13F</b>
Mailing Address 103 Cox Blvd		Amount of Each Receipt this Period 365.00
City Goldsboro	State NC	Zip Code 27534-9478
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	760.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 133
	<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) <b>A. K. Bailey Freund</b>		Date of Receipt
Mailing Address 460 Park Ave FI 5		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
New York	NY	10022-1858
FEC ID number of contributing federal political committee.		Transaction ID : <b>F90B2262F40BCAAAFB8</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Ronald Gailun</b>		Date of Receipt
Mailing Address 299 Carew St Ste 119		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City	State	Zip Code
Springfield	MA	01104-2360
FEC ID number of contributing federal political committee.		Transaction ID : <b>5BB78A22B1523262754</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Enrique Garcia-Valenzuela</b>		Date of Receipt
Mailing Address 1875 Dempster St Ste 640		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Park Ridge	IL	60068-1179
FEC ID number of contributing federal political committee.		Transaction ID : <b>8F6B8B201B9A2CAFBBF</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1230.00"/>
<b>TOTAL</b> 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 40 OF 133
	<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) <b>A. Blake Geren</b>		Date of Receipt
Mailing Address 3120 S 57th St		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fort Smith	AR	72903-4720
FEC ID number of contributing federal political committee.		Transaction ID : <b>03002B9F9CF0EE08177</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="415.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="415.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael Gilbert</b>		Date of Receipt
Mailing Address 1364 91st Ave NE		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Clyde Hill	WA	98004-3326
FEC ID number of contributing federal political committee.		Transaction ID : <b>49179EBB7159F6EE868F</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gina Gladstein</b>		Date of Receipt
Mailing Address 4 Dearfield Dr		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Greenwich	CT	06831-5351
FEC ID number of contributing federal political committee.		Transaction ID : <b>88A6E6AB46575EB7380</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="748.34"/>
<b>TOTAL</b> 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 41 OF 133
	<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. Scott Arnold Glesmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Highway 95  
 City Bullhead City State AZ Zip Code 86442-6803  
 FEC 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  
 05 / 14 / 2012  
**Transaction ID : 056CDE56D7493B7DEB8**  
 Amount of Each Receipt this Period  
 1000.00

**B. Warren Goldblatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Hartswood Rd  
 City Dover State NH Zip Code 03820-4337  
 FEC 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  
 05 / 16 / 2012  
**Transaction ID : D6DE902E-A66F-449F-**  
 Amount of Each Receipt this Period  
 1000.00

**C. Warren Goldblatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Hartswood Rd  
 City Dover State NH Zip Code 03820-4337  
 FEC 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  
 05 / 16 / 2012  
**Transaction ID : 7D6CB0E6-B6B5-45F4-**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 133
	<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. Warren Goldblatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Hartswood Rd  
 City Dover State NH Zip Code 03820-4337  
 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  
 05 / 16 / 2012  
**Transaction ID : 2F0D36F5-2721-4E4D-**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**B. Scott Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 319 2nd Street Pike  
 Tri County Eye Physicians and Sur  
 City Southamptn State PA Zip Code 18966-3811  
 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  
 05 / 25 / 2012  
**Transaction ID : A5B79C3F016AB403978**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Daniel Good**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 4th St  
 MS 7217  
 City Lubbock State TX Zip Code 79430-0002  
 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  
 05 / 07 / 2012  
**Transaction ID : 58D6A80E-F873-4C6C-**  
 Amount of Each Receipt this Period  
 2500.00  
 Aggregate Year-to-Date ▼  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 43 OF 133
	<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. Roy Goodart**  
Full Name (Last, First, Middle Initial)

Mailing Address 6545 Canyon Cove Dr

City Salt Lake City State UT Zip Code 84121-6340

FEC 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  
05 / 08 / 2012  
Transaction ID : B4CE3F1793FF6B27D45

Amount of Each Receipt this Period  
365.00

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

Mailing Address 621 S New Ballas Rd Ste 585A

City Saint Louis State MO Zip Code 63141-8261

FEC 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  
05 / 09 / 2012  
Transaction ID : D4A47D5A5A1B7F23DBC

Amount of Each Receipt this Period  
365.00

**c. John Douglas Goosey**  
Full Name (Last, First, Middle Initial)

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 ▼ 500.00

Date of Receipt  
05 / 29 / 2012  
Transaction ID : 41FFBA54E7DF02D50DDE

Amount of Each Receipt this Period  
100.00

**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 44 OF 133
	<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. Michael Graham**  
Full Name (Last, First, Middle Initial)

Mailing Address 1911 N Mills Ave

City Orlando State FL Zip Code 32803-1432

FEC 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  
05 / 24 / 2012  
Transaction ID : **4AB7F136E613496721C**

Amount of Each Receipt this Period  
365.00

**B. Robert Green Jr.**  
Full Name (Last, First, Middle Initial)

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  
05 / 07 / 2012  
Transaction ID : **77E39E95746FDB2A425**

Amount of Each Receipt this Period  
365.00

**C. Christopher Greer**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3528

City Fort Smith State AR Zip Code 72913-3528

FEC 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  
05 / 02 / 2012  
Transaction ID : **06A92B6F38E75C2D116**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> 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 45 OF 133
	<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. Erich Groos**  
Full Name (Last, First, Middle Initial)

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 ▼  
416.70

Date of Receipt  
05 / 16 / 2012  
**Transaction ID : 468085FB3E752A071EDD**

Amount of Each Receipt this Period  
83.34

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

Mailing Address 8222 Douglas Ave  
Ste 400

City Dallas State TX Zip Code 75225-5935

FEC 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  
05 / 25 / 2012  
**Transaction ID : A6D8B7AC9E1B840A90C**

Amount of Each Receipt this Period  
365.00

**C. Kenneth Grossman**  
Full Name (Last, First, Middle Initial)

Mailing Address 580 Collins Dr

City Merced State CA Zip Code 95348-3121

FEC 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  
05 / 30 / 2012  
**Transaction ID : 0E667E72AFA0C42D273**

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2948.34

**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 46 OF 133
	<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. John Hagan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9401 N Oak Trfy  
 Ste 200  
 City Kansas City State MO Zip Code 64155-3393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2012  
**Transaction ID : 4C83E9D81B1A150BF90**  
 Amount of Each Receipt this Period  
 500.00

**B. Lawrence Halperin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5882 Windsor Ter  
 City Boca Raton State FL Zip Code 33496-2758  
 FEC 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  
 05 / 30 / 2012  
**Transaction ID : 0F2AA84D1EA4EAA9AD1**  
 Amount of Each Receipt this Period  
 1000.00

**C. Richard Hamilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 S Mass Ave  
 Ste 802  
 City Lakeland State FL Zip Code 33801-5031  
 FEC 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  
 05 / 25 / 2012  
**Transaction ID : 72E523300109A250CB8**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 47 OF 133
	<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 Harbin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 Redmond Rd NW  
 City Rome State GA Zip Code 30165-1416  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : 5BD8FA4FC20E26D4551**  
 Amount of Each Receipt this Period  
 500.00

**B. R. Hardberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 N Van Buren St  
 City Little Rock State AR Zip Code 72205-3647  
 FEC 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  
 05 / 14 / 2012  
**Transaction ID : F1373EE65989AC05C06**  
 Amount of Each Receipt this Period  
 365.00

**C. David Harris Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1928 Alcoa Hwy Ste 324  
 City Knoxville State TN Zip Code 37920-1505  
 FEC 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  
 05 / 07 / 2012  
**Transaction ID : F620705430BE85E0582**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> 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 48 OF 133
	<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. H. King Hartman Jr.**  
Full Name (Last, First, Middle Initial)  
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 **365.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 14 / 2012**  
**Transaction ID : 53636BCAAC445CC6F42**  
Amount of Each Receipt this Period  
**365.00**

**B. Stewart Hazel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 E 3rd St  
City Duluth State MN Zip Code 55805-1951  
FEC 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  
**05 / 14 / 2012**  
**Transaction ID : 746821F7E49953887E5**  
Amount of Each Receipt this Period  
**365.00**

**C. Marnix Heersink**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 Ross Clark Cir Ste. 1  
City Dothan State AL Zip Code 36301-2040  
FEC 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  
**05 / 17 / 2012**  
**Transaction ID : 4F8E5485AE2823784A5**  
Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1730.00</b>
<b>TOTAL</b> 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 49 OF 133
	<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. Krista Heidar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1126 10th Ave E  
 Unit B  
 City Seattle State WA Zip Code 98102-4322  
 FEC 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  
 05 / 25 / 2012  
**Transaction ID : 1448EAC52319EBECD1C**  
 Amount of Each Receipt this Period  
 365.00

**B. Bruce Henderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1455 E Bert Kouns Loop  
 City Shreveport State LA Zip Code 71105-5634  
 FEC 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  
 05 / 18 / 2012  
**Transaction ID : C6D6B68331B56C715E9**  
 Amount of Each Receipt this Period  
 365.00

