



**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="2014"/>		<input type="text" value="450006.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="404292.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19388.75"/>	<input type="text" value="555533.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="423680.90"/>	<input type="text" value="1005539.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="223183.70"/>	<input type="text" value="805041.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="200497.20"/>	<input type="text" value="200497.20"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15297.82	448799.26
(ii) Unitemized .....	4090.93	104233.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	19388.75	553033.01
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19388.75	553033.01
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	19388.75	555533.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19388.75	555533.01

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	774.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	774.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	44000.00	575000.00
24. Independent Expenditures (use Schedule E) .....	179183.70	229183.70
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	83.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	83.33
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	223183.70	805041.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223183.70	805041.89

**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) .....	19388.75	553033.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19388.75	552949.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	774.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	774.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Steven Bagan</b>		Date of Receipt 10 / 06 / 2014 <b>Transaction ID : 03EC627F-C1AC-455B-8</b>
Mailing Address 4344 20th Ave SW		Amount of Each Receipt this Period 500.00
City Fargo	State ND	Zip Code 58103-7436
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. Brock Bakewell</b>		Date of Receipt 10 / 09 / 2014 <b>Transaction ID : F2452990-9778-4DF9-9</b>
Mailing Address 6099 N Placita Fresnillo		Amount of Each Receipt this Period 365.00
City Tucson	State AZ	Zip Code 85750
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>C. Alan Baribeau</b>		Date of Receipt 10 / 02 / 2014 <b>Transaction ID : BFE1B9C4-FC5C-4843-B</b>
Mailing Address 7830 Louis Pasteur Dr		Amount of Each Receipt this Period 365.00
City San Antonio	State TX	Zip Code 78229-3404
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).....▶	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 7 OF 36
	<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. Ivan Battle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9301 W 74th St. Suite 210  
 City Shawnee Mission State KS Zip Code 66204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : BC9EB113-D09F-413D-9**  
 Amount of Each Receipt this Period  
 41.67

**B. David Blandford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1937 Old Main St Ste 2  
 City Maysville State KY Zip Code 41056-8956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : E98781DA-D371-45DF-8**  
 Amount of Each Receipt this Period  
 83.33

**C. Robert Block**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Curtis St  
 City Meriden State CT Zip Code 06450-5900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : 2F2C92D4-2805-4625-8**  
 Amount of Each Receipt this Period  
 41.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.63
<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 36
	<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. Scott Bornstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 9630 N Kenton Ave

City Skokie State IL Zip Code 60076

FEC 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  
 10 / 10 / 2014

**Transaction ID : B1D1A5CB-C667-4A5F-9**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 1127 Wilshire Blvd Ste 1620

City Los Angeles State CA Zip Code 90017-4007

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : C62D483A-1571-4C2F-A**

Amount of Each Receipt this Period  
**83.33**

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

Mailing Address 210 East 64th Street

City New York State NY Zip Code 10065

FEC 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  
 10 / 15 / 2014

**Transaction ID : 64FDB5B7-08A9-4858-9**

Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>948.33</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 9 OF 36
	<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. Ronald Brown**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6330 N. River Rd.  
 City Waterville State OH Zip Code 43566  
 FEC 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  
 10 / 06 / 2014  
**Transaction ID : BC5FFE67-1805-438D-8**  
 Amount of Each Receipt this Period  
 1000.00

**B. Donald Cinotti**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 Pavonia Ave Ste 6  
 City Jersey City State NJ Zip Code 07306-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 10 / 15 / 2014  
**Transaction ID : BCBA43A8-8842-4217-A**  
 Amount of Each Receipt this Period  
 500.00

**C. Brian Collet**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47 Westwood Ln  
 City Woodbury State NY Zip Code 11797-2600  
 FEC 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  
 10 / 03 / 2014  
**Transaction ID : 2DE395D5-840C-4B93-9**  
 Amount of Each Receipt this Period  
 250.00

<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 10 OF 36
	<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 Croley III**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Del Prado Blvd

City Cape Coral State FL Zip Code 33990

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **583.31**

Date of Receipt  
10 / 15 / 2014  
Transaction ID : **5B3B7AEE-D5B4-4E31-9**

Amount of Each Receipt this Period  
**83.33**

**B. Terry Croyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 2375 S Main St

City Moultrie State GA Zip Code 31768-6517

FEC 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  
10 / 06 / 2014  
Transaction ID : **9F5C318B-D621-46E4-B**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 5 Coliseum Ave

