

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 05 01 2008 through 05 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 08 18 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							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	880405.16									
(c) Total Receipts (from Line 19)	11402.84	290091.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	891808.00	1186512.63								
7. Total Disbursements (from Line 31)	33563.30	328267.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	858244.70	858244.70								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

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	8818.32	251885.14
(i) Itemized (use Schedule A)	1057.50	18783.75
(ii) Unitemized	9875.82	270668.89
(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)	9875.82	270668.89
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.)	1527.02	19422.38
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))	11402.84	290091.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11402.84	290091.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1698.30	8667.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1698.30	8667.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	31500.00	283500.00
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	365.00	21070.00
(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))	365.00	21070.00
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))..	33563.30	328267.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33563.30	328267.93

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	9875.82	270668.89
34. Total Contribution Refunds (from Line 28(d))	365.00	21070.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9510.82	249598.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1698.30	8667.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1698.30	8667.93

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<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) Janet Betchkal	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 1820 Barrs Street Dillon Building Suite 134	Transaction ID: 429eace8a9cc122abf70
	City State Zip Code Jacksonville FL 32204	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	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 ▼ 182.50	

B.	Full Name (Last, First, Middle Initial) Craig Cassidy	Date of Receipt MM / DD / YYYY 05 / 01 / 2008
	Mailing Address 6390 N Cattle Track Road	Transaction ID: 4d88b3fdf22bca0d55ad
	City State Zip Code Scottsdale AZ 85250-4610	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	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	

C.	Full Name (Last, First, Middle Initial) William Ehlers	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 125 Secret Lake Road	Transaction ID: 400caf4c7575b8009f61
	City State Zip Code Avon CT 06001-3465	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	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	

SUBTOTAL of Receipts This Page (optional)	466.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 26
(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)
Gerald Ford

Mailing Address Suite B
2600 S Rural Road

City State Zip Code
Tempe AZ 85282-2448

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
05 / 14 / 2008

Transaction ID: 8Q7XT1953758

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Raul Franceschi

Mailing Address Suite 707
29 Calle Washington

City State Zip Code
San Juan PR 00907-1503

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
05 / 22 / 2008

Transaction ID: 4aadaf490c7cf0110224

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite 200
12301 Northeast 10th Place

City State Zip Code
Bellevue WA 98005-2487

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
05 / 22 / 2008

Transaction ID: 43f8b4542c9e7b4336bc

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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: (check only one)	PAGE 8 / 26
	<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) Lynn Gordon		Date of Receipt
	Mailing Address 100 Stein Plaza		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Los Angeles	CA	90095-7065
	FEC ID number of contributing federal political committee. C		Transaction ID: 4aa885a267d86fd0da43
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="91.25"/>
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="456.25"/>		
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt
	Mailing Address Suite 204 451 Ruin Creek Road		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Henderson	NC	27536-5920
	FEC ID number of contributing federal political committee. C		Transaction ID: 44a9a16e0b628d2f4059
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="125.00"/>
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Jeffrey Heier		Date of Receipt
	Mailing Address 15 Skyview Lane		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sudbury	MA	01776
	FEC ID number of contributing federal political committee. C		Transaction ID: CE1F2D8A-B136-4C9B-
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 ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1216.25"/>
TOTAL 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 9 / 26
(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)
Andrew Henrick

Mailing Address 23961 Magdalena Suite 302

City Laguna Hills State CA Zip Code 92653

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 06 / 2008

Transaction ID: 448980c5eccd7267af93

Amount of Each Receipt this Period 125.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite 600
50 Staniford Street

City Boston State MA Zip Code 02114-2539

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 05 / 11 / 2008

Transaction ID: 4df2a185ed4c981c6ba9

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Johanna Jensen

Mailing Address Suite A
1615 12th Avenue Road

City Nampa State ID Zip Code 83686-6184

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2008

Transaction ID: 4e4295e0f8ff4cd0d93e

Amount of Each Receipt this Period 250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) 791.66

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: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Craig King		Date of Receipt
	Mailing Address Suite 100 3209 N 4th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 2 / 2 0 0 8
	City	State	Zip Code
	Longview	TX	75605-5170
	FEC ID number of contributing federal political committee.		Transaction ID: FVDH1Z569639
	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="text"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	250.00	