**C. John Herlihy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4560 S Glenview PI  
 City Rapid City State SD Zip Code 57702-6804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2012  
**Transaction ID : AF857E998EDC756D102**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> 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 50 OF 133
	<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) <b>A. William Holcomb</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2012
Mailing Address Suite 410 1890 Highway 157		<b>Transaction ID : 4BDB8712795D7989C6D2</b>
City Cullman	State AL	Zip Code 35058-0689
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 416.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David Hunt</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2012
Mailing Address 331 Laidley St Ste 301		<b>Transaction ID : 2B187B760B4B7AD5F2D</b>
City Charleston	State WV	Zip Code 25301-1605
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. W. Jackson II</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2012
Mailing Address 901 Crystal Spring Farm Rd		<b>Transaction ID : 49E2B243D2770DB0F5C4</b>
City Annapolis	State MD	Zip Code 21403-1001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer self	Occupation ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1133.34
<b>TOTAL</b> 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 51 OF 133
	<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) <b>A. Mark Iverson</b>		Date of Receipt 05 / 25 / 2012 <b>Transaction ID : CFE046ADC7A4A1372C0</b>
Mailing Address 81 River St		Amount of Each Receipt this Period 365.00
City Montpelier	State VT	Zip Code 05602-3792
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Edward Jaeger</b>		Date of Receipt 05 / 10 / 2012 <b>Transaction ID : 993FEC6AD9F6D05CB91</b>
Mailing Address 840 Walnut St Ste 800		Amount of Each Receipt this Period 250.00
City Philadelphia	State PA	Zip Code 19107-5109
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Scott Jamerson</b>		Date of Receipt 05 / 14 / 2012 <b>Transaction ID : 8FBFACC24048377D9CC</b>
Mailing Address 331 Laidley St Ste 301		Amount of Each Receipt this Period 1000.00
City Charleston	State WV	Zip Code 25301-1605
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1615.00
<b>TOTAL</b> 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 52 OF 133
	<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	<input type="checkbox"/> 17

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

**A. Leonard Joffe**  
Full Name (Last, First, Middle Initial)

Mailing Address 6051 E. Finisterra

City Tucson State AZ Zip Code 85750

FEC 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  
 05 / 17 / 2012

**Transaction ID : 83BADBB03CD55972581**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 10619 N Hayden Rd Ste 101

City Scottsdale State AZ Zip Code 85260-8510

FEC 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  
 05 / 04 / 2012

**Transaction ID : 8EEF42FE81E0BBAB04E**

Amount of Each Receipt this Period  
 500.00

**C. Randolph Johnston**  
Full Name (Last, First, Middle Initial)

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : 4DAABDC3CC09D29DDDA**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 965.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 133
	<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) <b>A. Leslie Jones</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2012
Mailing Address 2041 Georgia Ave NW Ste 2100		<b>Transaction ID : 473DA8D12D4684A74DC7</b>
City Washington	State DC	Zip Code 20060-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
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 ▼ 208.35	

Full Name (Last, First, Middle Initial) <b>B. Jerome Jordan</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012
Mailing Address 200 Mifflin Ave		<b>Transaction ID : 4332A65E94C1D5F6FA1E</b>
City Scranton	State PA	Zip Code 18503-1982
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
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 ▼ 208.35	

Full Name (Last, First, Middle Initial) <b>C. Emilio Justo</b>		Date of Receipt MM / DD / YYYY 05 / 02 / 2012
Mailing Address 19052 N R H Johnson Blvd		<b>Transaction ID : 7D97AE97C8756A5C48F</b>
City Sun City West	State AZ	Zip Code 85375-4401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	448.34
<b>TOTAL</b> 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 54 OF 133
	<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. Michael Kass**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 Lake Forest Dr

City Saint Louis State MO Zip Code 63117-1380

FEC 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  
05 / 04 / 2012  
Transaction ID : 19E53526F8787C5BA8A

Amount of Each Receipt this Period  
365.00

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

Mailing Address 335 E Parker Rd

City Morganton State NC Zip Code 28655-5112

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
05 / 18 / 2012  
Transaction ID : 15B6C57EDF88EC5B0F4

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3200 Morley Rd

City Shaker Heights State OH Zip Code 44122-2863

FEC 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  
05 / 14 / 2012  
Transaction ID : FDEC2C15EBC580CB357

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 133
	<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. Kent Kebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 1307 Aston Ave

City McComb State MS Zip Code 39648-2898

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
05 / 08 / 2012  
Transaction ID : 038938CDF7E45B422C9

Amount of Each Receipt this Period  
365.00

**B. Curtin Kelley**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Neil Ave Ste 320

City Columbus State OH Zip Code 43215-7311

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
05 / 09 / 2012  
Transaction ID : 2E2A22E27E999A6207B

Amount of Each Receipt this Period  
365.00

**C. Michael Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 8851 Ellstree Ln Ste 200

City Raleigh State NC Zip Code 27617-2046

FEC 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  
05 / 09 / 2012  
Transaction ID : 2789D9428E92D99A828

Amount of Each Receipt this Period  
500.00

**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)	PAGE 56 OF 133
	<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. William Kilpatrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7550 E 2nd St  
 City State Zip Code  
 Scottsdale AZ 85251-4504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 14 / 2012  
**Transaction ID : 2E34D14BF461B832A1B**  
 Amount of Each Receipt this Period  
 365.00

**B. James Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21711 Greater Mack Ave  
 City State Zip Code  
 Saint Clair Shores MI 48080-2418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2012  
**Transaction ID : 47EFBCE70915521A0AFC**  
 Amount of Each Receipt this Period  
 100.00

**C. Craig Kliger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Galewood Cir  
 City State Zip Code  
 San Francisco CA 94131-1132  
 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 ▼  
 652.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : 4845A48CA062F15199FB**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	495.42
<b>TOTAL</b> 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 57 OF 133
	<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. Paul Koch**  
Full Name (Last, First, Middle Initial)

Mailing Address 566 Toll Gate Rd

City Warwick State RI Zip Code 02886-2716

FEC 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  
 05 / 08 / 2012  
**Transaction ID : D94D037149A00480206**

Amount of Each Receipt this Period  
 365.00

**B. Stephen Kondash**  
Full Name (Last, First, Middle Initial)

Mailing Address 6909 Good Samaritan Dr

City Cincinnati State OH Zip Code 45247-5207

FEC 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  
 05 / 10 / 2012  
**Transaction ID : E8FB82CFF7B6413B40F**

Amount of Each Receipt this Period  
 365.00

**C. Douglas Kopp**  
Full Name (Last, First, Middle Initial)

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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : 4E52BD41608DA91FA1C6**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.00
<b>TOTAL</b> 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 58 OF 133
	<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. Michael Korey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3982 N Milwaukee Ave

City Chicago State IL Zip Code 60641-2703

FEC 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  
05 / 07 / 2012  
Transaction ID : **ED2E104C89A2B5E3671**

Amount of Each Receipt this Period  
365.00

**B. Marvin Kraushar**  
Full Name (Last, First, Middle Initial)

Mailing Address 509 E Broad St

City Westfield State NJ Zip Code 07090-2115

FEC 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  
05 / 02 / 2012  
Transaction ID : **BAF791E9BC4D1F6FE78**

Amount of Each Receipt this Period  
365.00

**C. W. Stephen Ku**  
Full Name (Last, First, Middle Initial)

Mailing Address 1850 Lakepointe Dr Ste 200

City Lewisville State TX Zip Code 75057-6443

FEC 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  
05 / 02 / 2012  
Transaction ID : **5B731BD3D17620DF032**

Amount of Each Receipt this Period  
500.00

**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)	PAGE 59 OF 133
	<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) <b>A. John Kunesh</b>		Date of Receipt
Mailing Address 2601 Far Hills Ave Kunesh Eye Center		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Dayton	State OH	Zip Code 45419-1634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : E75E38EA449D6DC76F0</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kristine Kunesh-Part</b>		Date of Receipt
Mailing Address 2601 Far Hills Ave		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Dayton	State OH	Zip Code 45419-1634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 2D52FC41B6DFB03E67D</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Gregory Kwasny</b>		Date of Receipt
Mailing Address 2300 N Mayfair Rd Ste 1030		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City Milwaukee	State WI	Zip Code 53226-1556
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 55DFDF8E7E2276FC8FC</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1230.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 133
	<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) <b>A. Gregory Ladas</b>		Date of Receipt
Mailing Address 2101 Medical Park Dr Ste 101		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City Silver Spring	State MD	Zip Code 20902-4053
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 639B802D6CDEF7AC0C5</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>B. H. Michael Lambert</b>		Date of Receipt
Mailing Address 1611 MANANA		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City Houston	State TX	Zip Code 78730
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 644C1F6E3D626241231</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Daniel Lange</b>		Date of Receipt
Mailing Address 30364 Lange Lane		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City La Crosse	State WI	Zip Code 55947
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 6A126CA462A330F5087</b>
Name of Employer Self	Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
	<input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1730.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 133
	<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) <b>A. Scott Lanoux</b>		Date of Receipt
Mailing Address 2820 Napoleon Ave Ste 900		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City New Orleans	State LA	Zip Code 70115-8200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 89C23616A289B9D97EB</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="365.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Mitchel Lautenberg</b>		Date of Receipt
Mailing Address 601 Route 37 W		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Toms River	State NJ	Zip Code 08755-8050
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 1A4D0270449680F3BC7</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Janice Law</b>		Date of Receipt
Mailing Address 2311 Pierce Ave		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Nashville	State TN	Zip Code 37232-0025
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 43908D5B8741FAB153A5</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="300.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="890.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 133
	<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. Katherine Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 N 2nd St  
Ste 215