City Nashua State NH Zip Code 03063-3206

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1115.00**

Date of Receipt  
10 / 07 / 2014  
Transaction ID : **85FC89D4-7707-4E2A-A**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **698.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<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. Richard Davenport**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2424 S 90th St Ste 204  
 City West Allis State WI Zip Code 53227-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 740.03

Date of Receipt  
 10 / 15 / 2014  
**Transaction ID : B6EB152D-462E-4B64-9**  
 Amount of Each Receipt this Period  
 41.67

**B. Steven Dewey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2770 N Union Blvd Ste 200  
 City Colorado Springs State CO Zip Code 80909-1193  
 FEC 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  
 10 / 08 / 2014  
**Transaction ID : 87AE056A-7115-4A82-8**  
 Amount of Each Receipt this Period  
 250.00

**C. Joseph Doe**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1052 Gull Rd  
 City Kalamazoo State MI Zip Code 49048-1734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 741.69

Date of Receipt  
 10 / 15 / 2014  
**Transaction ID : D82EB7B9-64E8-49F1-B**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.34
<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 12 OF 36
	<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 Ehlers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 125 Secret Lake Rd  
 City Avon State CT Zip Code 06001-3465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 10 / 15 / 2014  
**Transaction ID : F96EC169-5728-46C4-9**  
 Amount of Each Receipt this Period 41.67

**B. John Fassio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 W Red Hawk Trail  
 City Park City State UT Zip Code 84098  
 FEC 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 10 / 08 / 2014  
**Transaction ID : 7AECA6EB-D2A6-4513-B**  
 Amount of Each Receipt this Period 250.00

**C. Brad Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1703 S Broad St  
 City Philadelphia State PA Zip Code 19148-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt 10 / 15 / 2014  
**Transaction ID : D23A6A0D-2998-4E2E-A**  
 Amount of Each Receipt this Period 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	333.34
<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 13 OF 36
	<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. James Finegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 Roseberry St  
 City Phillipsburg State NJ Zip Code 08865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 8F7796FC-D9BF-4433-9**  
 Amount of Each Receipt this Period 83.33

**B. Sidney Gicheru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4385 San Carlos Drive  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 639B17AC-B155-47E9-B**  
 Amount of Each Receipt this Period 208.33

**C. Michael Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 NE 10th PI Ste 200  
 City Bellevue State WA Zip Code 98005-2487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.31

Date of Receipt 10 / 15 / 2014  
**Transaction ID : A1E59C0B-B507-41CB-B**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	374.99
<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 14 OF 36
	<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. Jean Hausheer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 NW Burr Oak Dr  
 City Lawton State OK Zip Code 73507-8923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : D5542FC5-DEAA-4599-9**  
 Amount of Each Receipt this Period  
 41.63

**B. Gary Hirshfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Hillside Ave  
 City Port Washington State NY Zip Code 11050-2723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : 686E8BEC-6D6F-462B-A**  
 Amount of Each Receipt this Period  
 41.67

**C. William Holcomb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1813 Kress St NE  
 City Cullman State AL Zip Code 35058-1565  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 833.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : F6927F44-B0C3-473C-B**  
 Amount of Each Receipt this Period  
 83.37

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.67
<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 36
	<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. G. Baker Hubbard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : E3734F5D-88E7-4126-9</b>
Mailing Address 1365B Clifton Rd Ste B4401		Amount of Each Receipt this Period 41.63
City Atlanta	State GA	Zip Code 30322-1013
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.22	

Full Name (Last, First, Middle Initial) <b>B. G. Baker Hubbard</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : 3AD5D333-B0A9-4D8C-A</b>
Mailing Address 1365B Clifton Rd NE Ste B4401		Amount of Each Receipt this Period 2.08
City Atlanta	State GA	Zip Code 30322-1013
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 431.22	

