

# 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 08 01 2008 through 08 31 2008

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 09 22 2008

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 **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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		896421.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	1070811.13									
(c) Total Receipts (from Line 19) .....	99709.57	702955.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1170520.70	1599376.72								
7. Total Disbursements (from Line 31) .....	240713.70	669569.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	929807.00	929807.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	86218.32	621180.60
(i) Itemized (use Schedule A) .....	11031.25	55659.25
(ii) Unitemized .....	97249.57	676839.85
(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) .....	97249.57	676839.85
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.) .....	2460.00	26115.51
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)) .....	99709.57	702955.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	99709.57	702955.36

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	1713.70	24969.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1713.70	24969.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	238000.00	607500.00
24. Independent Expenditure (use Schedule E) .....	0.00	15030.00
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 .....	1000.00	22070.00
(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)) .....	1000.00	22070.00
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))..	240713.70	669569.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	240713.70	669569.72

**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) .....	97249.57	676839.85
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	22070.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	96249.57	654769.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1713.70	24969.72
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1713.70	24969.72

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 94  
(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)  
Marc Abrams

Mailing Address Suite 102  
2322 E 22nd Street

City Cleveland State OH Zip Code 44115-3176

FEC 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 MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 410TLM532013

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Sharron Acosta

Mailing Address Eye Associates of Seguin  
128 S Moss Street Suite 300

City Seguin State TX Zip Code 78155

FEC 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 MM / DD / YYYY  
08 / 15 / 2008

**Transaction ID:** BICRY518515

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Madhu Agarwal

Mailing Address 614 Fairway Dr.

City Redlands State CA Zip Code 92373

FEC 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 MM / DD / YYYY  
08 / 04 / 2008

**Transaction ID:** CCA99E11-D5BD-4F03-

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Agresta		Date of Receipt
	Mailing Address 2315 Sunset Boulevard Suite B		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Steubenville	OH	43952-2496
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: BH4W90716287
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Chad Albright		Date of Receipt
	Mailing Address 3245 Allendale Street Southwest		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Roanoke	VA	24014-3120
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 0987353
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Andersen		Date of Receipt
	Mailing Address Suite B 38707 Stivers Street		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Fremont	CA	94536-5337
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: F1ZAJ2164812
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 94  
(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)  
William Andreoni

Mailing Address Suite 240  
1524 Atwood Avenue

City State Zip Code  
Johnston RI 02919-3228

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

Transaction ID: 4G5W4B554126

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Richard Angrist

Mailing Address 3810 River Road

City State Zip Code  
Point Pleasant NJ 08742-2054

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  
M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 4DVYER561718

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Dennis Asselin

Mailing Address 2301 Lac De Ville Boulevard

City State Zip Code  
Rochester NY 14618-5646

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  
M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: 4G5WIJ222188

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Bailey	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 912 E Willow Grove Avenue	<b>Transaction ID:</b> 0642249
	City State Zip Code Wyndmoor PA 19038-7910	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Stacy Bang	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address Apt. 1 1116 25th Street Northwest	<b>Transaction ID:</b> 814P0E368680
	City State Zip Code Washington DC 20037-1461	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Barnes	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address PO Box 5620	<b>Transaction ID:</b> 0418734
	City State Zip Code San Angelo TX 76902-5620	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self 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) .....	<b>1365.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 94

(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)

Charles Barr

Mailing Address 301 E Muhammad Ali Boulevard

City State Zip Code  
Louisville KY 40202-1511

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

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: 0377126

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Norbert Mathias Becker

Mailing Address 302 Randall Road Suite 10

City State Zip Code  
Geneva IL 60134-4209

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

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: BH4WAR778581

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Abdhisv Bhavsar

Mailing Address 2105 Chestnut Road

City State Zip Code  
Medina MN 55340-9796

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

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: 0220203

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

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

2365.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 94  
(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)  
David Blandford

Mailing Address Suite C  
906 US Highway 68

City Maysville State KY Zip Code 41056-7100

FEC 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 08 / 04 / 2008  
Transaction ID: 4G5W4B197646  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

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

Mailing Address Suite 133  
1501 50th Street

City West Des Moines State IA Zip Code 50266-5920

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2008  
Transaction ID: 4DVYER353565  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

Mailing Address 2509 Walton Way

City Augusta State GA Zip Code 30904-4561

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 08 / 27 / 2008  
Transaction ID: BH4WAR569115  
Amount of Each Receipt this Period 50.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**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 12 / 94

(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)

James Brandt

Mailing Address Suite 2400  
4860 Y Street

City State Zip Code  
Sacramento CA 95817-2307

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

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: 4G5WIJ361266

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Dean Brick

Mailing Address Suite 100  
6422 E Speedway Boulevard

City State Zip Code  
Tucson AZ 85710-1151

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

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: BH4WAR606961

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Marvin Burdette

Mailing Address PO Box 369

City State Zip Code  
Greenwood SC 29648-0369

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

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

Transaction ID: 0792394

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

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

1115.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 94  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
F Keith Busse

Mailing Address Suite 150  
4700 Seton Center Parkway

City State Zip Code  
Austin TX 78759-5711

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  
08 / 04 / 2008

**Transaction ID:** 4G5W4B527583

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address Suite 200  
5540 Saratoga Boulevard

City State Zip Code  
Corpus Christi TX 78413-2953

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  
08 / 05 / 2008

**Transaction ID:** 0707385

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

Mailing Address 1101 E Jefferson Street Suite 3

City State Zip Code  
Charlottesville VA 22902-5353

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  
08 / 27 / 2008

**Transaction ID:** F0SNHB392760

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jimmy Carter		Date of Receipt
	Mailing Address 102 Doctors Drive		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dothan	AL	36301-2911
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: F1ZAJ2675430
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) M Gary Carter		Date of Receipt
	Mailing Address 1867 Forsyth Street		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Macon	GA	31201-1166
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 0789746
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) David Chang		Date of Receipt
	Mailing Address Suite 1 762 Altos Oaks Drive		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Los Altos	CA	94024-5435
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 814P0E744550
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 94  
(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)  
Shaena Choi

Mailing Address 3320 Plainview Street

City Pasadena State TX Zip Code 77504-1906

FEC 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: 08 / 04 / 2008  
**Transaction ID:** 4G5W4B082588  
 Amount of Each Receipt this Period: 500.00  
 Batch Tool - PAC

**B.**

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

Mailing Address Suite 545  
5363 Balboa Boulevard

City Encino State CA Zip Code 91316-2854

FEC 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: 08 / 07 / 2008  
**Transaction ID:** 4G5WIJ857333  
 Amount of Each Receipt this Period: 500.00  
 Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
F Michael Cornell

Mailing Address 11003 Southeast 119th Court

City Happy Valley State OR Zip Code 97086-2722

FEC 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: 08 / 22 / 2008  
**Transaction ID:** F1ZAJ2363300  
 Amount of Each Receipt this Period: 500.00  
 Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 94  
(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) David Craig		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address PO Box 680 1600 Highway 79 South		Transaction ID: 0932810
City Henderson	State TX	Zip Code 75653-0680
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**B.**