City Boise State ID Zip Code 83702-6130

FEC 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  
05 / 10 / 2012  
**Transaction ID : 3C9689B83245B91BAFC**

Amount of Each Receipt this Period  
500.00

**B. Worldster S. Lee**  
Full Name (Last, First, Middle Initial)

Mailing Address 2048 Ualakaa St

City Honolulu State HI Zip Code 96822-7012

FEC 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  
05 / 04 / 2012  
**Transaction ID : 514BBBF92D8F0986CC8**

Amount of Each Receipt this Period  
1000.00

**C. James Lehmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 4775 Hamilton Wolfe Rd  
Ste 2

City San Antonio State TX Zip Code 78229-3456

FEC 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  
05 / 04 / 2012  
**Transaction ID : A99BE347DE4466A60D4**

Amount of Each Receipt this Period  
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Monte Leidenix**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2520 Smokey Ln  
 City Bismarck State ND Zip Code 58504-8917  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : B30EE323AFD71A2B3D9**  
 Amount of Each Receipt this Period  
 365.00

**B. Alden Leifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 680 Broadway Ste 114  
 City Paterson State NJ Zip Code 07514-1526  
 FEC 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  
 05 / 02 / 2012  
**Transaction ID : EB9423F7178ED753C1A**  
 Amount of Each Receipt this Period  
 365.00

**C. Rick Leoni**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 Rue Louis XIV Ste A  
 City Lafayette State LA Zip Code 70508-5736  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : 2F0B9B808DA16A07DA9**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> 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 64 OF 133
	<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. Andrew Levada**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 W Main St  
Ste 100

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 ▼  
365.00

Date of Receipt  
05 / 08 / 2012  
**Transaction ID : 48A8E181783936C388E**

Amount of Each Receipt this Period  
365.00

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

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  
05 / 08 / 2012  
**Transaction ID : 81FF1BDC3518709BF6E**

Amount of Each Receipt this Period  
1000.00

**C. Douglas Litchfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 S 5th St

City Bismarck State ND Zip Code 58504-5675

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
05 / 16 / 2012  
**Transaction ID : 64084803B69C15E22D0**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> 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 65 OF 133
	<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. Mark Lomeo**

Mailing Address 6655 Post Rd

City State Zip Code  
Dublin OH 43016-8214

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

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : 77DCF2DA7D44E29F941**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. McGregor Lott**

Mailing Address 413 Lister St

City State Zip Code  
Waycross GA 31501-5225

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

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2012  
**Transaction ID : A4C39A1D2F23EE9E66B**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. Gerald Loushin**

Mailing Address 12000 Elm Creek Blvd N  
Ste 100

City State Zip Code  
Maple Grove MN 55369-7074

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

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2012  
**Transaction ID : EEA5D97E08001BF7B9B**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 66 OF 133
	<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. Peter Lowe**  
Full Name (Last, First, Middle Initial)

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  
05 / 16 / 2012  
Transaction ID : 41CEA607FAD8F4EB94E5

Amount of Each Receipt this Period  
83.34

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

Mailing Address 105 Central Ave

City Searcy State AR Zip Code 72143-7329

FEC 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  
05 / 04 / 2012  
Transaction ID : 492CB9216E83C625458

Amount of Each Receipt this Period  
365.00

**C. James Lusk**  
Full Name (Last, First, Middle Initial)

Mailing Address 744 Hazlewood Dr.

City Shreveport State LA Zip Code 71106

FEC 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  
05 / 17 / 2012  
Transaction ID : 90E2E1FB41AE3909ABF

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 813.34

**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 67 OF 133
	<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) <b>A. Mary Gerard Lynch</b>		Date of Receipt
Mailing Address 3845 Club Dr NE		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City	State	Zip Code
Atlanta	GA	30319-1109
FEC ID number of contributing federal political committee.		<b>Transaction ID : 7332AFF03B0D2EE3FBC</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jennifer Lyons</b>		Date of Receipt
Mailing Address 3220 SW Sherwood Pl		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	OR	97201-1402
FEC ID number of contributing federal political committee.		<b>Transaction ID : 24B6E0450EF46507551</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Mark Mannis</b>		Date of Receipt
Mailing Address 4860 Y St Uc Davis Department of Ophthalmolo		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sacramento	CA	95817-2307
FEC ID number of contributing federal political committee.		<b>Transaction ID : 05F9861FDD7524C544D</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1115.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 133
	<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. Sharon Marshall**  
 Full Name (Last, First, Middle Initial)  
 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)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : 4CE79644941E1FCEF161**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 208.35

**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)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012  
**Transaction ID : 41CC94B1ACB14804DCD6**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 208.35

**C. Raul Masvidal**  
 Full Name (Last, First, Middle Initial)  
 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)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 7E2E1E33582CDEE328A**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 448.34  
**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 69 OF 133
	<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. G. Philip Matthews**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 399 Melrose Dr  
 Ste D  
 City Richardson State TX Zip Code 75080-4455  
 FEC 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  
 05 / 02 / 2012  
**Transaction ID : EDC147DBA010D16E1EB**  
 Amount of Each Receipt this Period  
 500.00

**B. Thomas Mauger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1390 BRIARCLIFFE  
 City Columbus State OH Zip Code 43065  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : A7039873F692370C2BE**  
 Amount of Each Receipt this Period  
 500.00

**C. Mark Mayle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 Hoffman Ave  
 City Morgantown State WV Zip Code 26505-7302  
 FEC 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 12 / 2012  
**Transaction ID : 4971A2424B045D18E31E**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.34
<b>TOTAL</b> 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 70 OF 133
	<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	<input type="checkbox"/> 17

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

**A. Kevin McAuliffe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9925 San Jose Blvd  
 City Jacksonville State FL Zip Code 32257-5851  
 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  
 05 / 17 / 2012  
**Transaction ID : C7AF53E9ECC534B3C88**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

**B. C. McCarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7411 Wallace Blvd  
 City Amarillo State TX Zip Code 79106-1835  
 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  
 05 / 07 / 2012  
**Transaction ID : 46C9B4750CD37592467E**  
 Amount of Each Receipt this Period  
 50.00  
 Aggregate Year-to-Date ▼  
 250.00

**c. Charles McCormick III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30 N Emerson Ave  
 City Greenwood State IN Zip Code 46143-8895  
 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  
 05 / 14 / 2012  
**Transaction ID : C5A61D789660E8DBC28**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 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)	PAGE 71 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. David McCullough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 King St  
 City Stratford State CT Zip Code 06615-5849  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : AD3B7E791AC08842735**  
 Amount of Each Receipt this Period  
 365.00

**B. John McGetrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 635 1st St N  
 Gessler Clinic  
 City Winter Haven State FL Zip Code 33881-4129  
 FEC 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  
 05 / 28 / 2012  
**Transaction ID : OCA267D7-0A26-421A-**  
 Amount of Each Receipt this Period  
 500.00

**C. M. Lisa McHam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1900 Crown Colony Dr  
 Ste 300  
 City Quincy State MA Zip Code 02169-0979  
 FEC 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  
 05 / 20 / 2012  
**Transaction ID : 4E2EA81264FAB0394EA5**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	915.00
<b>TOTAL</b> 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 72 OF 133
	<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	<input type="checkbox"/> 17

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

**A. J. Kevin McKinney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1306 Division St  
 City Oregon City State OR Zip Code 97045-1523  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : 3E3512A5AE7E198C6BC**  
 Amount of Each Receipt this Period  
 500.00

**B. Richard Meister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5959 Greenback Ln Ste 310  
 City Citrus Heights State CA Zip Code 95621-4700  
 FEC 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  
 05 / 18 / 2012  
**Transaction ID : A7DCFC7A061D5516AA3**  
 Amount of Each Receipt this Period  
 500.00

**C. Toufic Melki**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 02 / 2012  
**Transaction ID : 92B05C76112F3930965**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> 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 73 OF 133
	<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. Priscilla Metcalf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 Regional Medical Dr  
 City Wharton State TX Zip Code 77488-9719  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : 89C1F50D84C0C75A16E**  
 Amount of Each Receipt this Period  
 365.00

**B. Carl Migliazzo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7504 Antioch Rd  
 City Overland Park State KS Zip Code 66204-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : 4F8D4093FB4859CAA29**  
 Amount of Each Receipt this Period  
 500.00

**C. Michael Edward Edward Migliori**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 392 Rochambeau Ave  
 City Providence State RI Zip Code 02906-3520  
 FEC 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : 4D1A8A389CFBD7812EBA**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> 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 74 OF 133
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Aaron Miller</b>		Date of Receipt
Mailing Address 19719 Oxalis Ct		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City	State	Zip Code
Spring	TX	77379-7555
FEC ID number of contributing federal political committee.		Transaction ID : <b>4FCB8BB0688E44DB43E6</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Anne Elizabeth Miller</b>		Date of Receipt
Mailing Address 1300 E 20th St		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cheyenne	WY	82001-4021
FEC ID number of contributing federal political committee.		Transaction ID : <b>CE155EDC7C9C27358F2</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Richard Mills</b>		Date of Receipt
Mailing Address 3714 E Columbia St		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City	State	Zip Code
Seattle	WA	98122-5251
FEC ID number of contributing federal political committee.		Transaction ID : <b>BDEA3A5CDF8508D1AE5</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="365.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="915.00"/>
<b>TOTAL</b> 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 75 OF 133
	<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) <b>A. Amalia Miranda</b>		Date of Receipt 05 / 14 / 2012 <b>Transaction ID : 4397951DAF6F44167E2A</b>
Mailing Address 4801 Bocage Ln		Amount of Each Receipt this Period 100.00
City Oklahoma City	State OK	Zip Code 73142-5407
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Abraham Mitias</b>		Date of Receipt 05 / 14 / 2012 <b>Transaction ID : EED1768F0D1EC54C4C8</b>
Mailing Address 215 Georgetown Pl		Amount of Each Receipt this Period 1000.00
City Charleston	State WV	Zip Code 25314-1871
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>C. Craig Morgan</b>		Date of Receipt 05 / 18 / 2012 <b>Transaction ID : EEE3AF2AB1580E4BC4A</b>
Mailing Address 1611 13th Ave		Amount of Each Receipt this Period 1000.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2100.00
<b>TOTAL</b> 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 76 OF 133
	<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. Paul Moyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 Bruton Cir  
 City Kettering State OH Zip Code 45429-1624  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : 633126F19F3A8020951**  
 Amount of Each Receipt this Period  
 500.00

**B. Daniel Nadler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Hazel Ln Ste 102  
 City Sewickley State PA Zip Code 15143-1253  
 FEC 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  
 05 / 25 / 2012  
**Transaction ID : 5DDD3CDDAF94D1A6017**  
 Amount of Each Receipt this Period  
 365.00

**C. Sok Nam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4278 W 3rd St  
 City Los Angeles State CA Zip Code 90020-3449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : 443BB9CBD099E1D5CA22**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> 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 77 OF 133
	<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. Mohit Nanda**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Peter Jefferson Pkwy  
Ste 350

City Charlottesville State VA Zip Code 22911-8836

FEC 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  
05 / 07 / 2012  
Transaction ID : 5462F9737B6894FB71E

Amount of Each Receipt this Period  
500.00

**B. G. Peyton Neatrou**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 First Colonial Rd

City Virginia Beach State VA Zip Code 23454-2217

FEC 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  
05 / 18 / 2012  
Transaction ID : EE2482DB021BA75723E

Amount of Each Receipt this Period  
365.00

**C. Ngoc Nguyen**  
Full Name (Last, First, Middle Initial)

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 ▼  
500.00

Date of Receipt  
05 / 09 / 2012  
Transaction ID : 71BF22DB1163B923309

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 78 OF 133
	<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	<input type="checkbox"/> 17

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

**A. Matthew Niemeyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 795 N 5th Ave

City Sequim State WA Zip Code 98382-3080

FEC 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  
05 / 04 / 2012  
Transaction ID : CA28821445CF7149CB8

Amount of Each Receipt this Period  
500.00

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

Mailing Address 44 timberlane Ct.

City Williamsville State NY Zip Code 14221-5799

FEC 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  
05 / 17 / 2012  
Transaction ID : 2DA597E553297C1C344

Amount of Each Receipt this Period  
365.00

**C. Kelly Patrick O'Neil**  
Full Name (Last, First, Middle Initial)

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 ▼ 416.70

Date of Receipt  
05 / 09 / 2012  
Transaction ID : 4C6993698F807F467A7D

Amount of Each Receipt this Period  
83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	948.34
<b>TOTAL</b> 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 79 OF 133
	<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) <b>A. Carolyn Oesterle</b>		Date of Receipt
Mailing Address 2015 N Main St		M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2012
City Wheaton	State IL	Zip Code 60187-3152
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 5664A796012077833AF</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>B. Karl Olsen</b>		Date of Receipt
Mailing Address 3501 Forbes Ave Ste 500		M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2012
City Pittsburgh	State PA	Zip Code 15213-3327
FEC ID number of contributing federal political committee. C		<b>Transaction ID : F01F7053EBBE2C4F48D</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		365.00

Full Name (Last, First, Middle Initial) <b>C. Randall Olson</b>		Date of Receipt
Mailing Address 65 Mario Capecchi Dr		M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2012
City Salt Lake City	State UT	Zip Code 84132-0005
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 68209C6B3B369738954</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> 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 80 OF 133
	<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. Emil Mitchel Opremcak**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Neil Ave  
Ste 220

City Columbus State OH Zip Code 43215-7310

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  
05 / 08 / 2012  
**Transaction ID : 66A771B76CA5806E1B6**

Amount of Each Receipt this Period  
1000.00

**B. Paul Orloff**  
Full Name (Last, First, Middle Initial)

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 ▼  
500.00

Date of Receipt  
05 / 05 / 2012  
**Transaction ID : 6EDCB2EE-B52F-428F-**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15840 Medical Dr S  
Ste A

City Findlay State OH Zip Code 45840-7833

FEC 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  
05 / 25 / 2012  
**Transaction ID : 07D53157BD7844A9C65**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> 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 81 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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. Mark Ozog**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1417 9th St S  
 Ste 100  
 City State Zip Code  
 Great Falls MT 59405-4509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : B404A7F70A40A6F444D**  
 Amount of Each Receipt this Period  
 365.00

**B. Timothy Page**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 S Adams Rd  
 Ste 201  
 City State Zip Code  
 Birmingham MI 48009-7008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2012  
**Transaction ID : 469FB0BC490AD8C5A017**  
 Amount of Each Receipt this Period  
 41.67

**C. Millicent Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4102 Woolworth Ave  
 Routing # 112  
 City State Zip Code  
 Omaha NE 68105-1851  
 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 ▼  
 407.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2012  
**Transaction ID : 43F18FD36D69CA72ABEC**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	448.34
<b>TOTAL</b> 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 82 OF 133
	<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. J. Anthony Parchue**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 Summit Ave  
 City Fort Worth State TX Zip Code 76102-4413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 05 / 30 / 2012  
**Transaction ID : A73DB59BD5E7D955D61**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 500.00

**B. Patrick Parden**  
 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)

Date of Receipt  
 05 / 09 / 2012  
**Transaction ID : EF69BA9877FBEF34AB9**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

**C. John Park**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2177 Oak Tree Rd Ste 203  
 City Edison State NJ Zip Code 08820-1082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 05 / 14 / 2012  
**Transaction ID : B2B3747C31ED8DFE326**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1230.00
<b>TOTAL</b> 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 83 OF 133
	<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 Parke II**  
Full Name (Last, First, Middle Initial)

Mailing Address 655 Beach St

City San Francisco State CA Zip Code 94109-1342

FEC 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  
 05 / 02 / 2012

**Transaction ID : 906BCCFB33379A8630A**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8218 Wisconsin Ave Ste 316

City Bethesda State MD Zip Code 20814-3107

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012

**Transaction ID : D22ACB4F9D88783B4EA**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 4414 W Dale Ave

City Tampa State FL Zip Code 33609-3707

FEC 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  
 05 / 14 / 2012

**Transaction ID : A2EA7CB9D467E5A6711**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> 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 84 OF 133
	<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. Ralph Paylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 E New Haven Ave

City Melbourne State FL Zip Code 32901-5427

FEC 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  
 05 / 14 / 2012

**Transaction ID : AB027BDF90BA81514DB**

Amount of Each Receipt this Period  
 500.00

**B. Randall Peairs**  
Full Name (Last, First, Middle Initial)

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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : CC91686F9A9F4D086C3**

Amount of Each Receipt this Period  
 365.00

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

Mailing Address 1020 W Buena Vista Rd

City Evansville State IN Zip Code 47710-5150

FEC 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  
 05 / 18 / 2012

**Transaction ID : 10266407D8325DFDF68**

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 85 OF 133
	<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. Elliot Perlman**  
Full Name (Last, First, Middle Initial)

Mailing Address 150 E Manning St

City Providence State RI Zip Code 02906-5109

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 ▼ 500.00

Date of Receipt 05 / 21 / 2012  
**Transaction ID : 2AA3DC0B2690D775715**

Amount of Each Receipt this Period 500.00

**B. Michael Peterson**  
Full Name (Last, First, Middle Initial)

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 05 / 14 / 2012  
**Transaction ID : 74DFFE13CB918F38168**

Amount of Each Receipt this Period 500.00

**C. Anthony Pisacano**  
Full Name (Last, First, Middle Initial)

Mailing Address 2590 Frisby Ave

City Bronx State NY Zip Code 10461-3240

FEC 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 05 / 21 / 2012  
**Transaction ID : 441291F21C5A0CE30B2**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 133
	<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. Tedd Puckett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1209 Valley View St  
 City Radford State VA Zip Code 24141-3831  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : 4EF458604E821EB8EA3**  
 Amount of Each Receipt this Period  
 365.00

**B. Peter Rapoza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Staniford St Ste 600  
 City Boston State MA Zip Code 02114-2539  
 FEC 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  
 05 / 09 / 2012  
**Transaction ID : 001E219D-ED71-46AB-**  
 Amount of Each Receipt this Period  
 500.00

**C. Mary Gina Ratchford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 67 Balfour Dr  
 City West Hartford State CT Zip Code 06117-2936  
 FEC 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  
 05 / 14 / 2012  
**Transaction ID : 57DC423419173C93ADB**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> 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 87 OF 133
	<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	<input type="checkbox"/> 17

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

**A. Ashok Reddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 1121 Roma Ave NE

City Albuquerque State NM Zip Code 87106-4734

FEC 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  
 05 / 02 / 2012

**Transaction ID : A056FEAC5CF798B335B**

Amount of Each Receipt this Period  
 500.00

**B. James Reece Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3939 J St Ste 280

City Sacramento State CA Zip Code 95819-3666

FEC 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  
 05 / 04 / 2012

**Transaction ID : 2DE30287B4414C19233**

Amount of Each Receipt this Period  
 365.00

**C. Harvey Reiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 945 Lantern Hill Rd

City Shavertown State PA Zip Code 18708-9474

FEC 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  
 05 / 14 / 2012

**Transaction ID : 96816298C9A4B974E16**

Amount of Each Receipt this Period  
 250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 133
	<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. Susan Jane Relf**

Mailing Address 205 NORTON ST

City Hermantown State MN Zip Code 55803

FEC 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  
 05 / 17 / 2012

**Transaction ID : 282FE1C961C4808BB79**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mike Reynolds**

Mailing Address 1602 W 15th Ave Ste B

City Emporia State KS Zip Code 66801-5672

FEC 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  
 05 / 14 / 2012

**Transaction ID : 7FCB1C7BCB5FC8736C8**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
1585.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2012

**Transaction ID : 4D389DE25FF055865D3C**

Amount of Each Receipt this Period  
317.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1317.00
<b>TOTAL</b> 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 89 OF 133
	<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. Michael Richie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1575 20th St NW  
Ste 101

City Faribault State MN Zip Code 55021-2931

FEC 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  
05 / 24 / 2012  
Transaction ID : **BC592179EE86ACBBEAD**

Amount of Each Receipt this Period  
500.00

**B. Chester Ridenour**  
Full Name (Last, First, Middle Initial)

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  
05 / 04 / 2012  
Transaction ID : **FFABFFCBEA96B7057FB**

Amount of Each Receipt this Period  
365.00

**C. Andrew Riemer**  
Full Name (Last, First, Middle Initial)

Mailing Address 5959 Lawndale St

City Ludington State MI Zip Code 49431-2921

FEC 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  
05 / 14 / 2012  
Transaction ID : **B9550E68AC4E00E54A6**

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)	PAGE 90 OF 133
	<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) <b>A. Gregory Riffle</b>		Date of Receipt
Mailing Address 9485 Mentor Ave Ste 110		M M M / D D D / Y Y Y Y Y Y 05 / 14 / 2012
City Mentor	State OH	Zip Code 44060-8724
FEC ID number of contributing federal political committee. C		Transaction ID : <b>A588F896064E76E6AB4</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>B. Harvey Rosenblum</b>		Date of Receipt
Mailing Address 220 Madison Ave		M M M / D D D / Y Y Y Y Y Y 05 / 04 / 2012
City New York	State NY	Zip Code 10016-3422
FEC ID number of contributing federal political committee. C		Transaction ID : <b>62D1F589F6CB9344F9A</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) <b>C. Enrica Rossi</b>		Date of Receipt
Mailing Address 1718 N Hudson Ave		M M M / D D D / Y Y Y Y Y Y 05 / 30 / 2012
City Chicago	State IL	Zip Code 60614-5611
FEC ID number of contributing federal political committee. C		Transaction ID : <b>600A4EEF7F975B362F2</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> 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 91 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <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) <b>A. Soheila Rostami</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : 6BD43EDEE3A1E2C767D</b>
Mailing Address 1860 Town Center Dr Ste 250		Amount of Each Receipt this Period 365.00
City Reston	State VA	Zip Code 20190-5899
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) <b>B. Edward Rubinchik</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : 17ADD7F6E2D339C30BB</b>
Mailing Address 918 President St		Amount of Each Receipt this Period 250.00
City Brooklyn	State NY	Zip Code 11215-1604
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Jay Rudd</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012 <b>Transaction ID : 9754F5E18EFE25F8C07</b>
Mailing Address 6841 Cooper Pt. Rd. NW		Amount of Each Receipt this Period 500.00
City Lacey	State WA	Zip Code 98503-1014
FEC ID number of contributing federal political committee. C	Name of Employer Self	Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 92 OF 133
	<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. Avery Rush**  
Full Name (Last, First, Middle Initial)

Mailing Address 7308 Fleming Ave

City Amarillo State TX Zip Code 79106-1829

FEC 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  
05 / 08 / 2012  
Transaction ID : **0664D90346E6C9DA30C**

Amount of Each Receipt this Period  
1000.00

**B. Stephen Ryan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1450 San Pablo St Rm 5900

City Los Angeles State CA Zip Code 90033-4500

FEC 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  
05 / 14 / 2012  
Transaction ID : **56CA64A37A073842B50**

Amount of Each Receipt this Period  
365.00

**C. Sina John Sabet**  
Full Name (Last, First, Middle Initial)

Mailing Address 5130 Duke St Ste 9

City Alexandria State VA Zip Code 22304-2955

FEC 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  
05 / 14 / 2012  
Transaction ID : **92F3C177E0F3E82A3CE**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00

**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 93 OF 133
	<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. Nasrollah Samiy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 724 Arden Ln  
 Ste 220  
 City Rock Hill State SC Zip Code 29732-2995  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : 8AB7EA3E661A6B7780F**  
 Amount of Each Receipt this Period  
 365.00

**B. James Sanitato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7333 Eastborne Rd  
 City Cincinnati State OH Zip Code 45255-3962  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : B89238A350F67F9D635**  
 Amount of Each Receipt this Period  
 365.00

**C. Stephen Schall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9100 Wilshire Blvd  
 Suite 852 West  
 City Beverly Hills State CA Zip Code 90212-3415  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : 500A2FC0E26D0B7FDB8**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> 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 94 OF 133
	<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. M. Charles Schlecte Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 Richland West Cir

City Waco State TX Zip Code 76712-7919

FEC 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 05 / 30 / 2012  
**Transaction ID : 1C41D918F737AD94D56**

Amount of Each Receipt this Period 500.00

**B. Martin Schneider**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 W Main St

City Freehold State NJ Zip Code 07728-2500

FEC 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 05 / 24 / 2012  
**Transaction ID : C4C15DA3-B66F-439B-**

Amount of Each Receipt this Period 365.00

**C. Gary Scholes**  
Full Name (Last, First, Middle Initial)

Mailing Address 345 College St SE Ste C

City Lacey State WA Zip Code 98503-1014

FEC 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 05 / 08 / 2012  
**Transaction ID : 30397A5F334C61C3B4D**

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)	PAGE 95 OF 133
	<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. Donald Schwartz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2650 Elm Ave  
 Ste 108  
 City Long Beach State CA Zip Code 90806-1600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2012  
**Transaction ID : FC56B0B43498D4A55F7**  
 Amount of Each Receipt this Period  
 365.00

**B. Bruce Segal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5258 Linton Blvd  
 Ste 302  
 City Delray Beach State FL Zip Code 33484-6530  
 FEC 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 Y  
 05 / 14 / 2012  
**Transaction ID : B7EA0037EB1DEC068B7**  
 Amount of Each Receipt this Period  
 500.00

**C. Shahin Shahinfar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4578 Pine Tree Ct  
 City Westerville State OH Zip Code 43082-8798  
 FEC 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 Y  
 05 / 14 / 2012  
**Transaction ID : 8644AFFFF6835E91470**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 96 OF 133
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. Mark Shapiro**

Mailing Address 1311 N Elm St

City Greensboro State NC Zip Code 27401-6305

FEC 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  
 05 / 04 / 2012  
**Transaction ID : CE13FC9C11F05A2C932**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Glenn Shear**

Mailing Address 33 Upper Riverdale Rd SW Ste 114

City Riverdale State GA Zip Code 30274-2642

FEC 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  
 05 / 14 / 2012  
**Transaction ID : 859BD7170FBEF52982C**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**c. David Shepherd**

Mailing Address 41935 W 12 Mile Rd Ste 103

City Novi State MI Zip Code 48377-3111

FEC 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  
 05 / 14 / 2012  
**Transaction ID : 4B33176D7AFA03AB787**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> 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 97 OF 133
	<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. Maria Shepler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2300 Barton Creek Blvd  
 Apt 22  
 City Austin State TX Zip Code 78735-1685  
 FEC 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  
 05 / 13 / 2012  
**Transaction ID : 44174FC1-4370-4769-**  
 Amount of Each Receipt this Period  
 365.00

**B. Richard Sherry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Grubb Rd  
 Ste 234  
 City Wilmington State DE Zip Code 19810-4796  
 FEC 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  
 05 / 09 / 2012  
**Transaction ID : 4EEB4AADCE1F8C62DBD**  
 Amount of Each Receipt this Period  
 365.00

**c. 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 ▼ 416.70

Date of Receipt  
 05 / 22 / 2012  
**Transaction ID : 4264BCB64627B92CE3E2**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	813.34
<b>TOTAL</b> 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 98 OF 133
	<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. R. Michael Siatkowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Stanton L Young Blvd  
 City Oklahoma City State OK Zip Code 73104-5014  
 FEC 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  
 05 / 04 / 2012  
**Transaction ID : 7C3420D0C26A63F2B9F**  
 Amount of Each Receipt this Period  
 365.00

**B. Joseph Sidikaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 N Roxbury Dr Ste 410  
 City Beverly Hills State CA Zip Code 90210-5006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2012  
**Transaction ID : BA42F1903D52157B4A6**  
 Amount of Each Receipt this Period  
 500.00

**C. Jeffrey Siegal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15340 Jog Rd Ste 210  
 City Delray Beach State FL Zip Code 33446-2170  
 FEC 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  
 05 / 02 / 2012  
**Transaction ID : E042F839AF69A6B7E32**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1165.00
<b>TOTAL</b> 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 99 OF 133
	<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. John Simon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 New Scotland Rd  
 Ste 202  
 City Slingerlands State NY Zip Code 12159-9386  
 FEC 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  
 05 / 07 / 2012  
**Transaction ID : D79FE043866FEB360E1**  
 Amount of Each Receipt this Period  
 365.00

**B. Lawrence Singerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 Enterprise Pkwy  
 Ste 300  
 City Cleveland State OH Zip Code 44122-7340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012  
**Transaction ID : 454E97291D7F72D7FF40**  
 Amount of Each Receipt this Period  
 83.34

**C. Ronald Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3624 Kinney Cir  
 City Los Angeles State CA Zip Code 90065-3529  
 FEC 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  
 05 / 03 / 2012  
**Transaction ID : 2D599620C3ACC62833D**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	813.34
<b>TOTAL</b> 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 100 OF 133
	<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) <b>A. Scott So</b>		Date of Receipt
Mailing Address 2100 Webster St Ste 214		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City San Francisco	State CA	Zip Code 94115-2375
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 45DD9A9A9E703A5FAC06</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Gerald Spindel</b>		Date of Receipt
Mailing Address 6 Tsienneto Rd Ste 101		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2012"/>
City Derry	State NH	Zip Code 03038-1584
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4E43AA8E8072E7FACAD3</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="41.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="208.35"/>	

Full Name (Last, First, Middle Initial) <b>C. Robert Stamper</b>		Date of Receipt
Mailing Address Ucsf Department Ophthalmology 10 Koret Way Room K-301		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City San Francisco	State CA	Zip Code 94143-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 7E3D2FB68E85295D21D</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="506.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 133
	<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. Rhoads Stevens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1329 Lusitana St  
Ste 209  
City Honolulu State HI Zip Code 96813-2411  
FEC 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  
**05 / 14 / 2012**  
**Transaction ID : C19793085AE6D6A6791**  
Amount of Each Receipt this Period  
**365.00**

**B. Cameron Stone**  
Full Name (Last, First, Middle Initial)  
Mailing Address 386 Kimberly Ave  
City Asheville State NC Zip Code 28804-2647  
FEC 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  
M M M / D D D / Y Y Y Y Y Y  
**05 / 03 / 2012**  
**Transaction ID : 435EB296A4E656C07384**  
Amount of Each Receipt this Period  
**83.34**

**C. Bradley Straatsma**  
Full Name (Last, First, Middle Initial)  
Mailing Address 100 Stein Plz  
City Los Angeles State CA Zip Code 90095-7065  
FEC 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  
**05 / 18 / 2012**  
**Transaction ID : 8F9BEA67F3949C2A939**  
Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>698.34</b>
<b>TOTAL</b> 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 102 OF 133
	<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) <b>A. Scott Strelow</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2012 <b>Transaction ID : 3B504FC1-24B4-464A-</b>
Mailing Address 3320 Franklin Rd SW		Amount of Each Receipt this Period 365.00
City Roanoke	State VA	
Zip Code 24014-1310		Aggregate Year-to-Date ▼ 365.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Brad Stuckenschneider</b>		Date of Receipt MM / DD / YYYY 05 / 08 / 2012 <b>Transaction ID : 4F7D498A7331BC2E110</b>
Mailing Address 3398 Legacy Dr		Amount of Each Receipt this Period 1000.00
City Poplar Bluff	State MO	
Zip Code 63901-8661		Aggregate Year-to-Date ▼ 1000.00
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) ▼

Full Name (Last, First, Middle Initial) <b>c. Shigemi Sugiki</b>		Date of Receipt MM / DD / YYYY 05 / 17 / 2012 <b>Transaction ID : 1D07E063BD5E404FF12</b>
Mailing Address 2398 Aina Lani Pl		Amount of Each Receipt this Period 365.00
City Honolulu	State HI	
Zip Code 96822		Aggregate Year-to-Date ▼ 365.00
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> 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 103 OF 133
	<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. Kevin Sullivan**  
Full Name (Last, First, Middle Initial)

Mailing Address 7447 W Talcott Ave  
Ste 300

City Chicago State IL Zip Code 60631-3714

FEC 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  
05 / 03 / 2012  
**Transaction ID : EF4AB259-2118-4456-**

Amount of Each Receipt this Period  
365.00

**B. Regina Sun**  
Full Name (Last, First, Middle Initial)

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 ▼  
416.70

Date of Receipt  
05 / 23 / 2012  
**Transaction ID : 44F28168D85B25E99BFE**

Amount of Each Receipt this Period  
83.34

**C. Bridget Sundell**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 9th St N  
Ste 219

City Virginia State MN Zip Code 55792-2375

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 ▼  
300.00

Date of Receipt  
05 / 01 / 2012  
**Transaction ID : 46A68F15-0E49-46BB-**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 748.34

**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 104 OF 133
	<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. Gareth Tabor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 939 TERRACE DR.  
 Ste 240  
 City Lake Oswego State OR Zip Code 97034-3935  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : 762F9565BF9FE1CAA94**  
 Amount of Each Receipt this Period  
 1000.00

**B. James Tammaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Capri Blvd  
 Ste 102  
 City Lake Havasu City State AZ Zip Code 86403-5661  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : D4D2C726AA8928DF687**  
 Amount of Each Receipt this Period  
 500.00

**C. Gary Tanner**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012  
**Transaction ID : 4DDB9EBCFE3E3B9C8F7B**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> 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 105 OF 133		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. John Teahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7110 Wyoming Blvd NE  
 City Albuquerque State NM Zip Code 87109-4867  
 FEC 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  
 05 / 30 / 2012  
**Transaction ID : 87EC51BAE77CEC41C9F**  
 Amount of Each Receipt this Period  
 365.00

**B. Donald Texada**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1501 Kings Hwy PO Box 33932  
 City Shreveport State LA Zip Code 71103-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2012  
**Transaction ID : F3EA9EAF7DE8FFE86BD**  
 Amount of Each Receipt this Period  
 300.00

**C. Gregory Lee Thorgaard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 135 Deppe Ln  
 City Ottumwa State IA Zip Code 52501-1218  
 FEC 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  
 05 / 17 / 2012  
**Transaction ID : 5B412EFF1AB7C49A936**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<b>TOTAL</b> 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 106 OF 133
	<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 Tingley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Ridge Rd  
 City Webster State NY Zip Code 14580-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2012  
**Transaction ID : BB11AF144D2756397F0**  
 Amount of Each Receipt this Period  
 500.00

**B. Kevin Treacy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 Ridgewood Rd  
 City Duluth State MN Zip Code 55804-1856  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2012  
**Transaction ID : 648B7C28EFD8B1EFE00**  
 Amount of Each Receipt this Period  
 500.00

**C. Alfredo Trevino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1006 E Hillside Rd  
 City Laredo State TX Zip Code 78041-3287  
 FEC 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  
 05 / 02 / 2012  
**Transaction ID : F414E5AD53D4BCDC05B**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> 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 107 OF 133
	<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. Alfredo Trevino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1006 E Hillside Rd

City Laredo State TX Zip Code 78041-3287

FEC 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  
05 / 02 / 2012  
Transaction ID : 2FD0B32E5EC1068E416