Full Name (Last, First, Middle Initial) <b>C. Edward Isbey III</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 <b>Transaction ID : B716ABE5-B68A-4324-8</b>
Mailing Address 500 RIDGEFIELD CT		Amount of Each Receipt this Period 500.00
City Asheville	State NC	Zip Code 28806
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).....▶	543.71
<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 36
	<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. John Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Med Tech Pkwy  
 City Johnson City State TN Zip Code 37604-4004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 10 / 15 / 2014  
**Transaction ID : 11AA3636-208C-4B5F-9**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. David Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2845 Farrell Crescent  
 City Owensboro State KY Zip Code 42303-1393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 10 / 03 / 2014  
**Transaction ID : 08B45BAF-CE78-4EF4-8**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

**C. Leslie Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8477 Indian Paintbrush Way  
 City Lorton State VA Zip Code 22079-5610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 10 / 15 / 2014  
**Transaction ID : DDBFFA38-C061-4E45-A**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 291.69

**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 17 OF 36		
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Lorne Kapner**

Mailing Address 225 E 2nd Ave Ste 310

City Escondido State CA Zip Code 92025-4244

FEC 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  
 10 / 08 / 2014  
**Transaction ID : 81BFD11F-6B4F-4969-B**

Amount of Each Receipt this Period  
**365.00**

Full Name (Last, First, Middle Initial)  
**B. Gena Kidd**

Mailing Address 515 Hillcrest Rd

City West Lafayette State IN Zip Code 47906

FEC 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  
 10 / 15 / 2014  
**Transaction ID : 0DBC7719-1059-4DC5-8**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Craig Kliger**

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : 4BB23DDB-05F9-49D8-9**

Amount of Each Receipt this Period  
**41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>906.67</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 18 OF 36
	<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. Janice Law**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2311 Pierce Ave  
City Nashville State TN Zip Code 37232-8808  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 291.69

Date of Receipt 10 / 15 / 2014  
Transaction ID : **B4FD5A81-252F-4E74-B**  
Amount of Each Receipt this Period 41.67

**B. Leah Levi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 427 Bristol Avenue  
City Cardiff State CA Zip Code 92007  
FEC 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 10 / 06 / 2014  
Transaction ID : **2C7EFE87-611F-4D4E-8**  
Amount of Each Receipt this Period 365.00

**C. Joseph Locascio III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 636 Ridgewood Rd  
City Huntington State WV Zip Code 25701  
FEC 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 10 / 03 / 2014  
Transaction ID : **84F85060-4487-4A93-9**  
Amount of Each Receipt this Period 500.00

**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 19 OF 36
	<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. Ben Mahan</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : F4DD3EB4-2135-4454-9</b>
Mailing Address 926 N Jackson St		Amount of Each Receipt this Period 50.00
City Tullahoma	State TN	Zip Code 37388-2300
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00	

Full Name (Last, First, Middle Initial) <b>B. Ahad Mahootchi</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : 1D3025CB-DB74-4C91-B</b>
Mailing Address PO Box 1059		Amount of Each Receipt this Period 41.67
City Zephyrhills	State FL	Zip Code 33539-1059
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

Full Name (Last, First, Middle Initial) <b>C. Sam Edward Mansour</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : 07E1786A-E05C-4576-9</b>
Mailing Address 20 Rock Pointe Ln Ste 201		Amount of Each Receipt this Period 100.00
City Warrenton	State VA	Zip Code 20186-2680
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.67
<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 20 OF 36
	<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. Stephanie Jones Marioneaux**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1013 Eden Way N Ste E  
 City Chesapeake State VA Zip Code 23320-2792  
 FEC 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  
 10 / 07 / 2014  
**Transaction ID : F91AF4C0-013C-4DBE-9**  
 Amount of Each Receipt this Period  
 500.00

**B. Benjamin Mason**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3108 Waterbury Dr  
 City Cedar Falls State IA Zip Code 50613-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : 56546A80-EDCE-49AC-A**  
 Amount of Each Receipt this Period  
 41.67

**C. Raul Masvidal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 SW 42nd Ave  
 City Miami State FL Zip Code 33134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 304.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : 6D67CBCF-CC50-4C35-A**  
 Amount of Each Receipt this Period  
 30.38

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	572.05
<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 36
	<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. 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)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : 5BFAAB09-19E5-4911-B**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 365.00

