

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) 655 Beach Street
 Check if different than previously reported. (ACC)
San Francisco CA 94109

2. **FEC IDENTIFICATION NUMBER** C00196246
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2009 through 02 28 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 03 13 2009

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		681385.49
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	704250.34									
(c) Total Receipts (from Line 19)	12057.36	39891.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	716307.70	721276.49								
7. Total Disbursements (from Line 31)	85275.73	90244.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	631031.97	631031.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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	8428.32	29496.64
(i) Itemized (use Schedule A)	2286.67	6639.34
(ii) Unitemized	10714.99	36135.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	10714.99	36135.98
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1342.37	3755.02
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 Transfer (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))	12057.36	39891.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12057.36	39891.00

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) Shared 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.....	606.73	2975.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	606.73	2975.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	28000.00
24. Independent Expenditure (use Schedule E)	58704.00	58704.00
25. Coordinated Expenditures Made by Party Committees (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	465.00	565.00
(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))	465.00	565.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	85275.73	90244.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	85275.73	90244.52

DETAILED SUMMARY PAGE
of Disbursements

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)	10714.99	36135.98
34. Total Contribution Refunds (from Line 28(d))	465.00	565.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10249.99	35570.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	606.73	2975.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	606.73	2975.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)

A.

Full Name (Last, First, Middle Initial)
Michael Brennan

Mailing Address 1016 Kirkpatrick Road

City State Zip Code
Burlington NC 27215-9714

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY
02 / 18 / 2009

Transaction ID: 473f86cdee1b58521530

Amount of Each Receipt this Period 1000.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Mark Drabkin

Mailing Address 3707 maidu place

City State Zip Code
davis CA 95618

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 35BEE06B-E994-4806-

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
David Gossage

Mailing Address 50 W Carleton

City State Zip Code
Hillsdale MI 49242

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 04 / 2009

Transaction ID: C0D006E1-E135-4838-

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: PAGE 7 / 20
(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)
Robert Gross

Mailing Address Suite 400
8222 Douglas Avenue

City State Zip Code
Dallas TX 75225-5935

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
02 / 03 / 2009

Transaction ID: 0377822

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Mark Hughes

Mailing Address Suite 600
50 Staniford Street

City State Zip Code
Boston MA 02114-2539

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt MM / DD / YYYY
02 / 11 / 2009

Transaction ID: 48ce9551d39c3c0f3d34

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Steven Hunter

Mailing Address 641 Farmington Avenue

City State Zip Code
Bristol CT 06010-3953

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 03 / 2009

Transaction ID: 0621130

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 1031.66

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: PAGE 8 / 20
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<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.

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

Mailing Address 4209 Bordeaux Avenue

City State Zip Code
Dallas TX 75205-3717

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2009

Transaction ID: 47SG4O428605

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
G. Philip Matthews

Mailing Address po box 202331

City State Zip Code
arlington TX 76006

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2009

Transaction ID: 55102CF8-FB25-4B74-

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
David Parke, II

Mailing Address 7313 Lancet Lane

City State Zip Code
Oklahoma City OK 73120

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2009

Transaction ID: 7BDB2FD6-0313-4D1F-

Amount of Each Receipt this Period
1000.00

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: PAGE 9 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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.

Full Name (Last, First, Middle Initial)
Steven Rosenfeld

Mailing Address 16201 South Military Trail

City State Zip Code
Delray Beach FL 33484

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 08 / 2009

Transaction ID: 846E65DC-6A6D-4960-

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Delia Sang

Mailing Address 73 Chatham Street

City State Zip Code
Brookline MA 02446-5451

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt MM / DD / YYYY
02 / 11 / 2009

Transaction ID: 41e78e4eccbe51aca43d

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Lyle Thorstenson

Mailing Address P O Box 632020

City State Zip Code
Nacogdoches TX 75963

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 10 / 2009

Transaction ID: A48D2D9B-DA17-426F-

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1666.66

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: PAGE 10 / 20
(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)
Craig Wells
Mailing Address 9006 NE 20th Street
City State Zip Code
Clyde Hill WA 98004
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 / 16 / 2009
Transaction ID: 7DAF2C51-3F34-466C-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John Wells, III
Mailing Address 124 Sunset Court
City State Zip Code
West Columbia SC 29169-2429
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 02 / 17 / 2009
Transaction ID: 47SG4O442854
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Roger Zelt
Mailing Address 200 Iroquois Road
City State Zip Code
Pittsburgh PA 15241-1122
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 / 05 / 2009
Transaction ID: 7U9HW0498921
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ► 8428.32

**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 / 20
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 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) Bank of America		Date of Receipt
	Mailing Address 101 S Marengo Avenue 3rd Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Pasadena	CA	91101
	FEC ID number of contributing federal political committee. C		Transaction ID: 3cc48e1e6f9efa5d4f1
Name of Employer		Occupation	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"/> 955.07
		<input type="text"/> 1855.07	CD interest - Feb09

B.	Full Name (Last, First, Middle Initial) Leonard Feiss		Date of Receipt
	Mailing Address B. P. 142		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 0 3 / 2 0 0 9
	City	State	Zip Code
	Beaune Cedex		21204
	FEC ID number of contributing federal political committee. C		Transaction ID: 0543758
Name of Employer		Occupation	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"/> 365.00
		<input type="text"/> 365.00	Ineligible contributor - transfer to Admin