B.	Full Name (Last, First, Middle Initial) Dennis Kontra		Date of Receipt
	Mailing Address 5802 Washington Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 3 / 2 0 0 8
	City	State	Zip Code
	Racine	WI	53406-4050
	FEC ID number of contributing federal political committee.		Transaction ID: F2SXHQ747235
	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="text"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	500.00	

C.	Full Name (Last, First, Middle Initial) Jason Levine		Date of Receipt
	Mailing Address 5790 N Camino De La Sombra		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 0 8
	City	State	Zip Code
	Tucson	AZ	85718-3919
	FEC ID number of contributing federal political committee.		Transaction ID: 4150a84da75ba3f411a9
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	300.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	850.00
TOTAL 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 11 / 26
	(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) Robert Liss	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address Suite 420 419 W Redwood Street	Transaction ID: 49cc8eb34b4f7e676ec6
	City State Zip Code Baltimore MD 21201-7002	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	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 ▼ 75.00	

B.	Full Name (Last, First, Middle Initial) Robert Lytle	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address Suite 5 51 Main Street	Transaction ID: 4624a69024fbee327839
	City State Zip Code Hyannis MA 02601-3109	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	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 ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Mark Mayle	Date of Receipt MM / DD / YYYY 05 / 14 / 2008
	Mailing Address 2071 Lakeside Estates	Transaction ID: 8Q7XT1448424
	City State Zip Code Morgantown WV 26508-5618	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	

SUBTOTAL of Receipts This Page (optional)	412.50
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 / 26
(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) Michael Edward Migliori		Date of Receipt MM / DD / YYYY 05 / 04 / 2008
Mailing Address Suite 301 120 Dudley Street		Transaction ID: 4e3898acd50dcd05d9ff
City Providence	State Zip Code RI 02905-2429	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Joann Nevyas		Date of Receipt MM / DD / YYYY 05 / 02 / 2008
Mailing Address Nevyas Eye Associates 2 Bala Plaza - 333 City Avenue		Transaction ID: FVDH1Z788408
City Bala Cynwyd	State Zip Code PA 19004	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Dale Reynolds		Date of Receipt MM / DD / YYYY 05 / 05 / 2008
Mailing Address Unit 104 2330 Troop Drive		Transaction ID: FVDH20124443
City Sartell	State Zip Code MN 56377-4531	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 / 26
(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)
Gerald Roust

Mailing Address 1630 Adams Street

City Mankato State MN Zip Code 56001-4801

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 02 / 2008

Transaction ID: FVDH1Z248354

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 ▼ 833.32

Date of Receipt 05 / 11 / 2008

Transaction ID: 458a8b58009674390b78

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 221 Depot St.

City Easton State MA Zip Code 02375

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2008

Transaction ID: E523CC3C-3EE8-4C3B-

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1781.66**

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 14 / 26	
	(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"/> 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 Thomas Walton		Date of Receipt	
	Mailing Address 13919 Bluff Wind		M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: FVDH1Z670491
	San Antonio	TX	78216-7923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	50.00
	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		

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	8818.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.		Date of Receipt
	Mailing Address PO Box 63020		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94163
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 6cd418f1bc5ba5ef77c Amount of Each Receipt this Period <input type="text" value="1327.02"/> Bank interest 5/08	
Aggregate Year-to-Date ▼		<input type="text" value="8732.38"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1327.02"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1327.02"/>

**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)

<p>A. Full Name (Last, First, Middle Initial) Surgical Scope Fund</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94120</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V47209-4679223895072</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement Bank charges 5/08 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1860a054e71c0963f82</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1329.75</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement AMEX discount 5/08 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0d73c2b7f504465b92a</p> <p>Date of Disbursement 05 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 168.55</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	1698.30
TOTAL This Period (last page this line number only)	1698.30

**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 for Hispanic Causes/Building Our Leadership Diversity Pac (Chc Bold Pac) Mailing Address 1831 Bay Street SE City Washington State DC Zip Code 20003 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	Transaction ID: 22082-8079645037651 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Cote for Congress Mailing Address PO Box 6902 City Portland State ME Zip Code 04105 Purpose of Disbursement Contribution Candidate Name Adam Roland Cote Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 27244-6934778094291 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Friends of Bill Posey Mailing Address 1824 South Fiske Boulevard City Rockledge State FL Zip Code 32955 Purpose of Disbursement Contribution Candidate Name Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 22082-6018182635307 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 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)