**B. Lanny Odin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5109 Blackwolf Rd  
 City Springfield State IL Zip Code 62711-7894  
 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  
 10 / 09 / 2014  
**Transaction ID : F53318AE-22DE-487A-B**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**C. Millicent Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3630 Burt St  
 City Omaha State NE Zip Code 68131  
 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  
 10 / 12 / 2014  
**Transaction ID : 23513E75-A0C5-4337-8**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date ▼  
 730.00

<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 22 OF 36
	<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. Gerardo Parada</b>		Date of Receipt 10 / 15 / 2014 <b>Transaction ID : 6DCF223C-70CF-4022-B</b>
Mailing Address 130 Vann St NE Ste 230		Amount of Each Receipt this Period 300.00
City Marietta	State GA	Zip Code 30060-7230
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 ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Tedd Puckett</b>		Date of Receipt 10 / 10 / 2014 <b>Transaction ID : 07793FFC-49EE-4DEE-9</b>
Mailing Address 1209 Valley View St		Amount of Each Receipt this Period 500.00
City Radford	State VA	Zip Code 24141
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>C. Brian Ranelle</b>		Date of Receipt 10 / 07 / 2014 <b>Transaction ID : 48D5203C-3D4C-465C-9</b>
Mailing Address 3716 Briarhaven Rd		Amount of Each Receipt this Period 500.00
City Fort Worth	State TX	Zip Code 76109
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).....▶	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 23 OF 36
	<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. Richard Ruiz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6400 Fannin St Ste 1800  
 City Houston State TX Zip Code 77030-1526  
 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 ▼ 250.00

Date of Receipt 10 / 08 / 2014  
**Transaction ID : AEB02500-D418-4AB9-8**  
 Amount of Each Receipt this Period 250.00

**B. Frederick Sauerburger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11345 Pembroke Sq Ste 105  
 City Waldorf State MD Zip Code 20603-4804  
 FEC 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 10 / 15 / 2014  
**Transaction ID : 905924E2-B753-4FF4-B**  
 Amount of Each Receipt this Period 500.00

**C. Cameron Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Medical Park Dr  
 City Asheville State NC Zip Code 28803-2493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 10 / 15 / 2014  
**Transaction ID : 37C5D012-4415-44ED-8**  
 Amount of Each Receipt this Period 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	958.33
<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 36
	<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. Michael Tedford**

Mailing Address 5 Birchwood Ct

City Washingtonville State NY Zip Code 10992-1052

FEC 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  
**10 / 07 / 2014**

**Transaction ID : 73F8B368-AAB0-4942-9**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City Seattle State WA Zip Code 98118-1640

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **866.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 09 / 2014**

**Transaction ID : B7985887-EFCA-4CED-A**

Amount of Each Receipt this Period  
**249.99**

Full Name (Last, First, Middle Initial)  
**C. Aaron Weingeist**

Mailing Address 4717 53rd Ave S

City Seattle State WA Zip Code 98118-1640

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **866.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 15 / 2014**

**Transaction ID : ED4FD4E4-2F56-4E6A-A**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>833.33</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 25 OF 36
	<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. Tay Weinman</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : 2E5FC720-4E99-4D5B-B</b>
Mailing Address 571 West 7th St		Amount of Each Receipt this Period 41.67
City San Pedro	State CA	Zip Code 90731-3115
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

Full Name (Last, First, Middle Initial) <b>B. Richard Wieder</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : B801A4DB-3385-4AFF-A</b>
Mailing Address 13303 Tesson Ferry Rd Ste 100		Amount of Each Receipt this Period 125.00
City Saint Louis	State MO	Zip Code 63128-4062
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <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. Timothy Young</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 15 / 2014 <b>Transaction ID : 682ADD84-E848-43EB-9</b>
Mailing Address 5300 North St		Amount of Each Receipt this Period 30.42
City Nacogdoches	State TX	Zip Code 75965-1370
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 ▼ 212.94	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.09
<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: PAGE 26 OF 36  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name (Last, First, Middle Initial)  
**Harry Zink**

Mailing Address 1179 Forest Dr

City State Zip Code  
 Wooster OH 44691-2814

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 ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014

**Transaction ID : 87621E21-FE1C-4ADE-A**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15297.82

**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. Capito for West Virginia**

Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
2014 General

011

Candidate Name

**Shelley Moore Capito**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 022F4362D48047049E7

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Charlie Dent for Congress**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
2014 General

011

Candidate Name

**Charles W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

Transaction ID : 6FCAFDF59F1689C4690

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Coburn for Senate 2010**

Mailing Address 228 S Washington St Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Thomas Allen Coburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

Transaction ID : 09D8749E21799FEEA65

Amount of Each Disbursement this Period

-2000.00
----------

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

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

4500.00
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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. Comstock for Congress**

Mailing Address PO Box 831

City State Zip Code  
Mc Lean VA 22101

Purpose of Disbursement  
2014 General

011

Candidate Name

**Barbara Jean Comstock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

**Transaction ID : F937A9CF545193C6E5B**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. Connolly for Congress**

Mailing Address PO Box 563

City State Zip Code  
Merrifield VA 22116

Purpose of Disbursement  
2014 General

011

Candidate Name

**Gerald E. Connolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		01		2014

**Transaction ID : EF09D93976329F57568**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Connolly for Congress**

Mailing Address PO Box 563

City State Zip Code  
Merrifield VA 22116

Purpose of Disbursement  
2014 General

011

Candidate Name

**Gerald E. Connolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : 08A358EE02859123EBB**

Amount of Each Disbursement this Period

1000.00
---------

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

7500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Connolly for Congress**

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
2014 General

011

Candidate Name

**Gerald E. Connolly**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District: 11

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

**Transaction ID : 59DBF22BD9A44C89DC6**

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Cory Booker for Senate**

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
2014 General

011

Candidate Name

**Cory Anthony Booker**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

**Transaction ID : D81A7BE67CCCAD3F2FF**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Denny Heck for Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
2014 General

011

Candidate Name

**Dennis Heck**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : 90FEAB6BE3789314275**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

1	5	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. Friends of Dan Maffei**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201

Purpose of Disbursement  
2014 General

011

Candidate Name

**Daniel Benjamin Maffei**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	4

Transaction ID : F0C2EBD7D1B185834F0

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of John Barrow**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
2014 General

011

Candidate Name

**John Jenkins Barrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	4

Transaction ID : 6B8473441FFDB4A52BF

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Jenkins for Congress**

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement  
2014 General

011

Candidate Name

**Evan H. Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

Transaction ID : 3944D4659D33C3D63C3

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

9	5	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. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Mark Steven Kirk**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	4

**Transaction ID : 34872DCD97885165996**

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Miller-Meeks for Congress**

Mailing Address PO Box 1570

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement  
2014 General

011

Candidate Name

**Mariannette Jane Miller-Meeks**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

**Transaction ID : 004F3292B49A9C4CC95**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Pat Meehan for Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement  
2014 General

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

**Transaction ID : A64E7F5CA5C490F572B**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	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. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2014 General

011

Candidate Name

**Renee L. Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 08 / 2014

**Transaction ID : ABCD2FFFB4224B7688B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2014 General

011

Candidate Name

**Richard Edmund Neal**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : F051FBC35DC77F3DCBF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Ted Lieu for Congress**

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2014 General

011

Candidate Name

**Ted W. Lieu**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 33

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 01 / 2014

**Transaction ID : 25F66ABC00F518568FD**

Amount of Each Disbursement this Period

5000.00

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

8500.00

**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. Udall for US All**

Mailing Address PO Box 25766

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement  
2014 General

011

Candidate Name

**Tom Stewart Udall**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

**Transaction ID : D3C7A8BE28CF6F93B98**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Virginia Foxx for Congress**

Mailing Address PO Box 2767

City Boone State NC Zip Code 28607

Purpose of Disbursement  
2014 General

011

Candidate Name

**Virginia Ann Foxx**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : F3BADF644A725A7C68C**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Wendyrogers.Org**

Mailing Address 3030 S Rural Rd Suite 120

City Tempe State AZ Zip Code 85282

Purpose of Disbursement  
2014 General

011

Candidate Name

**Wendy Rogers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

**Transaction ID : 7FFB895DF9318C81E03**

Amount of Each Disbursement this Period

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

5500.00
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**TOTAL** This Period (last page this line number only)..... ▶

44000.00
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