Amount of Each Receipt this Period  
365.00

**B. Kenneth Tuck**  
Full Name (Last, First, Middle Initial)

Mailing Address 3320 Franklin Rd SW

City Roanoke State VA Zip Code 24014-1310

FEC 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  
05 / 14 / 2012  
Transaction ID : 6014F55954DBE39FB68

Amount of Each Receipt this Period  
365.00

**C. Sara Vegh**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 E Watchwood

City Libertyville State IL Zip Code 60044

FEC 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  
05 / 18 / 2012  
Transaction ID : 5A813B1438B2070E3C7

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)	PAGE 108 OF 133
	<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. Mark Volpicelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 1174 Castro St  
Ste 100

City Mountain View State CA Zip Code 94040-2572

FEC 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  
05 / 02 / 2012  
Transaction ID : **E1B0A3C2DB77920B4DF**

Amount of Each Receipt this Period  
365.00

**B. William Thomas Walton**  
Full Name (Last, First, Middle Initial)

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 ▼  
208.35

Date of Receipt  
05 / 14 / 2012  
Transaction ID : **6A9CC9FE4582BA93521**

Amount of Each Receipt this Period  
41.67

**C. W. Lee Wan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 N Rose Ave  
Ste 200

City Oxnard State CA Zip Code 93030-3791

FEC 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  
05 / 23 / 2012  
Transaction ID : **E4657D6B-DB1D-4099-**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 771.67

**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 109 OF 133
	<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) <b>A. Thomas Peter Ward</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2012 <b>Transaction ID : 496F95F3D0B9492D1029</b>
Mailing Address 18 Old Stone Xing		Amount of Each Receipt this Period 1000.00
City West Hartford	State CT	
Zip Code 06117-1859		Aggregate Year-to-Date ▼ 250.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. Robert Weisenthal</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2012 <b>Transaction ID : 0F6AB2F9-DC74-4C14-</b>
Mailing Address PO Box 48 5770 Commons Park		Amount of Each Receipt this Period 1000.00
City De Witt	State NY	
Zip Code 13214-0048		Aggregate Year-to-Date ▼ 1000.00
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) ▼

Full Name (Last, First, Middle Initial) <b>C. Kent Lewis Wellish</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 <b>Transaction ID : 3212B4BAACF14F4F44C</b>
Mailing Address 2110 E Flamingo Rd Ste 210		Amount of Each Receipt this Period 1000.00
City Las Vegas	State NV	
Zip Code 89119-5193		Aggregate Year-to-Date ▼ 1000.00
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2050.00
<b>TOTAL</b> 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 110 OF 133
	<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. James Wentzien**  
Full Name (Last, First, Middle Initial)

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 ▼ **208.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 12 / 2012**

**Transaction ID : 40B39DB51280ACB031F5**

Amount of Each Receipt this Period  
**41.67**

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

Mailing Address 4035 Mercantile Dr Ste 201

City Lake Oswego State OR Zip Code 97035-2591

FEC 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  
**05 / 04 / 2012**

**Transaction ID : EB59E0E1CB70D473AA1**

Amount of Each Receipt this Period  
**500.00**

**C. Andrew Wherley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2399 Baker Rd SW

City New Philadelphia State OH Zip Code 44663-7104

FEC 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  
**05 / 04 / 2012**

**Transaction ID : 9BF215E4EDE65CD56AD**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **906.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 133
	<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	<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) <b>A. William White</b>		Date of Receipt
Mailing Address 1004 Carondelet Dr Ste 405		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City Kansas City	State MO	Zip Code 64114-4801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : F977156F81DCE035372</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Wayne Whitmore</b>		Date of Receipt
Mailing Address 116 E 68th St		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2012"/>
City New York	State NY	Zip Code 10065-5955
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : D175A69574AB7689A77</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Joseph Wilhelm</b>		Date of Receipt
Mailing Address 702 W Lake Lansing Rd Ste #2		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City East Lansing	State MI	Zip Code 48823-8526
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 031D3CDDCEACD7B4B32</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 133
	<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 Wilmarth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1830 Sierra Gardens Dr  
 Ste 100  
 City Roseville State CA Zip Code 95661-2942  
 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  
 05 / 08 / 2012  
**Transaction ID : 8CB041C6-A53F-4985-**  
 Amount of Each Receipt this Period  
 500.00

**B. John Wilmeth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1226  
 City Anderson State SC Zip Code 29622-1226  
 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  
 05 / 10 / 2012  
**Transaction ID : 349A1E6FDAE38D3D9F0**  
 Amount of Each Receipt this Period  
 500.00

**C. Robert Wing**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1551 Renaissance Towne Dr  
 Ste 340  
 City Bountiful State UT Zip Code 84010-7670  
 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  
 05 / 10 / 2012  
**Transaction ID : 27CEC486D871FB989D6**  
 Amount of Each Receipt this Period  
 65.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1065.00
<b>TOTAL</b> 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 113 OF 133
	<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. Brian Whorowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 Lakehurst Rd  
 Ste 206  
 City Toms River State NJ Zip Code 08755-8063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 4305298E-C9E0-449F-**  
 Amount of Each Receipt this Period  
 500.00

**B. Jeremy Wolfe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3535 W 13 Mile Rd  
 Ste 344  
 City Royal Oak State MI Zip Code 48073-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 26 / 2012  
**Transaction ID : 4536845F10970AB37C54**  
 Amount of Each Receipt this Period  
 41.67

**c. James J. Wong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 102 East Ave  
 City Norwalk State CT Zip Code 06851-5010  
 FEC 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  
 05 / 14 / 2012  
**Transaction ID : 04EF99B811D5DFA39F4**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1041.67
<b>TOTAL</b> 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 114 OF 133
	<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) <b>A. William Wong</b>		Date of Receipt
Mailing Address 99-128 Aiea Heights Dr Ste 703		M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2012
City Aiea	State HI	Zip Code 96701-3978
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 401F839FEA63054F2206</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		41.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		208.35

Full Name (Last, First, Middle Initial) <b>B. Alyson Yashar</b>		Date of Receipt
Mailing Address 21 Arrowhead Ln		M M M / D D D / Y Y Y Y Y Y 05 / 02 / 2012
City Saddle River	State NJ	Zip Code 07458-2503
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 6491C0040E174880834</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		365.00

Full Name (Last, First, Middle Initial) <b>C. Chi-Wah (Rudy) Yung</b>		Date of Receipt
Mailing Address 5124 Green Braes East Dr		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012
City Indianapolis	State IN	Zip Code 46234-2915
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : DBEC4856FF896D56156</b>
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	706.67
<b>TOTAL</b> 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 115 OF 133
	<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. Matthew Zanger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Middle St  
 City Gloucester State MA Zip Code 01930-5774  
 FEC 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  
 05 / 08 / 2012  
**Transaction ID : A9A96E4038C7CAF4427**  
 Amount of Each Receipt this Period  
 500.00

**B. Marco Zarbin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Sunset Dr  
 City Chatham State NJ Zip Code 07928-1243  
 FEC 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  
 05 / 07 / 2012  
**Transaction ID : 9992F6392B018168B87**  
 Amount of Each Receipt this Period  
 500.00

**C. Carol Ziel**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 208.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2012  
**Transaction ID : 41AC8A41D9CEAC238526**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1041.67
<b>TOTAL</b> This Period (last page this line number only).....▶	147999.36

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. DMI Direct**

Mailing Address 1145 W Collins Ave

City Orange State CA Zip Code 92867

Purpose of Disbursement Invoice 11217 - Sullivan OK1 "Other Fella" mailing, production, postage, design and creative fee  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2012

**Transaction ID : V358D15EEAB3302BFB14**

Amount of Each Disbursement this Period

18000.00

Full Name (Last, First, Middle Initial)

**B. DMI Direct**

Mailing Address 1145 W Collins Ave

City Orange State CA Zip Code 92867

Purpose of Disbursement Invoice 11216 - Sullivan OK1: radio buy, creative services, production and editing  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2012

**Transaction ID : VB53710F1ED52F4BB602**

Amount of Each Disbursement this Period

39000.00

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement Bank charges - May 2012  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2012

**Transaction ID : 557849B58F7292F9374**

Amount of Each Disbursement this Period

1315.27

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

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

58315.27

# 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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
AMEX discount - May 2012

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		3	1		2	0	1	2		

Transaction ID : E27F11D9944B3BC84F7

Amount of Each Disbursement this Period

1	2	6	7	.	7	8
---	---	---	---	---	---	---

001

Category/  
Type

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/  
Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

Category/  
Type

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

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

1	2	6	7	.	7	8
---	---	---	---	---	---	---

5	9	5	8	3	.	0	5
---	---	---	---	---	---	---	---

**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. Becerra for Congress**

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Xavier Becerra**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : **0F78F5D590C61494073**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Ben Chandler for Congress**

Mailing Address PO Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Albert Benjamin Chandler III**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2012

Transaction ID : **5F95235A7FE3AC7A9AE**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837

Purpose of Disbursement  
2012 General

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : **17313A8868EF0DB8537**

Amount of Each Disbursement this Period

5000.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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 for Congress**

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Ameriash Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

**Transaction ID : 94F4865D78DACC34A9C**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Blumenthal for Senate**

Mailing Address C/O Cacace Tusch & Santagata  
777 Summer St Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	6

**Transaction ID : BC40F6F9512249CBD50**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Coffman for Congress 2012**

Mailing Address 9249 South Broadway #200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Mike Coffman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	2

**Transaction ID : B9B9E632EE41FCEFB99**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Congressman Bill Young Campaign Committee**

Mailing Address PO Box 47025

City St. Petersburg State FL Zip Code 33743

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Charles William Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : E0967761A709A0F8B4B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Congressman Waxman Campaign Committee**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Henry A. Waxman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2012

Transaction ID : F6D854956270EFF7027

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Daniel Webster for Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Daniel K. Webster**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

Transaction ID : AC1488D95784945766F

Amount of Each Disbursement this Period

2500.00

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

6000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

<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. Daniel Webster for Congress**

Mailing Address 3400 Old Winter Garden Road

City Orlando State FL Zip Code 32805

Purpose of Disbursement  
Void check originally reported on 11/16/11.

011

Candidate Name

**Daniel K. Webster**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	2

**Transaction ID : CD0180C8F143613B52A**

Amount of Each Disbursement this Period

-	2	5	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Engel for Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

**Transaction ID : 296BBFE65995D8F106E**

Amount of Each Disbursement this Period

2	0	0	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Engel for Congress**

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Eliot L. Engel**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	1		2	0	1	2

**Transaction ID : C624E186E3D03B23EE8**

Amount of Each Disbursement this Period

1	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	0	0	0	0
---	---	---	---	---

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

5	0	0	0	0
---	---	---	---	---

**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  
Void Check Originally Reported on 11/16/2011

Candidate Name

**Eliot L. Engel**

Office Sought:  House  
 Senate  
 President  
State: NY District: 17

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2012

**Transaction ID : 325159F0F798065A8D6**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Carolyn McCarthy**

Mailing Address 151 Linden Road

City State Zip Code  
Mineola NY 11501

Purpose of Disbursement  
2012 Primary

Candidate Name

**Carolyn McCarthy**

Office Sought:  House  
 Senate  
 President  
State: NY District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

**Transaction ID : F12FEED939EA837FBE7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address PO Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement  
2012 Primary

Candidate Name

**James E. Clyburn**

Office Sought:  House  
 Senate  
 President  
State: SC District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2012

**Transaction ID : 83FA6BE027EE51E18BC**

Amount of Each Disbursement this Period

2500.00

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

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

4000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Gloria Negrete McLeod for Congress**

Mailing Address 5415 Francis Ave

City Chino State CA Zip Code 91710

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Gloria Negrete McLeod**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

MM / DD / YYYY  
05 / 02 / 2012

Transaction ID : 2570BA183FC793DDD94

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**S. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : F51A7A07846443329B1

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. John D. Dingell for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**John D. Dingell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : 2F3399C6136CBE47A48

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)..... ▶

**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. Kansans for Huelskamp**

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement  
Void Check Originally reported on 12/14/2011

Candidate Name

**Tim A. Huelskamp**

Office Sought:  House  
 Senate  
 President  
State: KS District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : 728A9B5775D5C8B208A**

Amount of Each Disbursement this Period

-1000.00
----------

Full Name (Last, First, Middle Initial)

**B. Kansans for Huelskamp**

Mailing Address PO Box 410

City Fowler State KS Zip Code 67844

Purpose of Disbursement  
2012 Primary

Candidate Name

**Tim A. Huelskamp**

Office Sought:  House  
 Senate  
 President  
State: KS District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	21	/	2012

**Transaction ID : AABCAB77B5821A2E71F**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Lummis for Congress**

Mailing Address PO Box 52188

City Casper State WY Zip Code 82609

Purpose of Disbursement  
2012 Primary

Candidate Name

**Cynthia Marie Lummis**

Office Sought:  House  
 Senate  
 President  
State: WY District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	02	/	2012

**Transaction ID : 1A7C7CBB07C83024BFA**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2500.00
---------

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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. Mary Bono Mack Committee**

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Mary Bono Mack**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

**Transaction ID : 449E9E57109B782877A**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. McKinley for Congress**

Mailing Address PO Box 642

City State Zip Code  
Morgantown WV 26507

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**David B. McKinley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

**Transaction ID : 4D5B01585C30457C1B5**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mike Thompson for Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Michael C. Thompson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

**Transaction ID : E7FB7F0FCAC0752B236**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

5	0	0	0	.	0	0
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5	0	0	0	.	0	0
---	---	---	---	---	---	---

**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. Pascrell for Congress**

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**William J. Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

Transaction ID : F4FEBACCB6FC11FAD72

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. People for Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Ben Ray Lujan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2012

Transaction ID : B919483180EAE9DFC4F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Price for Congress**

Mailing Address PO Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Thomas E. Price M.D.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2012

Transaction ID : F05289BD4CB6733CC95

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)

<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. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Richard Edmund Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

**Transaction ID : 974FAC03AE270F97C6B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Rogers for Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Mike Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

**Transaction ID : 456A2A243C8FD0E052B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2012 General

011

Candidate Name

**Peter J. Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2012

**Transaction ID : 68C23DF9756DAA5D1F7**

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<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. Stabenow for Us Senate**

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Deborah Stabenow**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	2

**Transaction ID : 90EF03840AB2AEE422C**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Texans for Lamar Smith**

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement  
2012 Primary

011

Category/  
Type

Candidate Name

**Lamar Seeligson Smith**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	2

**Transaction ID : D29F80DB984F57C7904**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Wyden for Senate**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

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	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	6

**Transaction ID : 51D185ADF38553F6500**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

5	9	0	0	0	0	0	0	0	0
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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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Tyree Carr**

Mailing Address 49 Princeville Ln

City Las Vegas State NV Zip Code 89113-1369

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 1EFFD52A0C6505853AB**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. David Chang**

Mailing Address 762 Altos Oaks Dr  
Ste 1

City Los Altos State CA Zip Code 94024-5435

Purpose of Disbursement  
duplicate transaction

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 2F7F5DED6C759F19FF9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. David Chang**

Mailing Address 762 Altos Oaks Dr  
Ste 1

City Los Altos State CA Zip Code 94024-5435

Purpose of Disbursement  
duplicate transaction

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 0ADE70F50844B9912AA**

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

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Karen Dacey**

Mailing Address 4416 Stoney Brook Ct

City Allentown State PA Zip Code 18104-6905

Purpose of Disbursement  
duplicate online transaction

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2012

Transaction ID : **0BFCC7089D2A0712D58**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Erin Fogel**

Mailing Address 13 N Bow Dunbarton Rd

City Bow State NH Zip Code 03304-4701

Purpose of Disbursement

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2012

Transaction ID : **D037205343379779649**

Amount of Each Disbursement this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Tamara Fountain**

Mailing Address 1445 Coral Pkwy

City Northbrook State IL Zip Code 60062-5192

Purpose of Disbursement  
refund overpymt for PAC contribution in PayPal

010

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

Transaction ID : **8C63D4A8D740C794D86**

Amount of Each Disbursement this Period

125.00

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

540.00

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

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Warren Goldblatt**

Mailing Address 9 Hartswood Rd

City Dover State NH Zip Code 03820-4337

Purpose of Disbursement  
duplicate

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 8E12EF8385D9534A51B**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Warren Goldblatt**

Mailing Address 9 Hartswood Rd

City Dover State NH Zip Code 03820-4337

Purpose of Disbursement  
duplicate online

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 9293324247762A96164**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Alfredo Trevino**

Mailing Address 1006 E Hillside Rd

City Laredo State TX Zip Code 78041-3287

Purpose of Disbursement  
duplicate transaction done in error

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 77B56EC870F23BBAA5E**

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

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. James Tsai**

Mailing Address 40 Temple St

City New Haven State CT Zip Code 06510-2718

Purpose of Disbursement  
duplicate

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

**Transaction ID : 5D3C57C00592B44C571**

Amount of Each Disbursement this Period

199.00

010  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B. James Tsai**

Mailing Address 40 Temple St

City New Haven State CT Zip Code 06510-2718

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 21 / 2012

**Transaction ID : 6FDE37A2351ED4D2D90**

Amount of Each Disbursement this Period

199.00

010  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C. James Weisz**

Mailing Address 9 Old Hill Farms Rd

City Westport State CT Zip Code 06880-3035

Purpose of Disbursement  
duplicate online contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2012

**Transaction ID : 9480425FD1A5EAEC2FD**

Amount of Each Disbursement this Period

50.00

010  
Category/  
Type

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

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

448.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Matthew Wessel**

Mailing Address 1330 1st Ave  
Apt 303

City New York State NY Zip Code 10021-4746

Purpose of Disbursement  
duplicate contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 143F3D5FE770ED45DC4**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Matthew Wessel**

Mailing Address 1330 1st Ave  
Apt 303

City New York State NY Zip Code 10021-4746

Purpose of Disbursement  
duplicate transaction

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 92470E553621ECFADF9**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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