Full Name (Last, First, Middle Initial) Russell Crain		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address Suite B 11011 Hefner Pointe Drive		Transaction ID: 0262530
City Oklahoma City	State OK	Zip Code 73120-5005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) William Crane		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 500 Old Mill Road		Transaction ID: BICRY648926
City Erie	State PA	Zip Code 16505-1035
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
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) .....	▶	980.00
<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: PAGE 17 / 94  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Crowley

Mailing Address Suite 101  
4405 Bellemeade Avenue

City Evansville State IN Zip Code 47714-0682

FEC 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 08 / 27 / 2008  
Transaction ID: F0SNHB317544  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Currey

Mailing Address Suite 100-B  
1900 Kirby Parkway

City Germantown State TN Zip Code 38138-3653

FEC 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 08 / 13 / 2008  
Transaction ID: 0817136  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Kjell Dahlen

Mailing Address 450 N Margaret Street

City Plattsburgh State NY Zip Code 12901-1755

FEC 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 08 / 20 / 2008  
Transaction ID: 4DVYER266211  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 94  
(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)  
Richard Davenport

Mailing Address Suite 204  
2424 S 90th Street

City State Zip Code  
West Allis WI 53227-2455

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  
08 / 08 / 2008

**Transaction ID:** 814P0E051327

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address Center for Sight  
1371 W Main Street

City State Zip Code  
Newark OH 43055-3676

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  
08 / 11 / 2008

**Transaction ID:** 0646335

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 8401 Golden Valley Road #330

City State Zip Code  
Golden Valley MN 55427-4488

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  
08 / 22 / 2008

**Transaction ID:** F1ZAJ2275302

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**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 19 / 94  
(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)  
Timothy Denman

Mailing Address Suite 216  
4035 Mercantile Drive

City State Zip Code  
Lake Oswego OR 97035-2591

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  
08 / 27 / 2008

Transaction ID: BH4WAR657686

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Uday Ravindra Desai

Mailing Address 2334 Heronwood Drive

City State Zip Code  
Bloomfield MI 48302-0834

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  
08 / 07 / 2008

Transaction ID: 4G5WIJ051862

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
William Deutsch

Mailing Address Suite 918  
1725 West Harrison Street

City State Zip Code  
Chicago IL 60612-3863

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  
08 / 13 / 2008

Transaction ID: 0945836

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

**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 20 / 94  
(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)  
Jeffrey Diskin

Mailing Address 4499 Town Center Parkway

City State Zip Code  
Flint MI 48532-3425

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  
08 / 22 / 2008

Transaction ID: F1ZAJ2333063

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Nicholas Donas

Mailing Address Suite 2M  
18 Ashford Avenue

City State Zip Code  
Dobbs Ferry NY 10522-1824

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  
08 / 20 / 2008

Transaction ID: 4DVYER228953

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Paul Donzis

Mailing Address 4644 Lincoln Boulevard Suite 102

City State Zip Code  
Marina Del Rey CA 90292-6374

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  
08 / 08 / 2008

Transaction ID: 814P0E792345

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 94  
(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) Alan Dorfman		Date of Receipt MM / DD / YYYY 08 / 15 / 2008
Mailing Address 510 West Avenue PO Box 2099		Transaction ID: BICRYY395328
City Jenkintown	State PA	Zip Code 19046-2725
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Robert Dreher		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address Maine Coast Eye Care 34 Old County Road		Transaction ID: 0734480
City Rockport	State ME	Zip Code 04856
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Dresner		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
Mailing Address Suite 301 2121 Wilshire Boulevard		Transaction ID: 0703648
City Santa Monica	State CA	Zip Code 90403-5743
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
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: PAGE 22 / 94  
(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)  
William Durant

Mailing Address 950 Ryland Street

City State Zip Code  
Reno NV 89502-1605

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  
08 / 15 / 2008

**Transaction ID:** BICRY915191

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Durrie

Mailing Address Suite 201  
5520 College Boulevard

City State Zip Code  
Overland Park KS 66211-1658

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  
08 / 13 / 2008

**Transaction ID:** 0356823

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Robert Feldman

Mailing Address 160 Boston Avenue

City State Zip Code  
Altamonte Springs FL 32701-4706

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  
08 / 22 / 2008

**Transaction ID:** F1ZAJ2623095

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

**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 23 / 94

(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)  
Marc Fisher

Mailing Address 1525 West Hawkins Trail

City State Zip Code  
Kankakee IL 60901-5469

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

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: 0195772

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Peter Forgach

Mailing Address 405 International Drive

City State Zip Code  
Williamsville NY 14221-5725

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

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

Transaction ID: 410TLM768079

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Bradley Dean Fouraker

Mailing Address Brandon Cataract Center and Eye Cl  
403 Vonderburg Drive Suite 101

City State Zip Code  
Brandon FL 33511

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

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: BH4WAR696788

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

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

750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Foxman		Date of Receipt
	Mailing Address 1500 Tilton Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Northfield	NJ	08225-1827
	FEC ID number of contributing federal political committee.		Transaction ID: 0178506
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 365.00	
Batch Tool - PAC			

<b>B.</b>	Full Name (Last, First, Middle Initial) Leonard Friedman		Date of Receipt
	Mailing Address Suite 211 4201 Connecticut Avenue Northwest		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20008-1162
	FEC ID number of contributing federal political committee.		Transaction ID: 0083761
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	
Batch Tool - PAC			

<b>C.</b>	Full Name (Last, First, Middle Initial) C Rommel Fuerste		Date of Receipt
	Mailing Address 2140 John F Kennedy Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Dubuque	IA	52002-3883
	FEC ID number of contributing federal political committee.		Transaction ID: BH4WAR274447
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 365.00	
Batch Tool - PAC			

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Fuller		Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 3545 Lincoln Way E		<b>Transaction ID:</b> F0SNHB424662
	City Massillon	State OH	Zip Code 44646-8624
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Tanya Ghosh		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 493 Santa Barbara Drive		<b>Transaction ID:</b> BH4W9O557111
	City Los Altos	State CA	Zip Code 94022-3810
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Gina Gladstein		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 4 Dearfield Drive		<b>Transaction ID:</b> 814P0E335336
	City Greenwich	State CT	Zip Code 06831-5351
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>815.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 94

(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)

Jeffrey Goldstein

Mailing Address 12 Horizon Hill Road

City State Zip Code  
Asheville NC 28804-2430

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

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 814P0E560144

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Roy Goodart

Mailing Address Suite 200  
4400 S 700 E

City State Zip Code  
Salt Lake City UT 84107-3053

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

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 814P0E113971

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Dana Graichen

Mailing Address 56 Durrells Woods Road

City State Zip Code  
Arundel ME 04046-7503

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

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: BICRY985569

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1365.00

**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 27 / 94

(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)

Merrill Greenberger

Mailing Address 9630 Kenton

City State Zip Code  
Skokie IL 60076-1216

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

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: 814P0E590141

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Charles Gremillion

Mailing Address Suite A  
2400 S McCall Road

City State Zip Code  
Englewood FL 34224-5136

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

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: 0412253

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

R Thomas Griffey

Mailing Address 7323 Colony Point Road

City State Zip Code  
Norfolk VA 23505-3310

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

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

Transaction ID: 4G5W4B854684

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 94  
(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)  
Robert Grosserode

Mailing Address PO Box 2539  
3747 Sunset Lane

City Antioch State CA Zip Code 94531-2539

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 27 / 2008

Transaction ID: F0SNHB555173

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Richard Grostern

Mailing Address 3424 N Leavitt St

City Chicago State IL Zip Code 60618

FEC 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 08 / 29 / 2008

Transaction ID: 0DE4AC15-D58E-4AE2-

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
John Guerrero

Mailing Address 2090 Southeast Ocean Boulevard  
Stuart Eye Institute

City Stuart State FL Zip Code 34996

FEC 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 08 / 15 / 2008

Transaction ID: BICRY225147

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.00**

**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 29 / 94  
(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)  
Dennis Han

Mailing Address 925 N 87th Street

City Milwaukee State WI Zip Code 53226-4812

FEC 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 08 / 22 / 2008

Transaction ID: F1ZAJ2576688

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Roger Harrie

Mailing Address 5095 Boabab Court

City Salt Lake City State UT Zip Code 84117-6883

FEC 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 08 / 22 / 2008

Transaction ID: BH4W9O328596

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Christopher Haupt

Mailing Address Suite 133  
1501 50th Street

City West Des Moines State IA Zip Code 50266-5920

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 01 / 2008

Transaction ID: 410TLM348699

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 94  
(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 Haverly

Mailing Address Suite 301  
311 W 24th Street

City Erie State PA Zip Code 16502-2666

FEC 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 08 / 05 / 2008  
Transaction ID: 0618768  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

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

Mailing Address Geneve Eye Clinic - Suite 10  
302 Randall Road

City Geneva State IL Zip Code 60134-4209

FEC 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 08 / 11 / 2008  
Transaction ID: 0198346  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

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

Mailing Address 1729 New Hanover Medical Park Driv

City Wilmington State NC Zip Code 28403-5345

FEC 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 08 / 17 / 2008  
Transaction ID: 4f73b0d2e993419c84a9  
Amount of Each Receipt this Period 50.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 780.00

**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 31 / 94  
(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)  
Sarah Hays

Mailing Address 1 W Lakeshore Dr  
Ste 220

City Birmingham State AL Zip Code 35209-7271

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

**Transaction ID:** 4c52a5b20688b68b5711

Amount of Each Receipt this Period  
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Alan Hefner

Mailing Address Suite A  
40W330 Lafox Road

City St. Charles State IL Zip Code 60175-6515

FEC 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  
0 8 / 1 5 / 2 0 0 8

**Transaction ID:** BICRY292396

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Thomas Henderson

Mailing Address Suite 140  
3410 Far West Boulevard

City Austin State TX Zip Code 78731-3167

FEC 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  
0 8 / 2 2 / 2 0 0 8

**Transaction ID:** BH4W9O455486

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

**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 32 / 94  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
John Herlihy

Mailing Address 4560 S Glenview Place

City State Zip Code  
Rapid City SD 57702-6804

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  
08 / 13 / 2008

**Transaction ID:** 0489444

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Torre San Pablo 902  
68 Calle Santa Cruz

City State Zip Code  
Bayamon PR 00961-7032

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  
08 / 04 / 2008

**Transaction ID:** 4G5W4B542829

Amount of Each Receipt this Period  
200.00

Batch Tool - PAC

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

Mailing Address 200 S 5th Street

City State Zip Code  
Bismarck ND 58504-5675

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  
08 / 13 / 2008

**Transaction ID:** 0056510

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **930.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Philip Horowitz		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address Blason Plaza 509 South Lenola Road Suite 11		Transaction ID: 0045246
	City Moorestown	State NJ	Zip Code 08057
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address Suite 600 50 Staniford Street		Transaction ID: 4c69b959e99639d76032
	City Boston	State MA	Zip Code 02114-2539
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 416.66
	Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) W Jackson Iliff		Date of Receipt MM / DD / YYYY 08 / 07 / 2008
	Mailing Address Rear 7 4 W Rolling Crossroads		Transaction ID: 4G5WIJ817192
	City Catonsville	State MD	Zip Code 21228-6278
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	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) .....	▶	1166.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas Jabs		Date of Receipt
	Mailing Address Box 1183 1 Gustave L Levy Place		<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 8 / 0 1 / 2 0 0 8
	City	State	Zip Code
	New York	NY	10029-0312
	FEC ID number of contributing federal political committee.		Transaction ID: 410TLM271865
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 365.00		
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Jackson		Date of Receipt
	Mailing Address Suite 101 201 E 5900 S		<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 8 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Salt Lake City	UT	84107-5428
	FEC ID number of contributing federal political committee.		Transaction ID: BH4W9O728143
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 300.00		
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Gordon Johns		Date of Receipt
	Mailing Address 2517 Northeast Kresky Avenue		<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 8 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Chehalis	WA	98532-2409
	FEC ID number of contributing federal political committee.		Transaction ID: 4G5WIJ467716
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 1000.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1665.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 94  
(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)  
David Johnson

Mailing Address Suite 101  
10619 N Hayden Road

City State Zip Code  
Scottsdale AZ 85260-8510

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  
08 / 22 / 2008

Transaction ID: F1ZAJ2872423

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Carol Johnston

Mailing Address 6 Office Park Drive

City State Zip Code  
Jacksonville NC 28546-7325

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  
08 / 01 / 2008

Transaction ID: 0834504

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Eric Kanter

Mailing Address 349 E Northfield Road

City State Zip Code  
Livingston NJ 07039-4802

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  
08 / 20 / 2008

Transaction ID: 4DVYER524201

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Laurence Karns	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 6407 Frank Avenue Northwest	<b>Transaction ID:</b> F1ZAJ2047435
	City State Zip Code North Canton OH 44720-7263	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self: 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>B.</b>	Full Name (Last, First, Middle Initial) Joseph Kavanagh	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address Eye Associates of Sequin 128 S Moss Street Suite 300	<b>Transaction ID:</b> BICRY511213
	City State Zip Code Sequin TX 78155-5127	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) F Randall Kirchner	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 1455 E Bert Kouns Loop	<b>Transaction ID:</b> BH4WAR420031
	City State Zip Code Shreveport LA 71105-5634	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self: 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) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 94  
(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)  
Stephen Knight

Mailing Address 930 Springdale Road Northeast

City Atlanta State GA Zip Code 30306-2628

FEC 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 08 / 13 / 2008

Transaction ID: 0764925

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Nicholas Kokoris

Mailing Address 7749 South Painter Avenue

City Whittier State CA Zip Code 90602-2411

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 28 / 2008

Transaction ID: FOSN69753711

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

**C.**

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

Mailing Address Suite 200  
1850 Lakepointe Drive

City Lewisville State TX Zip Code 75057-6443

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 29 / 2008

Transaction ID: FOSNEW441558

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**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 38 / 94

(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)

Teofil Kulyk

Mailing Address 105 Southern Oak Drive

City State Zip Code  
Plant City FL 33563-1451

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

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: F0SNHB422950

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Adrian Lavina

Mailing Address Suite 220  
3399 Pga Boulevard

City State Zip Code  
Palm Beach Gardens FL 33410-2804

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 ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: 0815585

Amount of Each Receipt this Period

1500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Paul Lee

Mailing Address Dumc Box 3802  
2351 Erwin Road

City State Zip Code  
Durham NC 27702-3802

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

M M / D D / Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: 0787832

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

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

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 94		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jay Leemaster		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address Suite 101 520 S Telephone Road		Transaction ID: 0567289
	City Oklahoma City	State OK	Zip Code 73160-5424
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Levine		Date of Receipt MM / DD / YYYY 08 / 04 / 2008
	Mailing Address 5790 N Camino De La Sombra		Transaction ID: 4db19bf32c5f7e92b4be
	City Tucson	State AZ	Zip Code 85718-3919
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer self self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Lewis		Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 825 Glenwood Terrace		Transaction ID: 0851787
	City Anniston	State AL	Zip Code 36207-5846
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
	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) .....	▶	965.00
<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: PAGE 40 / 94

(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)

Monique Leys

Mailing Address PO Box 9193

City State Zip Code  
Morgantown WV 26506-9193

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  
08 / 05 / 2008

Transaction ID: 0238731

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Solomon C Luo

Mailing Address 201 E Laurel Boulevard

City State Zip Code  
Pottsville PA 17901-2534

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  
08 / 11 / 2008

Transaction ID: 0734914

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Linda Margulies

Mailing Address C/O Ophthalmology Department (112L  
150 Muir Road

City State Zip Code  
Martinez CA 94553-4668

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  
08 / 01 / 2008

Transaction ID: 0803222

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1095.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 94  
(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)  
Stephen Martin

Mailing Address PO Box 785

City Presque Isle State ME Zip Code 04769-0785

FEC 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: 08 / 27 / 2008  
**Transaction ID:** F0SNHB634511  
 Amount of Each Receipt this Period: 500.00  
 Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Jose Agustin Martinez

Mailing Address 801 W 38th Street

City Austin State TX Zip Code 78705-1167

FEC 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: 08 / 08 / 2008  
**Transaction ID:** 814P0E897420  
 Amount of Each Receipt this Period: 500.00  
 Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Ann McColgin

Mailing Address 4611 N Calle Altivo

City Tucson State AZ Zip Code 85718-5810

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 20 / 2008  
**Transaction ID:** 4DVYER313296  
 Amount of Each Receipt this Period: 300.00  
 Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Fred McMillan		Date of Receipt
	Mailing Address 1421 N. State Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Jackson	MS	39202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> F6FCB738-E1D2-4EBD-
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl Migliazzo		Date of Receipt
	Mailing Address 7504 Antioch Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 7 / 2 0 0 8
	City	State	Zip Code
	Overland Park	KS	66204-2622
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4G5WIJ857788
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Edward Migliori		Date of Receipt
	Mailing Address Suite 301 120 Dudley Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Providence	RI	02905-2429
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4b8281c7386243155007
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Glenn Moyer	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 804 Delaware Avenue	<b>Transaction ID:</b> F1ZAJ2179231
	City State Zip Code Bethlehem PA 18015-1178	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dugald Munro	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1525 Wampanoag Trail	<b>Transaction ID:</b> BH4W9O076643
	City State Zip Code East Providence RI 02915-1038	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George Nardin	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address Suite 214 407 Uluniu Street	<b>Transaction ID:</b> 814P0E178469
	City State Zip Code Kailua HI 96734-2537	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1615.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Neville		Date of Receipt
	Mailing Address Room 221 970 W Wooster Street		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bowling Green	OH	43402-2662
	FEC ID number of contributing federal political committee.		Transaction ID: BICRYY992716
	C		Amount of Each Receipt this Period
		250.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼			450.00

<b>B.</b>	Full Name (Last, First, Middle Initial) T Michael Nork		Date of Receipt
	Mailing Address 600 Highland Avenue F4/336		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Madison	WI	53792-0001
	FEC ID number of contributing federal political committee.		Transaction ID: BICRYY545322
	C		Amount of Each Receipt this Period
		365.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼			365.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Sara O'Connell		Date of Receipt
	Mailing Address 7504 Antioch Road		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Overland Park	KS	66204-2622
	FEC ID number of contributing federal political committee.		Transaction ID: F1ZAJ2732155
	C		Amount of Each Receipt this Period
		1000.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	▼	
<input type="checkbox"/> Other (specify) ▼			1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1615.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 94		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Obstbaum		Date of Receipt
	Mailing Address 121 E 60th Street		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10022-1117
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 4G5W4B267913
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="500.00"/>
Batch Tool - PAC			

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael Orr		Date of Receipt
	Mailing Address 8103 Clearvista Parkway		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Indianapolis	IN	46256-5628
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: F1ZAJ2085566
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="365.00"/>
Batch Tool - PAC			

<b>C.</b>	Full Name (Last, First, Middle Initial) Laura Pallan		Date of Receipt
	Mailing Address 807 Timber Lane		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sewickley	PA	15143-8962
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 0834687
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="365.00"/>
Batch Tool - PAC			

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

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

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

FOR LINE NUMBER: PAGE 46 / 94  
(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)  
John Panton  
Mailing Address 7740 North Avenue  
City Elmwood Park State IL Zip Code 60707-4124  
FEC 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 08 / 20 / 2008  
Transaction ID: 4DVYER209863  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Gerardo Parada  
Mailing Address Suite 230  
130 Vann Street Northeast  
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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 08 / 29 / 2008  
Transaction ID: FOSNEW863903  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Robert Park  
Mailing Address 1701 Old Village Road  
City Hendersonville State NC Zip Code 28791-3772  
FEC 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 08 / 11 / 2008  
Transaction ID: 0636373  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1230.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) J Louis Pecora		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 605 Stonehedge Drive		<b>Transaction ID:</b> 4DVYER322493
	City Vestal	State NY	Zip Code 13850-2917
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ron Pelton		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address Suite 309 455 E Pikes Peak Avenue		<b>Transaction ID:</b> 814P0E026923
	City Colorado Springs	State CO	Zip Code 80903-3674
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Pollack		Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address Illinois Retina Associates 300 Barney Dr., Suite D		<b>Transaction ID:</b> 814P0E345472
	City Joliet	State IL	Zip Code 60435
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	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) .....	<b>880.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 48 / 94  
(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)  
Seth David Potash  
Mailing Address 170 Maple Avenue  
City State Zip Code  
White Plains NY 10601-4710  
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 08 / 27 / 2008  
Transaction ID: BH4WAR127626  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Andrew Prince  
Mailing Address 178 East 71st Street  
City State Zip Code  
New York NY 10021  
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 08 / 11 / 2008  
Transaction ID: 35485982-3A90-41C2-  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Brian Ranelle  
Mailing Address 1872 Norwood Drive  
City State Zip Code  
Hurst TX 76054-3066  
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 08 / 11 / 2008  
Transaction ID: 0523581  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00  
**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 49 / 94  
(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)  
David Ranz

Mailing Address 171 Heritage Park Drive

City State Zip Code  
Murfreesboro TN 37129-1573

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  
M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

**Transaction ID:** FOSNEW168426

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Wills Eye Hospital  
840 Walnut Street Suite 920

City State Zip Code  
Philadelphia PA 19107-5109

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  
M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

**Transaction ID:** F1ZAJ2719216

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Suite 101  
885 Kempsville Rd., Amelia Buildin

City State Zip Code  
Norfolk VA 23502

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

**Transaction ID:** 0956811

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1730.00**

**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 50 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael Redmond	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 231 Windermere Boulevard	<b>Transaction ID:</b> 4DVYER530162
	City State Zip Code Alexandria LA 71303-3538	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann Renucci	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address Suite 130 1000 E Paris Avenue Southeast	<b>Transaction ID:</b> 0600613
	City State Zip Code Grand Rapids MI 49546-3680	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Adam Reynolds	Date of Receipt MM / DD / YYYY 08 / 15 / 2008
	Mailing Address 1438 N Ellington Place	<b>Transaction ID:</b> BICRY585380
	City State Zip Code Eagle ID 83616-4078	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self 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) .....	▶	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: PAGE 51 / 94

(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)

James Richmond

Mailing Address 932 Spring Creek Road

City State Zip Code  
Chattanooga TN 37412-3910

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  
08 / 22 / 2008

Transaction ID: BH4W9O402211

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Chester Ridenour

Mailing Address 398 Highgate Avenue

City State Zip Code  
Worthington OH 43085-3019

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  
08 / 13 / 2008

Transaction ID: 0878180

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Fane Robinson

Mailing Address 550 Washington Street  
Suite 723

City State Zip Code  
San Diego CA 92103-2232

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  
08 / 27 / 2008

Transaction ID: BH4WAR376067

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) John Robinson		Date of Receipt
	Mailing Address 501 E Macarthur Street		<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Shawnee	OK	74804-2201
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4G5W4B101856
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Rosenberg		Date of Receipt
	Mailing Address Ocusight Eye Care Center 1015 Ridge Road		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Webster	NY	14580-2907
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> F1ZAJ2921229
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Harold Ross		Date of Receipt
	Mailing Address 738 Pre Emption Road		<input type="text" value="08"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Geneva	NY	14456-1336
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 814P0E779613
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="300.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 94  
(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)  
Brian Paul Roth

Mailing Address 1022 West Ivy

City State Zip Code  
Moses Lake WA 98837-4107

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  
08 / 28 / 2008

**Transaction ID:** F0SN69778383

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.**

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

Mailing Address Suite 101  
5 Saint Vincent Circle

City State Zip Code  
Little Rock AR 72205-5415

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  
08 / 13 / 2008

**Transaction ID:** 0680073

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**C.**

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

Mailing Address 43 Ferry Bridge Road

City State Zip Code  
Washington CT 06793-1405

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  
08 / 22 / 2008

**Transaction ID:** F1ZAJ2074532

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**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 54 / 94  
(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)  
Frank Ryburn

Mailing Address 3420 23 Street

City Lubbock State TX Zip Code 79410-1322

FEC 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 08 / 04 / 2008

Transaction ID: 4G5W4B310584

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

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

Mailing Address 73 Chatham Street

City Brookline State MA Zip Code 02446-5451

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 08 / 11 / 2008

Transaction ID: 444491a6fe97c3926e5b

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Ivan Schwab

Mailing Address Uc Davis/Department Ophthalmology  
4860 Y Street Suite 2400

City Sacramento State CA Zip Code 95817

FEC 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 08 / 22 / 2008

Transaction ID: F1ZAJ2541651

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1281.66**

**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 55 / 94

(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)

Donald Schwartz

Mailing Address Suite 108  
2650 Elm Avenue

City State Zip Code  
Long Beach CA 90806-1600

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 ▼ 665.00

Date of Receipt

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

Transaction ID: 4G5W4B313365

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Halsey Settle

Mailing Address Suite 305  
4207 James Casey Street

City State Zip Code  
Austin TX 78745-1193

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: 0515586

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

William Shachtman

Mailing Address 1725 E Prospect Road

City State Zip Code  
Fort Collins CO 80525-1307

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

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: 4DVYER948172

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

965.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 94  
(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) Chirag Shah		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
Mailing Address Building 3 3100 Princeton Pike		Transaction ID: F1ZAJ2770794
City Lawrenceville	State NJ	Zip Code 08648-2300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Shahin Shahinfar		Date of Receipt MM / DD / YYYY 08 / 30 / 2008
Mailing Address 4578 Pine Tree court		Transaction ID: FC1C2396-89FE-4708-
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Steven Marc Silverstein		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address Suite 1000 4240 Blue Ridge Boulevard		Transaction ID: 410TLM163896
City Kansas City	State MO	Zip Code 64133-1754
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 94

(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)

Sidney Simonian

Mailing Address 27483 Dequindre Suite 303B

City State Zip Code  
Madison Heights MI 48071-5715

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  
08 / 01 / 2008

Transaction ID: 410TLM926362

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Eric Smith

Mailing Address Suite 2-C  
135 W Ravine Road

City State Zip Code  
Kingsport TN 37660-3847

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  
08 / 11 / 2008

Transaction ID: 0139392

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Jodi Smith

Mailing Address 940 N Loraine Avenue

City State Zip Code  
Glendora CA 91741-2374

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  
08 / 28 / 2008

Transaction ID: F0SN69244189

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1230.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 94  
(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)  
L Douglas Smith

Mailing Address 10 Vision Lane

City State Zip Code  
Natchez MS 39120-4607

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  
08 / 27 / 2008

**Transaction ID:** BH4WAR714308

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Hacienda De Salud  
4775 Hamilton Wolfe Road Building

City State Zip Code  
San Antonio TX 78229

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2008

**Transaction ID:** F1ZAJ2864368

Amount of Each Receipt this Period  
750.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Mi-Kyoung Song

Mailing Address 13515 Embudito View Court Northeas

City State Zip Code  
Albuquerque NM 87111-9202

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  
08 / 22 / 2008

**Transaction ID:** BH4W9O878187

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2115.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Merrill Stass-Isern	Date of Receipt MM / DD / YYYY 08 / 27 / 2008
	Mailing Address 11735 W 144th Terrace	<b>Transaction ID:</b> F0SNHB721436
	City State Zip Code Olathe KS 66062-8425	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Steinkuller	Date of Receipt MM / DD / YYYY 08 / 01 / 2008
	Mailing Address 2047 McClendon Street	<b>Transaction ID:</b> 0915118
	City State Zip Code Houston TX 77030-2114	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Stevens	Date of Receipt MM / DD / YYYY 08 / 13 / 2008
	Mailing Address 655 Medical Center Drive Northeast	<b>Transaction ID:</b> 0756047
	City State Zip Code Salem OR 97301-2751	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 94  
(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)  
Wells Stewart

Mailing Address 177 Parkwood Drive

City State Zip Code  
Elkin NC 28621-2429

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 ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2008

**Transaction ID:** 814P0E778230

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 703 14th Street

City State Zip Code  
Baraboo WI 53913-1538

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  
08 / 07 / 2008

**Transaction ID:** 4G5WIJ339685

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

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

Mailing Address 3398 Legacy Drive

City State Zip Code  
Poplar Bluff MO 63901-8661

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  
08 / 01 / 2008

**Transaction ID:** 0256438

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 94

(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)  
Alan Sugar

Mailing Address 1000 Wall Street

City State Zip Code  
Ann Arbor MI 48105-1912

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 08 / 28 / 2008

**Transaction ID:** F0SN69362672

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Donna Talluto

Mailing Address Suite 300  
1222 S Patterson Boulevard

City State Zip Code  
Dayton OH 45402-2643

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 08 / 07 / 2008

**Transaction ID:** 4G5WIJ713895

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
John Teahan

Mailing Address 7110 Wyoming Northeast

City State Zip Code  
Albuquerque NM 87109-4867

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 08 / 27 / 2008

**Transaction ID:** F0SNHB087485

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 94

(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)

Hiralal Tekwani

Mailing Address 9911 Kennerly Road

City State Zip Code  
St. Louis MO 63128-2700

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  
08 / 22 / 2008

Transaction ID: F1ZAJ2626507

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Garry Thomas

Mailing Address 47 Cabot Drive

City State Zip Code  
Chesterbrook PA 19087-5620

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  
08 / 22 / 2008

Transaction ID: F1ZAJ2144546

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Gregory Lee Thorgaard

Mailing Address 135 Deppe Lane

City State Zip Code  
Ottumwa IA 52501-1218

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  
08 / 08 / 2008

Transaction ID: 814P0E965433

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 94
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
E Winston Trice

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226-3330

FEC 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 08 / 22 / 2008

Transaction ID: F1ZAJ2711887

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Charles Tucker

Mailing Address 4008 Birkshire Heights

City Fort Mill State SC Zip Code 29708-8940

FEC 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 08 / 05 / 2008

Transaction ID: 0276572

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Karen Ullian

Mailing Address 1548 Ashley River Road

City Charleston State SC Zip Code 29407-5296

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 08 / 20 / 2008

Transaction ID: 4DVYER591977

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 94  
(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)  
Paul Urrea

Mailing Address Suite 301  
850 S Atlantic Boulevard

City Monterey Park State CA Zip Code 91754-6710

FEC 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  
MM / DD / YYYY  
08 / 15 / 2008

Transaction ID: BICRYY326371

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
James Vander

Mailing Address 910 E Willow Grove Avenue

City Wyndmoor State PA Zip Code 19038-7910

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2008

Transaction ID: 814P0E621663

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**C.**

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

Mailing Address Suite 130  
1000 E Paris Avenue Southeast

City Grand Rapids State MI Zip Code 49546-3680

FEC 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  
MM / DD / YYYY  
08 / 13 / 2008

Transaction ID: 0883847

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1615.00**

**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 65 / 94  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Mark Volpicelli

Mailing Address Suite 100  
1174 Castro Street

City State Zip Code  
Mountain View CA 94040-2572

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  
08 / 22 / 2008

**Transaction ID:** F1ZAJ2114116

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Angelina Eye Center  
2801 S John Redditt Dr. Suite B

City State Zip Code  
Lufkin TX 75904-5666

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 ▼  
730.00

Date of Receipt  
MM / DD / YYYY  
08 / 15 / 2008

**Transaction ID:** BICRY557769

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 13919 Bluff Wind

City State Zip Code  
San Antonio TX 78216-7923

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 ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2008

**Transaction ID:** 0934583

Amount of Each Receipt this Period  
50.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 94
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Peter Ward	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 18 Old Stone Crossing	<b>Transaction ID:</b> f279d901ffe4e467daf
	City State Zip Code West Hartford CT 06117-1859	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas White	Date of Receipt MM / DD / YYYY 08 / 08 / 2008
	Mailing Address 1701 S Minnesota Avenue	<b>Transaction ID:</b> 814P0E885873
	City State Zip Code Sioux Falls SD 57105-1751	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self Occupation self Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Wiesner	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address Unit B 1800 E Pavilion Place	<b>Transaction ID:</b> 4DVYER607269
	City State Zip Code Montrose CO 81401-5499	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self Occupation self Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 94

(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)  
Joseph Wilhelm

Mailing Address 702 W Lake Lansing Road

City East Lansing State MI Zip Code 48823-8526

FEC 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 08 / 20 / 2008

**Transaction ID:** 4DVYER543773

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Richard Wilson

Mailing Address 243 Beech Hill Road

City Wynnewood State PA Zip Code 19096

FEC 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 08 / 31 / 2008

**Transaction ID:** 412340BB-A074-4839-

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
George Wyhinny

Mailing Address 1875 W Dempster

City Park Ridge State IL Zip Code 60068-1186

FEC 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 08 / 08 / 2008

**Transaction ID:** 814P0E755238

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

**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 68 / 94  
(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)  
Wade Earle Young

Mailing Address 60 Ashwood Drive

City State Zip Code  
Tiffin OH 44883-1908

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  
08 / 11 / 2008

**Transaction ID:** 0327368

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

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

Mailing Address Suite 340  
10 Congress Street

City State Zip Code  
Pasadena CA 91105-3020

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  
08 / 08 / 2008

**Transaction ID:** 814P0E350131

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address Suite 101  
5420 Dashwood Drive

City State Zip Code  
Houston TX 77081-5333

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  
08 / 08 / 2008

**Transaction ID:** 814P0E887428

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ► 86218.32

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

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

FOR LINE NUMBER: PAGE 69 / 94  
(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) Bank of America		Date of Receipt MM / DD / YYYY 08 / 01 / 2008
Mailing Address 101 S Marengo Avenue 3rd Floor		<b>Transaction ID:</b> 2826d86324f1014bf60
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1386.90
Name of Employer	Occupation	CD interest - Jul08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1386.90	

**B.**

Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.		Date of Receipt MM / DD / YYYY 08 / 31 / 2008
Mailing Address PO Box 63020		<b>Transaction ID:</b> d2f38cbc3d8e2294d09
City San Francisco	State CA	Zip Code 94163
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1073.10
Name of Employer	Occupation	Bank interest 8/08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12673.61	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2460.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2460.00

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

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

FOR LINE NUMBER: (check only one)

<input 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 Zip Code  
CA 94163

Purpose of Disbursement  
Amex discount 8/08

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1b2f8d81a879975794e

Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

576.61

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State Zip Code  
CA 94163

Purpose of Disbursement  
Bank charges 8/08

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: b22dd4344969f9ecaf3

Date of Disbursement

08 / 31 / 2008

Amount of Each Disbursement this Period

1137.09

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

1713.70

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

1713.70

**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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p>	<p><b>Transaction ID:</b> 85651-4834710955619</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Battle Born Political Action Committee</p> <p>Mailing Address PO Box 370386 Suite 300</p> <p>City Las Vegas State NV Zip Code 89137</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Contribution</p>	<p><b>Transaction ID:</b> 65916-8254968523979</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 85651-5487939715385</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

11500.00

**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

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Cardin for Senate <hr/> Mailing Address PO Box 21093 <hr/> City Catonsville State MD Zip Code 21228 <hr/> Purpose of Disbursement Contribution Primary Candidate Name Benjamin L. Cardin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85101-2850000262260 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Berkley for Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement Contribution General Candidate Name Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-3985559344291 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bilirakis for Congress <hr/> Mailing Address 610 S. Boulevard <hr/> City Tampa State FL Zip Code 33606 <hr/> Purpose of Disbursement Contribution Candidate Name Gus Michael Bilirakis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 65916-7828180193901 Date of Disbursement 08 / 05 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

8000.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Bill Cassidy for Congress  Mailing Address 3482 Drusilla Lane Suite 1  City Baton Rouge State LA Zip Code 70809 Purpose of Disbursement Contribution Primary Candidate Name William Cassidy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 45688-2822992205619 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Chambliss for Senate  Mailing Address Post Office Box 12469  City Atlanta State GA Zip Code 30355 Purpose of Disbursement Contribution Candidate Name Saxby Chambliss Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 65916-6384851336479 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign  Mailing Address PO Box 12612  City San Antonio State TX Zip Code 78212 Purpose of Disbursement Contribution General Candidate Name Charles Gonzalez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85101-3198358416557 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

# 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) Charlie Melancon Campaign Committee Inc <hr/> Mailing Address PO Box 549 PO Box 549 <hr/> City Napoleonville State LA Zip Code 70390 <hr/> Purpose of Disbursement Contribution General <hr/> Candidate Name Charlie Melancon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 03	Transaction ID: 85101-5742914080619 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00
B.	Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address PO Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement Contribution <hr/> Candidate Name Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	Transaction ID: 65916-1396448016166 Date of Disbursement 08 / 05 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Citizens for Altmire <hr/> Mailing Address PO Box 1776 <hr/> City Freedom State PA Zip Code 15042 <hr/> Purpose of Disbursement Contribution General <hr/> Candidate Name Jason Altmire <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 04	Transaction ID: 85101-5426446795463 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen <hr/> Mailing Address PO Box 326 <hr/> City Everett State WA Zip Code 98206 <hr/> Purpose of Disbursement Contribution Candidate Name Rick Larsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 65916-6160699725151 Date of Disbursement 08 / 05 / 2008
	Amount of Each Disbursement this Period 1000.00
	011 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Coleman for Senate 08 <hr/> Mailing Address 680 Transfer Road Suite A <hr/> City St Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement Contribution Primary Candidate Name Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85101-5917932391166 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 2500.00
	011 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Collins for Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement Contribution General Candidate Name Susan M. Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-5536615252494 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/Type

**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) Committee To Re-Elect Ed Towns	Transaction ID: 85651-8290521502494
	Mailing Address 438 Lewis Avenue	Date of Disbursement 08 / 27 / 2008
	City Brooklyn State NY Zip Code 11233	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Primary Candidate Name Edolphus Towns	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 85101-7377435564994
	Mailing Address PO Box 127	Date of Disbursement 08 / 27 / 2008
	City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution General Candidate Name Christopher S. Murphy	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	Transaction ID: 85101-1786462664604
	Mailing Address PO Box 2008	Date of Disbursement 08 / 27 / 2008
	City Murfreesboro State TN Zip Code 37133	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution General Candidate Name Bart Gordon	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	12500.00
<b>TOTAL</b> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement Contribution General Candidate Name Henry A. Waxman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-5167810320854 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> Category/Type 011
<b>B.</b>	Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address PO Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement Contribution General Candidate Name David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-7998468279838 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Category/Type 011
<b>C.</b>	Full Name (Last, First, Middle Initial) Donna Edwards for Congress <hr/> Mailing Address PO Box 441153 <hr/> City Fort Washington State MD Zip Code 20749 <hr/> Purpose of Disbursement Contribution General Candidate Name Donna Fern Edwards <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-5840112566947 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Category/Type 011

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

12500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address PO Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement Contribution General Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-2970697283744 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc <hr/> Mailing Address PO Box 2918 <hr/> City Raleigh State NC Zip Code 27602 <hr/> Purpose of Disbursement Contribution General Candidate Name Elizabeth Dole <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-7224237322807 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Every Republican Is Crucial (Ericpac) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 65916-5741388201713 Date of Disbursement 08 / 05 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

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

7000.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Jim McDermott <hr/> Mailing Address PO Box 21783 <hr/> City Seattle State WA Zip Code 98111 <hr/> Purpose of Disbursement Contribution General Candidate Name Jim McDermott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-3204004168510 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Bill Posey <hr/> Mailing Address 1824 South Fiske Boulevard <hr/> City Rockledge State FL Zip Code 32955 <hr/> Purpose of Disbursement Contribution General Candidate Name Bill Posey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-9472772479057 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee <hr/> Mailing Address PO Box 1949 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement Contribution General Candidate Name Richard J. Durbin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-9007989764213 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

12500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Gordon Smith	Transaction ID: 65916-0643426775932 Date of Disbursement
	Mailing Address 228 S Washington Ste 115	<input type="text" value="08"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Gordon H. Smith	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District:	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller	Transaction ID: 85101-5666467547416 Date of Disbursement
	Mailing Address PO Box 1909	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution General Candidate Name John D. Rockefeller, IV	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Friends of John Tanner	Transaction ID: 85101-9589044451713 Date of Disbursement
	Mailing Address Post Office Box 1994 Post Office Box 1994	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City Union City State TN Zip Code 38281	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution General Candidate Name John S. Tanner	<input type="text" value="2500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Lois Capps <hr/> Mailing Address PO Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121 <hr/> Purpose of Disbursement Contribution General Candidate Name Lois Capps <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-7822534441948 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel <hr/> Mailing Address PO Box 101124 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Contribution General Candidate Name Rahm Israel Emanuel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-8219873309135 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Tim Johnson <hr/> Mailing Address PO Box 17097 <hr/> City Urbana State IL Zip Code 61803 <hr/> Purpose of Disbursement Contribution General Candidate Name Timothy V. Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 15 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85101-6452600359916 Date of Disbursement 08 / 27 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

11500.00

**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) Giffords for Congress	Transaction ID: 85101-7494012713432
	Mailing Address PO Box 12886	Date of Disbursement 08 / 27 / 2008
	City Tucson State AZ Zip Code 85732	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Primary Candidate Name Gabrielle Giffords	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gillibrand for Congress	Transaction ID: 85101-2915918231010
	Mailing Address PO Box 15734	Date of Disbursement 08 / 27 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Primary Candidate Name Kirsten E. Gillibrand	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Griffith for Congress	Transaction ID: 85651-6011468768119
	Mailing Address PO Box 2916	Date of Disbursement 08 / 27 / 2008
	City Huntsville State AL Zip Code 35804	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution General Candidate Name Parker Griffith	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Heath Shuler for Congress  Mailing Address PO Box 8446  City Asheville State NC Zip Code 28814  Purpose of Disbursement Contribution General Candidate Name Heath Shuler  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85101-8205987811088 Date of Disbursement 08 / 27 / 2008  Amount of Each Disbursement this Period 2500.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Inslee for Congress  Mailing Address PO Box 33027  City Seattle State WA Zip Code 98133  Purpose of Disbursement Contribution General Candidate Name Jay Inslee  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85101-3041650652885 Date of Disbursement 08 / 27 / 2008  Amount of Each Disbursement this Period 5000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Jeb Bradley for Congress  Mailing Address 645 South Main Street  City Wolfeboro State NH Zip Code 03894  Purpose of Disbursement Contribution General Candidate Name Joseph E. Mr. Bradley, III  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-7185479998588 Date of Disbursement 08 / 27 / 2008  Amount of Each Disbursement this Period 5000.00  011 Category/ Type

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

12500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address 607 N. Main St Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 05</p>	<p><b>Transaction ID:</b> 85101-4643060564994</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Lincoln Diaz-Balart for Congress</p> <p>Mailing Address 95 Merrick Way, Suite 250</p> <p>City Coral Gables State FL Zip Code 33134</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Lincoln Diaz-Balart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 21</p>	<p><b>Transaction ID:</b> 85651-4027978777885</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Linda Stender for Congress</p> <p>Mailing Address PO Box 730</p> <p>City Scotch Plains State NJ Zip Code 07076</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Linda Stender</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 07</p>	<p><b>Transaction ID:</b> 85651-7614404559135</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

12500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mario Diaz-Balart for Congress  Mailing Address 95 Merrick Way, Suite 250  City Coral Gables State FL Zip Code 33134  Purpose of Disbursement Contribution General Candidate Name Mario Diaz-Balart  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 25  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 85651-9824334979057 Date of Disbursement 08 / 27 / 2008	Amount of Each Disbursement this Period 5000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Pryor for Us Senate  Mailing Address PO Box 2720  City Little Rock State AR Zip Code 72203  Purpose of Disbursement Contribution General Candidate Name Mark Lunsford Pryor  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 85101-0195428729057 Date of Disbursement 08 / 27 / 2008	Amount of Each Disbursement this Period 5000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Markey Committee, the  Mailing Address PO Box 526  City Medford State MA Zip Code 02155  Purpose of Disbursement Contribution Primary Candidate Name Edward J. Markey  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 85651-5705072283744 Date of Disbursement 08 / 27 / 2008	Amount of Each Disbursement this Period 2500.00

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

12500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District: 02</p>	<p><b>Transaction ID:</b> 85101-1540948748588</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Miller-Meeks for Congress</p> <p>Mailing Address PO Box 3011</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement 2008 Primary Debt Relief</p> <p>Candidate Name Mariannette Jane Miller-Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p>	<p><b>Transaction ID:</b> 60613-1347314715385</p> <p>Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>[MEMO ITEM]</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Miller-Meeks for Congress</p> <p>Mailing Address PO Box 3011</p> <p>City Iowa City State IA Zip Code 52244</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Mariannette Jane Miller-Meeks</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 02</p>	<p><b>Transaction ID:</b> 85651-5189172625541</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

10000.00

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Montana Democratic Party	<b>Transaction ID:</b> 65916-3017541766166
	Mailing Address PO Box 802	Date of Disbursement 08 / 05 / 2008
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Montanans for Tester	<b>Transaction ID:</b> 85101-8922998309135
	Mailing Address PO Box 1135	Date of Disbursement 08 / 27 / 2008
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Primary Candidate Name Jon Tester Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Musgrove for U S Senate	<b>Transaction ID:</b> 05781-4213220477104
	Mailing Address PO Box 24477 1076 Highland Colony Parkway	Date of Disbursement 08 / 19 / 2008
	City Jackson State MS Zip Code 39225	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution GENERAL Candidate Name David Ronald (Ronnie) Musgrove Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

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

15000.00

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) National Leadership Pac <hr/> Mailing Address PO Box 5577 Manhattenville Station <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 85101-6403009295463 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Pallone for Congress <hr/> Mailing Address PO Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Contribution General Candidate Name Frank Pallone, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-4170495867729 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 06
<b>C.</b> Full Name (Last, First, Middle Initial) Pascrell for Congress Inc. <hr/> Mailing Address POB 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement Contribution General Candidate Name William J. Pascrell, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85651-1694604754447 Date of Disbursement 08 / 27 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NJ District: 08

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

11500.00

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc	<b>Transaction ID:</b> 65916-0332605242729	
	Mailing Address PO Box 433	Date of Disbursement 08 / 05 / 2008	
	City Great Bend State KS Zip Code 67530	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution Candidate Name Pat Roberts Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Broun Committee	<b>Transaction ID:</b> 85651-2699090838432	
	Mailing Address PO Box 7165	Date of Disbursement 08 / 27 / 2008	
	City Athens State GA Zip Code 30604	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement Contribution General Candidate Name Paul Collins Broun Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) People for English	<b>Transaction ID:</b> 65916-0496179461479	
	Mailing Address PO Box 1940	Date of Disbursement 08 / 05 / 2008	
	City Erie State PA Zip Code 16507	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement Contribution Candidate Name Phil English Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

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

6500.00

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

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

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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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee</p> <p>Mailing Address PO Box 8331</p> <p>City Fremont State CA Zip Code 94537</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Pete Stark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 85651-5954858660697</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Sta</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement Contribution Primary</p> <p>Candidate Name Charles B. Rangel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 85101-4284479022026</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 607 14th Street N.W. Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 65916-6917230486869</p> <p>Date of Disbursement 08 / 05 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

**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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Snyder for Congress Campaign Committee</p> <p>Mailing Address PO Box 250998</p> <p>City Little Rock State AR Zip Code 72225</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Vic Snyder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 85651-7038995623588</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address PO Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement Contribution GENERAL</p> <p>Candidate Name Mark Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 85101-2150232195854</p> <p>Date of Disbursement 08 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Udall for Us All</p> <p>Mailing Address 3311 Candelaria NE Suite A</p> <p>City Albuquerque State NM Zip Code 87107</p> <p>Purpose of Disbursement Contribution General</p> <p>Candidate Name Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 05781-2175256609916</p> <p>Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

15000.00

**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)

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<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)

Van Hollen for Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
Contribution General

Candidate Name  
Chris Van Hollen

Office Sought:  House  
 Senate  
 President

State: MD District: 08

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Transaction ID: 85101-7279016375541

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 93 / 94

<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)

Sarah Hays

Transaction ID: 42754-63175600767136

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Mailing Address Suite 220  
1 W Lakeshore Drive

City Birmingham State AL Zip Code 35209-7271

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ▶

1000.00
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Image# 28933342203

Form/Schedule: **F3XN**  
Transaction ID:

The Memo Entry on Line 23 for Miller-Meeks for Congress is the redesignation of the 6/23/08 contribution as it was disclosed in the July Monthly Report.

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