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1320.07
TOTAL This Period (last page this line number only)	<input type="text"/> 1320.07

**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)

PAGE 12 / 20

<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)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges 2/09

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: c16e58a1e0ae6a27635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 88e750f1d3180223ddc

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Bryar for Congress <hr/> Mailing Address 1800 W Berenice Ste 200 <hr/> City Chicago State IL Zip Code 60613 <hr/> Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name Paul J. Bryar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 05	Transaction ID: 24681-0880395770072 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Congress, Inc <hr/> Mailing Address PO Box 80126 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement Contribution Candidate Name Charles W. Boustany, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	Transaction ID: 50814-6914331316948 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Citizens for Harkin <hr/> Mailing Address PO Box 811 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement Contribution Candidate Name Tom Harkin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 73908-1477319598197 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

A. Full Name (Last, First, Middle Initial) Crowley for Congress Mailing Address 84-56 Grand Avenue City Elmhurst State NY Zip Code 11373 Purpose of Disbursement Contribution Candidate Name Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 50814-3747217059135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Geoff Davis for Congress Mailing Address 3161 Dixie Highway Suite F City Erlanger State KY Zip Code 41018 Purpose of Disbursement Contribution Candidate Name Geoffrey C. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 50814-3394128680229 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Marco Rubio Senate Exploratory Committee Inc Mailing Address 4027 South Lejeune Road City Coral Gables State FL Zip Code 33146 Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name Marco Rubio Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 55543-9771234393119 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

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)

A. Full Name (Last, First, Middle Initial) Nathan Deal for Congress Mailing Address PO Box 902 PO Box 902 City Gainesville State GA Zip Code 30503 Purpose of Disbursement Contribution Candidate Name Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 50814-8802759051323 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Full Name (Last, First, Middle Initial) Pete Sessions for Congress Mailing Address PO Box 38585 City Dallas State TX Zip Code 75238 Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name Pete Sessions Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Amount of Each Disbursement this Period 2500.00	
011 Category/ Type	Transaction ID: 50814-0307275652885 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 9
C. Full Name (Last, First, Middle Initial) Tedisco for Congress Inc Mailing Address 1707 Rt 9 City Clifton Park State NY Zip Code 12065 Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name James N. Tedisco Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 5000.00
Amount of Each Disbursement this Period 5000.00	
011 Category/ Type	Amount of Each Disbursement this Period 8500.00

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)

PAGE 16 / 20

<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)

A.

Full Name (Last, First, Middle Initial)

Whitfield for Congress Committee

Mailing Address PO Box 391

City
Hopkinsville

State
KY

Zip Code
42241

Purpose of Disbursement
Contribution 2010 PRIMARY

Candidate Name
Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 01

Transaction ID: 24681-1255456805229

Date of Disbursement

/

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 20

<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)

A. Full Name (Last, First, Middle Initial) John Johnson, Jr. <hr/> Mailing Address 110 Med Tech Parkway <hr/> City Johnson City State TN Zip Code 37604-4004 <hr/> Purpose of Disbursement Refund of Dec08 contribution received Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ac0e30d8805acd30363 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00 <hr/> Category/Type 010
B. Full Name (Last, First, Middle Initial) James Kiley <hr/> Mailing Address Suite 111 3320 Executive Drive <hr/> City Raleigh State NC Zip Code 27609-7445 <hr/> Purpose of Disbursement duplicate Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 01500-21764773130417 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 365.00 <hr/> Category/Type 010

SUBTOTAL of Disbursements This Page (optional) ▶

465.00

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

465.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)	FEC IDENTIFICATION NUMBER C C00196246
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Mullen & Company

Mailing Address
1101 Pennsylvania Ave. NW
Fifth Floor

City State Zip Code
Washington DC 20004

Purpose of Expenditure
Placement Inv for Paul Bryar ad

Category/Type

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

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

Date
MM / DD / YYYY
02 / 17 / 2009

Amount
37580.00

Transaction ID: V79116-8051874041557

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): _____
2009

Full Name (Last, First, Middle, Initial) of Payee
Cooper & Secrest Associates

Mailing Address
228 South Washington St
Suite 300

City State Zip Code
Alexandria VA 22314

Purpose of Expenditure
Inv 9004 IE for Paul Bryar Poll

Category/Type

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

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

Date
MM / DD / YYYY
02 / 17 / 2009

Amount
16500.00

Transaction ID: V79116-3915979266166

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify): _____
2009

(a) SUBTOTAL of Itemized Independent Expenditures	54080.00
(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

Date MM / DD / YYYY
03 / 13 / 2009

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER C C00196246	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9	
Full Name (Last, First, Middle, Initial) of Payee Mullen & Company		Amount 4624.00	
Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor		Transaction ID: V79116-1616784930229	
City Washington	State DC	Zip Code 20004	Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> Presidential
Purpose of Expenditure Cable Spot for Bryar		Category/ Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Paul J. Bryar		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2009	
Calendar Year-To-Date Per Election for Office Sought		58704.00	

(a) SUBTOTAL of Itemized Independent Expenditures	4624.00
(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	Date M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9

Image# 29933367103

Form/Schedule: **F3X**

Transaction ID:
