

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

655 Beach Street

San Francisco

CA

94109

FEC ID No. C00196246

24-Hour Notice 48-Hour Notice

SCHEDULE E (FEC Form 3X)

PAGE OF 1 / 2
FOR LINE 24 OF FORM 3X

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL CO-
MMITTEE (OPHTHPAC)

FEC IDENTIFICATION NUMBER
C C00196246

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Mullen & Company

Date

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Amount

37580.00

Mailing Address

1101 Pennsylvania Ave NW

6th Floor

City

Washington

State

DC

Zip Code

20004

Purpose of Expenditure

Cable ads

Category/
Type

Office Sought:

House

State: IL

Senate

District: 05

Presidential

Check One:

Support

Oppose

Disbursement For:

Primary

General 2009

Other (specify) : Special Primary

Transaction ID: SE.000001

Name of Federal Candidate supported or Opposed by expenditure:

Paul J Bryar

Calendar Year-To-Date Per Election

37580.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

Mullen & Company

Date

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Amount

4624.00

Mailing Address

1101 Pennsylvania Ave NW

6th Floor

City

Washington

State

DC

Zip Code

20004

Purpose of Expenditure

Edit suite, images,
voiceover

Category/
Type

Office Sought:

House

State: IL

Senate

District: 05

Presidential

Check One:

Support

Oppose

Disbursement For:

Primary

General 2009

Other (specify) : Special Primary

Transaction ID: SE.000002

Calendar Year-To-Date Per Election

42204.00

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures	42204.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Benjamin Bank

Signature

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

24 / 48 HOUR NOTICE OF INDEPENDENT / COORDINATED EXPENDITURE, on :

FEC ID No.

24-Hour Notice 48-Hour Notice

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF 2 / 2
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL CO-
MMITTEE (OPHTHPAC)

FEC IDENTIFICATION NUMBER
C C00196246

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

Cooper & Secrest Associates

Date

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Mailing Address
228 South Washington Street
Suite 330

Amount

16500.00

City State Zip Code
Alexandria VA 22314

Office Sought: House State: IL
 Senate District: 05
 Presidential

Purpose of Expenditure
Primary polls, quest-
ionnaire

Category/
Type

Name of Federal Candidate supported or Opposed by expenditure:
Paul J Bryar

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
58704.00

Disbursement For: Primary General 2009

Other (specify) : Special Primary

Transaction ID: SE.000003

(a) SUBTOTAL of Itemized Independent Expenditures	16500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	58704.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Benjamin Bank
Signature

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9