<p>A. Full Name (Last, First, Middle Initial) Friends of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Glenn Carlyle Nye, III</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 02</p>	<p>Transaction ID: 47209-2541009783744</p> <p>Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Gene Green</p> <p>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) ▼</p> <p>State: TX District: 29</p>	<p>Transaction ID: 22082-2779352068901</p> <p>Date of Disbursement 05 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Griffith for Congress</p> <p>Mailing Address PO Box 2619</p> <p>City Huntsville State AL Zip Code 35804</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Parker Griffith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AL District: 05</p>	<p>Transaction ID: 81305-3033258318901</p> <p>Date of Disbursement 05 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

9500.00

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) John Kerry for Senate <hr/> Mailing Address 10 G Street NE Suite 710 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name John F. Kerry Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District:	Transaction ID: 47209-5554010272026 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) John Lewis for Congress <hr/> Mailing Address 303 Peachtree Street, NE Suite 5300 <hr/> City Atlanta State GA Zip Code 30308 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name John Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05	Transaction ID: 22082-9079248309135 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Kennedy for Congress <hr/> Mailing Address 303 N Broadway Suite 704 <hr/> City Billings State MT Zip Code 59101 <hr/> Purpose of Disbursement Contribution Contribution Candidate Name William T. Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MT District: 01	Transaction ID: 47209-76198977231980 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period -5000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

-1500.00

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) Maloney for Congress	Transaction ID: 95467-5304223895072
	Mailing Address 49 East 92nd Street	Date of Disbursement MM / DD / YYYY 05 / 08 / 2008
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Carolyn B. Maloney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) People for English	Transaction ID: 23494-3733026385307
	Mailing Address PO Box 1940	Date of Disbursement MM / DD / YYYY 05 / 29 / 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
C.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 47209-10418337583541
	Mailing Address 310 First Street SE	Date of Disbursement MM / DD / YYYY 05 / 15 / 2008
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement 2007 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

-2500.00

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) Richard E Neal for Congress Committee <hr/> Mailing Address 76 Magnolia Terrace <hr/> City Springfield State MA Zip Code 01108 <hr/> Purpose of Disbursement Contribution Candidate Name Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22082-6532861590385 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8	
	Amount of Each Disbursement this Period 3000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Rogers for Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement Contribution Candidate Name Mike Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 47209-75576418638230 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
Amount of Each Disbursement this Period -2500.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Schock for Congress <hr/> Mailing Address PO Box 10555 <hr/> City Peoria State IL Zip Code 61612 <hr/> Purpose of Disbursement Contribution Candidate Name Aaron Schock Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22082-7723962664604 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
Amount of Each Disbursement this Period 5000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement Contribution Candidate Name Shelley Moore Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 23268-4141198992729 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Sue Myrick for Congress <hr/> Mailing Address PO Box 37091 <hr/> City Charlotte State NC Zip Code 28237 <hr/> Purpose of Disbursement Contribution Candidate Name Sue Myrick <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 47209-5634881854057 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 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) ▼
C. Full Name (Last, First, Middle Initial) Tim Murphy for Congress <hr/> Mailing Address PO Box 24551 <hr/> City Pttsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement Contribution Candidate Name Timothy F. Murphy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 22082-6695367693901 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	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) ▶

5000.00

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) Victory in November Election Pac (Vinepac)	Transaction ID: 22082-7200891375541 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 8
	Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution Category/Type: 011
B. Full Name (Last, First, Middle Initial) Volunteers for Shimkus	Transaction ID: 47209-8637201189994 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 8
	Mailing Address PO Box 5458 PO Box 5458 City Springfield State IL Zip Code 62705 Purpose of Disbursement Contribution Candidate Name John M. Shimkus 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: IL District: 19 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

31500.00

**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)

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<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)

Bradley Black

Mailing Address 5220 Flanders Drive

City State Zip Code
Baton Rouge LA 70808-9157

Purpose of Disbursement
duplicate

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 92730-41013735532761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

Image# 28932475162

Form/Schedule: **F3X**

Transaction ID:
