

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 12 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Rausch
Signature of Treasurer Electronically Filed by Steven Rausch Date 01 25 2010

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)

A. Form/Schedule : **F3XA**

This January 31 Year End Report is being amended in order to correct the overstated Money Market Interest reported on Line 17. (Originally reported \$999.13. Now reporting \$0.)

Transaction ID :

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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		681385.49
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	747868.31									
(c) Total Receipts (from Line 19)	60606.32	661396.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	808474.63	1342781.85								
7. Total Disbursements (from Line 31)	34257.97	568565.19								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	774216.66	774216.66								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	39082.32	560845.52
(ii) Unitemized	21524.00	87854.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	60606.32	648700.14
(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)	60606.32	648700.14
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.)	0.00	12696.22
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))	60606.32	661396.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60606.32	661396.36

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	859.97	17485.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	859.97	17485.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	487000.00
24. Independent Expenditure (use Schedule E)	0.00	58704.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	898.00	5375.50
(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))	898.00	5375.50
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))..	34257.97	568565.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34257.97	568565.19

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	60606.32	648700.14
34. Total Contribution Refunds (from Line 28(d))	898.00	5375.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59708.32	643324.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	859.97	17485.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	859.97	17485.69

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

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

FOR LINE NUMBER: PAGE 7 / 58
(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)
Thomas Aaberg, Jr.
 Mailing Address 2081 Hunters Run Northeast
 City State Zip Code
 Ada MI 49301-9559
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 9
Transaction ID: 497E959F96F056F8FC90
 Amount of Each Receipt this Period
 50.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

B. Full Name (Last, First, Middle Initial)
Mark Alford
 Mailing Address 3113 Preston Hollow Road
 City State Zip Code
 Fort Worth TX 76109-2050
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 3 / 2 0 0 9
Transaction ID: 6DD517EC09A7B8553FC
 Amount of Each Receipt this Period
 500.00
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

C. Full Name (Last, First, Middle Initial)
Omar Almallah
 Mailing Address 20 Mule Road
 City State Zip Code
 Toms River NJ 08755-5028
 Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 1 1 / 2 0 0 9
Transaction ID: 4A92978EE4C1DD008433
 Amount of Each Receipt this Period
 50.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00
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 / 58
	<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) John Armstrong	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 1590 Darling Street	Transaction ID: F5E8696D981759E4B88
	City Ogden State UT Zip Code 84403-0445	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 865.00	

B.	Full Name (Last, First, Middle Initial) Steven Bagan	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 4344 20th Avenue Southwest	Transaction ID: 1F5B81E4E410CFE1311
	City Fargo State ND Zip Code 58103-7436	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Dwayne Baharozian	Date of Receipt MM / DD / YYYY 12 / 17 / 2009
	Mailing Address Suite 201 133 Littleton Road	Transaction ID: 30EE074A6BD73DD90BB
	City Westford State MA Zip Code 01886-3198	Amount of Each Receipt this Period 199.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 399.00	

SUBTOTAL of Receipts This Page (optional)	1064.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 58
(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 Birnbach

Mailing Address 2821 Northup Way
Suite 200

City Bellevue State WA Zip Code 98004-1496

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 ▼ 550.00

Date of Receipt 12 / 10 / 2009
Transaction ID: 4EB7A2299AAED5060AC4

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 3705 14th Ave

City Sterling State IL Zip Code 61081-4030

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 12 / 10 / 2009
Transaction ID: 93C0AD1400DC9B6CD83

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
G. Edward Bryant, Jr.

Mailing Address 303 W Polk Avenue

City West Memphis State AR Zip Code 72301-4262

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 12 / 20 / 2009
Transaction ID: 44319ADC9F92398DD546

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 575.00

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 10 / 58
	(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) Peter Campanella		Date of Receipt
	Mailing Address 3855 Penn Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sinking Spring	PA	19608-1174
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 64860494E68B93B8A38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Keith Carter		Date of Receipt
	Mailing Address 200 Hawkins Drive		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Iowa City	IA	52242-1007
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 2286A1E44E80696CF08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

C.	Full Name (Last, First, Middle Initial) James Castner		Date of Receipt
	Mailing Address Suite 301 1080 Day Hill Road		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Windsor	CT	06095-5724
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 52F78E64EECFE4CF77
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
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: (check only one)	PAGE 11 / 58
	<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) Rudolf Churner		Date of Receipt MM / DD / YYYY 12 / 10 / 2009		
	Mailing Address 1501 Redbud		Transaction ID: 190C99F2E6BAF148180		
	City McKinney	State TX	Zip Code 75069-3226	Amount of Each Receipt this Period 199.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 564.00			

B.	Full Name (Last, First, Middle Initial) Mark Cichowski		Date of Receipt MM / DD / YYYY 12 / 14 / 2009		
	Mailing Address PO Box 1227		Transaction ID: 72B151A36906DC58B1C		
	City Coupeville	State WA	Zip Code 98239-1227	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Donald Cinotti		Date of Receipt MM / DD / YYYY 12 / 18 / 2009		
	Mailing Address 600 Pavonia Avenue 6th Floor		Transaction ID: 4C82AC4C93C43412F3E9		
	City Jersey City	State NJ	Zip Code 07306-2932	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 1201.00			

SUBTOTAL of Receipts This Page (optional)	▶	799.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 58
(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)
S. William Clark, III

Mailing Address 502 Isabella Street

City State Zip Code
Waycross GA 31501-3638

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 ▼ 3749.94

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 4A88854F2FAD233FF456

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Terry Croyle

Mailing Address 2375 S Main Street

City State Zip Code
Moultrie GA 31768-6517

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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 9

Transaction ID: 431294F6346B59E0A10D

Amount of Each Receipt this Period
30.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Leslie Cunningham

Mailing Address 1124 Weisgarber Road Suite 100

City State Zip Code
Knoxville TN 37909-2686

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 Y
1 2 / 0 7 / 2 0 0 9

Transaction ID: F0D154441A6879EE99B

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **696.66**

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 13 / 58
	(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) Nazareth Darakjian		Date of Receipt
	Mailing Address 2595 E Washington Boulevard Suite		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	City	State	Zip Code
	Pasadena	CA	91107-1409
	FEC ID number of contributing federal political committee. C		Transaction ID: F5561A10C86BA462273
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Elliot Davidoff		Date of Receipt
	Mailing Address 2170 Hayes Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Granville	OH	43055-3676
	FEC ID number of contributing federal political committee. C		Transaction ID: 8E0FB2DF-2184-4402-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Robert Deitch, Jr.		Date of Receipt
	Mailing Address 3583 Brumley Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 2 / 2 0 0 9
	City	State	Zip Code
	Carmel	IN	46033-3017
	FEC ID number of contributing federal political committee. C		Transaction ID: 8B5E02C1E27CF7975FA
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 75.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 690.00
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 14 / 58

(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)

Paul Dunn

Mailing Address 275 Harvard Street

City State Zip Code
Fall River MA 02720-4125

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: 70D45846D00E02E454A

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Judith Kay Eastman

Mailing Address 8141 W Center Rd Ste 100

City State Zip Code
Omaha NE 68124-3273

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

Name of Employer Occupation
self ophthalmologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: C3BFBCEBEB16F0497A6

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City State Zip Code
Metairie LA 70002-1361

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 900.00

Date of Receipt

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

Transaction ID: 4D05A455A83ED30F604F

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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: (check only one)	PAGE 15 / 58
	<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) Tina Eckhardt	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 11 Sawgrass Drive	Transaction ID: 9AD4799C45918D7AACC
	City State Zip Code Coal Valley IL 61240-9148	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	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.	Full Name (Last, First, Middle Initial) David Edelstein	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 4 Brookbridge Road	Transaction ID: 37A001AC14CE979E4DB
	City State Zip Code Great Neck NY 11021-1017	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	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	

C.	Full Name (Last, First, Middle Initial) Robert Malcolm Edwards	Date of Receipt MM / DD / YYYY 12 / 18 / 2009
	Mailing Address 1240 Colonial Commons Court	Transaction ID: DC08008BE0DCB505864
	City State Zip Code Lancaster SC 29720-2200	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 865.00	

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 16 / 58

(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)

George Fava

Mailing Address 875 Norman Drive

City

Lebanon

State

PA

Zip Code

17042-7454

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 1C278CE31C1606E26C9

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Samuel Friedel

Mailing Address 827 Linden Avenue

City

Baltimore

State

MD

Zip Code

21201-4606

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
1 2 / 1 5 / 2 0 0 9

Transaction ID: 68B39BB3A09CC0F1DD2

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Geoffrey Garrett

Mailing Address 1455 E Bert Kouns Loop

City

Shreveport

State

LA

Zip Code

71105-5634

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
1 2 / 0 8 / 2 0 0 9

Transaction ID: 8CECADB3279911B665D

Amount of Each Receipt this Period

365.00

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 17 / 58
(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)
Frank Genovese

Mailing Address Suite 210
200 Medical Arts Building

City State Zip Code
Kittanning PA 16201-7132

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
12 / 14 / 2009

Transaction ID: 22CC41D13C531E67AA4

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 1229 E Seminole Street

City State Zip Code
Springfield MO 65804-2227

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
12 / 02 / 2009

Transaction ID: D8B10149A99396D8AA4

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address Suite 100
499 Farmington Avenue

City State Zip Code
Farmington CT 06032-1933

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
12 / 16 / 2009

Transaction ID: FA98A25187A68F5B9C7

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 58
(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)
Lawrence Goldberg

Mailing Address 4957 38th Avenue N Suite D

City State Zip Code
St. Petersburg FL 33710-2174

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
1 2 / 1 6 / 2 0 0 9

Transaction ID: C93AEAAF80A53E11B73

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Todd Goldblum

Mailing Address 303D Mulberry Street Northeast

City State Zip Code
Albuquerque NM 87106-4739

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
1 2 / 1 1 / 2 0 0 9

Transaction ID: 460CA94FCE12947A6B0F

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
John Douglas Goosey

Mailing Address 6545 Rutgers

City State Zip Code
Houston TX 77005-3850

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
1 2 / 2 8 / 2 0 0 9

Transaction ID: 4636AC2580CB630F5C47

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **490.00**

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 / 58
(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) Edward Graul		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 251 Moosa Boulevard		Transaction ID: FBB792503FB3474D6E6
City Eunice	State Zip Code LA 70535-3638	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 199.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 599.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Paul Greenfield		Date of Receipt MM / DD / YYYY 12 / 10 / 2009
Mailing Address 503 Broadway		Transaction ID: 8C5BF69FBB24EC6B0EF
City Everett	State Zip Code MA 02149-3603	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 465.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Donald Hall, Jr.		Date of Receipt MM / DD / YYYY 12 / 14 / 2009
Mailing Address 3303 Indiana Avenue		Transaction ID: FD61AEDD06F98306D53
City Vicksburg	State Zip Code MS 39180-4540	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1050.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	599.00
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 20 / 58		
	<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)

A.

Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt MM / DD / YYYY 12 / 01 / 2009
Mailing Address Suite 204 451 Ruin Creek Road		Transaction ID: 4390950DAC169C4B6AAF
City Henderson	State NC	Zip Code 27536-2878
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
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 ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Thomas Harbin		Date of Receipt MM / DD / YYYY 12 / 03 / 2009
Mailing Address 3225 Cumberland Boulevard Southeas Suite 900		Transaction ID: C3FF1E9FFF622AA5473
City Atlanta	State GA	Zip Code 30339-5971
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

C.

Full Name (Last, First, Middle Initial) Thomas Harbin		Date of Receipt MM / DD / YYYY 12 / 21 / 2009
Mailing Address 3225 Cumberland Boulevard Southeas Suite 900		Transaction ID: 0A0A8F60E779A339C64
City Atlanta	State GA	Zip Code 30339-5971
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

SUBTOTAL of Receipts This Page (optional)	790.00
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 / 58
(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 Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City State Zip Code
Wilmington NC 28403-5345

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 7 / 2 0 0 9

Transaction ID: 431A9013F503FBF12E8C

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Jeffrey Heier

Mailing Address Suite 600
50 Staniford Street

City State Zip Code
Boston MA 02114-2539

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 4E7FB0788017C7576932

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Ronald Herrington

Mailing Address Suite 403
1190 N State Street

City State Zip Code
Jackson MS 39202-2413

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
1 2 / 1 0 / 2 0 0 9

Transaction ID: 69AA23E293DF620F81E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 22 / 58
(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)
Jack Holladay
Mailing Address 5108 Braeburn Drive
City State Zip Code
Bellaire TX 77401-4902
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
1 2 / 0 2 / 2 0 0 9
Transaction ID: 3F4850D1BD8DC7CF21C
Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mark Hughes
Mailing Address Suite 600
50 Staniford Street
City State Zip Code
Boston MA 02114-2539
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 4999.92
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 9
Transaction ID: 4044BA358A5CF0EBF970
Amount of Each Receipt this Period
416.66
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Leslie Jones
Mailing Address Suite 2100
2041 Georgia Avenue Northwest
City State Zip Code
Washington DC 20060-0001
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 ▼ 440.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 5 / 2 0 0 9
Transaction ID: 48FB95EDF986220283EB
Amount of Each Receipt this Period
25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1441.66
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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 23 / 58
	<input checked="" 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) Lawrence Kahn		Date of Receipt MM / DD / YYYY 12 / 20 / 2009		
	Mailing Address 5881 E Sapphire Lane		Transaction ID: 454CA9E253F655D067EC		
	City Paradise Valley	State AZ	Zip Code 85253-2203	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

B.	Full Name (Last, First, Middle Initial) Kenneth Karlin		Date of Receipt MM / DD / YYYY 12 / 17 / 2009		
	Mailing Address 1800 Town Center Drive Suite 317		Transaction ID: 49DA990B99E61356364C		
	City Reston	State VA	Zip Code 20190-3239	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00			

C.	Full Name (Last, First, Middle Initial) Keith Kellum		Date of Receipt MM / DD / YYYY 12 / 18 / 2009		
	Mailing Address 446 Corporate Drive		Transaction ID: 6DE52E513A9939F2CE6		
	City Houma	State LA	Zip Code 70360-2461	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00			

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 24 / 58
(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 Ketcham

Mailing Address PO Box 134

City State Zip Code
Red Wing MN 55066-0134

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 ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 4BBB8D5B33D7BCC35409

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 426 W Main Street

City State Zip Code
Salem VA 24153-3610

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
1 2 / 0 4 / 2 0 0 9

Transaction ID: 1DE388E01E0474755E4

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert Klimek

Mailing Address 741 Broad Street Extension

City State Zip Code
Waterford CT 06385-1347

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 ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 1 / 2 0 0 9

Transaction ID: 473AB542C07B761A7D91

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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 25 / 58
(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 Knox

Mailing Address 3000 Rogers Avenue

City State Zip Code
Fort Smith AR 72901-4232

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
12 / 16 / 2009

Transaction ID: 305577B8588ABD7BE18

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Stephen Kondash

Mailing Address Suite 300
2841 Boudinot Avenue

City State Zip Code
Cincinnati OH 45238-2496

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 ▼ 415.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2009

Transaction ID: 479F8D5E70E267EC2186

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Karanjit Kooner

Mailing Address 5323 Harry Hines Boulevard

City State Zip Code
Dallas TX 75390-7208

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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2009

Transaction ID: 88ECAD5F85D49BC1AF1

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 26 / 58
(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)
A. George Kudirka

Mailing Address 535 Jack Warner Parkway Northeast
Suite B-1

City Tuscaloosa State AL Zip Code 35404-5715

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 12 / 18 / 2009

Transaction ID: CEAA6E8A54C8A17D41F

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Henry Kwong

Mailing Address 607 Rue De Brille

City New Iberia State LA Zip Code 70563-2169

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 ▼ 400.00

Date of Receipt MM / DD / YYYY 12 / 08 / 2009

Transaction ID: 95F72EE6E7C40FE72EC

Amount of Each Receipt this Period 150.00

C. Full Name (Last, First, Middle Initial)
Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City Tucson State AZ Zip Code 85718-3919

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 ▼ 1200.00

Date of Receipt MM / DD / YYYY 12 / 09 / 2009

Transaction ID: 4EB991597C3303D966E9

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 615.00

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 27 / 58
	<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) Roger Lash		Date of Receipt
	Mailing Address 9 Mulberry Lane		<input type="text" value="12"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	White Plains	NY	10605-4456
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 9DEE569D3AD4630CA38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Adrian Lavina		Date of Receipt
	Mailing Address 2090 Southeast Ocean Boulevard		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Stuart	FL	34996-3304
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 7DDAF359EEDDBAFC4D7
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Robert Lehner, Jr.		Date of Receipt
	Mailing Address 3805A Spring Street PO Box 1677		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Racine	WI	53405-1600
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: E4693DA1AEBDE1F54DE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2250.00"/>
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 28 / 58

(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)
Rick Leoni

Mailing Address Suite A
203 Rue Louis Xiv

City State Zip Code
Lafayette LA 70508-5736

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 ▼ 600.00

Date of Receipt

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

Transaction ID: 40489849C979D7ABC315

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Jason Levine

Mailing Address 5790 N Camino De La Sombra

City State Zip Code
Tucson AZ 85718-3919

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 ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 492AA03889C25033CB25

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Ronald Lowery

Mailing Address #10 Hospital Circle

City State Zip Code
Batesville AR 72501-7310

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

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: BBC0CD56B0D335AB0E9

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

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 / 58

(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)
Mary Gerard Lynch

Mailing Address 3845 Club Drive Northeast

City State Zip Code
Atlanta GA 30319-1109

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

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	9

Transaction ID: C6D245B90A1BE52A16E

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Louis Maisel

Mailing Address PO Box 547

City State Zip Code
New City NY 10956-0547

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 ▼ 275.00

Date of Receipt

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

Transaction ID: 447494DDE3885E792025

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 731-F Walker Road

City State Zip Code
Great Falls VA 22066

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 ▼ 525.00

Date of Receipt

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

Transaction ID: 4E71B03BF11ED9B84BA5

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

550.00

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 / 58
(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)
Benjamin Mason

Mailing Address 1110 Eagle Ridge Road

City State Zip Code
Cedar Falls IA 50613-1514

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
1 2 / 2 8 / 2 0 0 9

Transaction ID: 4FE8A224DD0903C4246F

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 399 Melrose Drive Suite D

City State Zip Code
Richardson TX 75080-4415

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 ▼ 564.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 0 9

Transaction ID: C29E07FEDCD79B214BA

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Calvin Mein

Mailing Address 9480 Huebner Road Suite 310

City State Zip Code
San Antonio TX 78240-1657

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 9

Transaction ID: 42388EE361797976D392

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **299.00**

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 / 58
(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 Merritt

Mailing Address 8230 Walnut Hill Lane
Suite 508

City State Zip Code
Dallas TX 75231-4400

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2009

Transaction ID: 41FD8CB4AFEC08857FF9

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Carl Migliazzo

Mailing Address 7504 Antioch Road

City State Zip Code
Overland Park KS 66204-2622

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
12 / 11 / 2009

Transaction ID: 6ECE8B01-20D4-4CDB-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Aaron Miller

Mailing Address Suite 4
13414 Medical Complex Drive

City State Zip Code
Tomball TX 77375-3333

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2009

Transaction ID: 4E7C9297F921690482A4

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 32 / 58
	<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) Amalia Miranda	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address Building A # 700 3435 Northwest 56th Street	Transaction ID: 420EBEB9C68997AD0BD3
	City State Zip Code Oklahoma City OK 73112-4448	Amount of Each Receipt this Period 100.00
	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 ▼ 665.00	

B.	Full Name (Last, First, Middle Initial) Paul Mitchell	Date of Receipt MM / DD / YYYY 12 / 10 / 2009
	Mailing Address 366 Colt Highway Route 6	Transaction ID: 37CA3C4B4A54C5C57EE
	City State Zip Code Farmington CT 06032-2547	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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) Emily Morin	Date of Receipt MM / DD / YYYY 12 / 01 / 2009
	Mailing Address Suite 100 8200 Wisconsin Avenue	Transaction ID: 71179134B7DD8947EA9
	City State Zip Code Bethesda MD 20814-3122	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	675.00
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 33 / 58
(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)
Louis Nichamin
Mailing Address 103 Jefferson Street
City Brookville State PA Zip Code 15825-1142
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 ▼ 3000.00
Date of Receipt 12 / 10 / 2009
Transaction ID: 517F27B21E855FC0B65
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
Carolyn Oesterle
Mailing Address 2015 N Main Street
City Wheaton State IL Zip Code 60187-3152
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 ▼ 564.00
Date of Receipt 12 / 15 / 2009
Transaction ID: 82CA70AD0D24BC4DC10
Amount of Each Receipt this Period 199.00

C. Full Name (Last, First, Middle Initial)
Laura Pallan
Mailing Address 807 Timber Lane
City Sewickley State PA Zip Code 15143-8962
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 12 / 20 / 2009
Transaction ID: 4CA6A29EC8ADFCADBF24
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1724.00
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 34 / 58
(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 Parelman

Mailing Address 3700 W. 63 Street

City Mission Hills State KS Zip Code 66208

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
1 2 / 2 0 / 2 0 0 9

Transaction ID: 72A785AF-1490-4430-

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Maria Patterson

Mailing Address 12690 W North Avenue

City Brookfield State WI Zip Code 53005-4636

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

Transaction ID: 4661B918025C3C45E9F3

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Cindy Penzler

Mailing Address Suite 210
6001 Southwest 6th Avenue

City Topeka State KS Zip Code 66615-1004

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
1 2 / 0 3 / 2 0 0 9

Transaction ID: 8DC648BA8978E697302

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **755.00**

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 35 / 58
	<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 Peter		Date of Receipt	
	Mailing Address 2305 Tinkham Road		M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 21625668-5F1B-4BE9-
	Akron	OH	44313-4467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) William Phelps		Date of Receipt	
	Mailing Address Suite 217 10611 Garland Road		M M / D D / Y Y Y Y Y 1 2 / 0 7 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 572F8AFB96344F88340
	Dallas	TX	75218-4801	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Self		Occupation		
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Bryan Phillips		Date of Receipt	
	Mailing Address 3807 Royal Portrush Drive		M M / D D / Y Y Y Y Y 1 2 / 1 1 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 4B5791A46AFA2C953436
	Naperville	IL	60564-5916	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Self		Occupation		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Self		Ophthalmologist		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1100.00		
<input type="checkbox"/> Other (specify) ▼				

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 36 / 58
	(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) Dante Pieramici	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address Ca Retina Consultants 515 E Micheltorena Suite C	Transaction ID: 29CEC32917F6B4C74A0
	City State Zip Code Santa Barbara CA 93103	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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.	Full Name (Last, First, Middle Initial) J. Enrique Piovanetti-Pietri	Date of Receipt MM / DD / YYYY 12 / 12 / 2009
	Mailing Address PO Box 10431	Transaction ID: 34233D79-F9A9-40C7-
	City State Zip Code San Juan, Puerto R FL 00922	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Stephen Powell	Date of Receipt MM / DD / YYYY 12 / 16 / 2009
	Mailing Address 4757 Ridgetop Drive	Transaction ID: 2491CD69D09B588219B
	City State Zip Code Morgantown WV 26508-4407	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 865.00	

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: PAGE 37 / 58
(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)
Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City Morgantown State WV Zip Code 26505-3352

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 ▼ 390.00

Date of Receipt 12 / 11 / 2009

Transaction ID: 409990B1D073B834E9F8

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Matthew Reed

Mailing Address 11800 Rock Landing Drive

City Newport News State VA Zip Code 23606-4206

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 12 / 14 / 2009

Transaction ID: 47ACBC7A7FE8A575EB53

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite P25
207 S Santa Anita Street

City San Gabriel State CA Zip Code 91776-1145

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 ▼ 1268.00

Date of Receipt 12 / 26 / 2009

Transaction ID: 4952A3687ADE8DCADD37

Amount of Each Receipt this Period 317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 442.00

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 38 / 58
	<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)
H. Miller Richert

Mailing Address 1750 Pine Street

City Abilene State TX Zip Code 79601-3044

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: 12 / 08 / 2009

Transaction ID: E59CDDBF80E04701ADF

Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Gregory Riffle

Mailing Address Suite 110
9485 Mentor Avenue

City Mentor State OH Zip Code 44060-8724

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: 12 / 14 / 2009

Transaction ID: E81D77B94CD9BADCE88

Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Teresa Rosales

Mailing Address Suite 108
4100 Long Beach Boulevard

City Long Beach State CA Zip Code 90807-2696

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 ▼ 800.00

Date of Receipt: 12 / 09 / 2009

Transaction ID: 4BCB8DA703771614880E

Amount of Each Receipt this Period: 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **1025.00**

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 39 / 58
(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)
Paul Rosenberg

Mailing Address Ocusight Eye Care Center
1015 Ridge Road

City Webster State NY Zip Code 14580-2907

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 ▼ 600.00

Date of Receipt 12 / 20 / 2009

Transaction ID: 4B058536261A82628104

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2916 Eagle Estates Circle N.

City Clearwater State FL Zip Code 33761

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 12 / 06 / 2009

Transaction ID: 23EE0B33-E195-4925-

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Carolyn Sakauye

Mailing Address Eye Medical Clinic of Fresno Inc
1360 E Herndon Avenue #301

City Fresno State CA Zip Code 93720-3326

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 ▼ 600.00

Date of Receipt 12 / 17 / 2009

Transaction ID: A602F836F103E72FD17

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 40 / 58
	<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) Steven Samuelson		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 2827 N Clarkson Street		Transaction ID: 4B00BF5C41D68E55225A		
	City Fremont	State NE	Zip Code 68025-7714	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 440.00	

B.	Full Name (Last, First, Middle Initial) Stephen Schall		Date of Receipt MM / DD / YYYY 12 / 03 / 2009		
	Mailing Address 9100 Wilshire Boulevard Suite 852 West		Transaction ID: 1734BCE0A1A5C29F2E6		
	City Beverly Hills	State CA	Zip Code 90212	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self	Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Robert Schultze		Date of Receipt MM / DD / YYYY 12 / 05 / 2009		
	Mailing Address 49 North Street		Transaction ID: 45C68F92D231B620EBEF		
	City Delmar	State NY	Zip Code 12054-1017	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Batch Tool Recurring Payment Approved and Settled		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 550.00	

SUBTOTAL of Receipts This Page (optional)	415.00
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 / 58

(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 Scott

Mailing Address 515 Sunset Ridge

City State Zip Code
Dubuque IA 52003-7762

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
1 2 / 1 4 / 2 0 0 9

Transaction ID: 0A1FFAE0-ADBD-4A24-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jan Scruggs

Mailing Address 15 Carmel Lane

City State Zip Code
Little Rock AR 72212

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
1 2 / 1 6 / 2 0 0 9

Transaction ID: 5B3EBDBD-FE43-464C-

Amount of Each Receipt this Period

450.00

C.

Full Name (Last, First, Middle Initial)

David Shulman

Mailing Address Suite 127
999 E Basse Road

City State Zip Code
San Antonio TX 78209-1802

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 ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 8 / 2 0 0 9

Transaction ID: 4403BCF27BCA920F75C8

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 42 / 58
(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)
Karl Siebert

Mailing Address Suite 130
1000 E Paris Avenue Southeast

City State Zip Code
Grand Rapids MI 49546-3680

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
12 / 18 / 2009

Transaction ID: 28B74D71E1D085BFEBB

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Eric Alfred Sieck

Mailing Address 1025 Maine Street

City State Zip Code
Quincy IL 62301-4038

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
12 / 08 / 2009

Transaction ID: 63094227620DA68B0B7

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Harinderjit Singh

Mailing Address Suite 201
3685 Wheeler Road

City State Zip Code
Augusta GA 30909-6440

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
12 / 02 / 2009

Transaction ID: 05FE33A21D56C945DBA

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 44 / 58
	<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) Scott So		Date of Receipt MM / DD / YYYY 12 / 19 / 2009		
	Mailing Address Suite 214 2100 Webster Street		Transaction ID: 439C85D74F565AF08DA3		
	City San Francisco	State CA	Zip Code 94115-2375	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00			

B.	Full Name (Last, First, Middle Initial) Stephen Solomon		Date of Receipt MM / DD / YYYY 12 / 18 / 2009		
	Mailing Address 14999 Health Center Drive Suite 10		Transaction ID: BD19CE8B7E680590D2D		
	City Bowie	State MD	Zip Code 20716-1079	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Sydney Stapleton		Date of Receipt MM / DD / YYYY 12 / 02 / 2009		
	Mailing Address 1726 Metromedical Drive		Transaction ID: CCBEFED972A6E4589C2		
	City Fayetteville	State NC	Zip Code 28304-3861	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	550.00
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 45 / 58

(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)

Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City

Mount Kisco

State

NY

Zip Code

10549-2217

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 ▼

550.00

Date of Receipt

MM / DD / YYYY
12 / 13 / 2009

Transaction ID: 40A6A19ED759E023C5F9

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Rhoads Stevens

Mailing Address Suite 209
1329 Lusitana Street

City

Honolulu

State

HI

Zip Code

96813-2411

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 ▼

365.00

Date of Receipt

MM / DD / YYYY
12 / 14 / 2009

Transaction ID: CAB142C8DAB77E3084A

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Jonathan Stock

Mailing Address 703 14th Street

City

Baraboo

State

WI

Zip Code

53913-1538

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
12 / 14 / 2009

Transaction ID: 1D9593B2544E9E04751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ▶

665.00

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 46 / 58
	<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) Richard Storm		Date of Receipt
	Mailing Address 303 East Park Avenue		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Long Beach	NY	11561-3600
	FEC ID number of contributing federal political committee. C		Transaction ID: 454C9687C875DA5918BC
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 415.00	<input type="text" value="25.00"/>
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

B.	Full Name (Last, First, Middle Initial) Domenic Strazzulla		Date of Receipt
	Mailing Address Suite 1A1 500 Congress Street		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Quincy	MA	02169-0917
	FEC ID number of contributing federal political committee. C		Transaction ID: 9AD77E1D7219E7C34A7
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 819.00	<input type="text" value="199.00"/>

C.	Full Name (Last, First, Middle Initial) Shigemi Sugiki		Date of Receipt
	Mailing Address 1380 Lusitana Street Suite 714		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Honolulu	HI	96813-2443
	FEC ID number of contributing federal political committee. C		Transaction ID: 4E8784AB6A977538A7F0
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	<input type="text" value="100.00"/>
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="324.00"/>
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 47 / 58
(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)
Gary Tanner

Mailing Address 109 Crosspointe Court

City Yorktown State VA Zip Code 23693-5581

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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 48D9A31385EE4DED1B71

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Lloyd Taustine

Mailing Address Suite 3334
1169 Eastern Parkway

City Louisville State KY Zip Code 40217-1415

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 ▼ 399.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 9

Transaction ID: 672228F410B8AE04773

Amount of Each Receipt this Period
199.00

C.

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

Mailing Address Suite 301
632 Morrison Springs Road

City Chattanooga State TN Zip Code 37415-3424

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 ▼ 564.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 9

Transaction ID: 3DE9FD71C9A7BF7AEFB

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ▶ **448.00**

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 48 / 58
(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
							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)
Lyle Thorstenson

Mailing Address PO Box 632020

City State Zip Code
Nacogdoches TX 75963-2020

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 ▼
1100.00

Date of Receipt
MM / DD / YYYY
12 / 17 / 2009

Transaction ID: 473EA0A14F1E6A4224A2

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 400 Westhampton Station

City State Zip Code
Richmond VA 23226-3330

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 ▼
449.00

Date of Receipt
MM / DD / YYYY
12 / 16 / 2009

Transaction ID: 2ADE16DCC4A406659A0

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address Suite 320
262 Neil Avenue

City State Zip Code
Columbus OH 43215-7311

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
12 / 20 / 2009

Transaction ID: 4144B54887561C2D8AD0

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 49 / 58
	<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) Daniel Vos		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address Wolfe Clinic 2020 Philadelphia Street		Transaction ID: 73CD25177F8ED721C55		
	City Ames	State IA	Zip Code 50010	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Thomas Peter Ward		Date of Receipt MM / DD / YYYY 12 / 14 / 2009		
	Mailing Address 18 Old Stone Crossing		Transaction ID: 4B628B52A61D7C586C5F		
	City West Hartford	State CT	Zip Code 06117-1859	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Aaron Weingeist		Date of Receipt MM / DD / YYYY 12 / 05 / 2009		
	Mailing Address 3934 S Americus Street		Transaction ID: 4EF9BB57509F27F7DCB8		
	City Seattle	State WA	Zip Code 98118-1640	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	465.00
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 50 / 58
	<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	Date of Receipt MM / DD / YYYY 12 / 05 / 2009
	Mailing Address 702 W Lake Lansing Road	Transaction ID: 4D36BB0850A4021EACC9
	City State Zip Code East Lansing MI 48823-8526	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING 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 ▼ 720.00	

B.	Full Name (Last, First, Middle Initial) Juliann Williams	Date of Receipt MM / DD / YYYY 12 / 27 / 2009
	Mailing Address 21438 SW Christensen Ct	Transaction ID: 06C9FC4A-3A6B-4CCC-
	City State Zip Code Tualatin OR 97062	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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	

C.	Full Name (Last, First, Middle Initial) Gerald Zaidman	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address Westchester Med Center Macy Pavilion Room 1100	Transaction ID: BAB7278FAB407E2A4E2
	City State Zip Code Valhalla NY 10595	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	39082.32

**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 51 / 58

<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. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges - 12/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35AC03103A3B5353CDC Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 540.02
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement AMEX discount - 12/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E1714DDCABD9EA13E58 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 319.95

SUBTOTAL of Disbursements This Page (optional) ►

859.97

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

859.97

**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) Coburn for Senate 2010</p> <p>Mailing Address Post Office Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Tom A. Coburn</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60755-4861261248588</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 10428-9166681170463</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Cliff Stearns</p> <p>Mailing Address PO Box 308</p> <p>City Silver Springs State FL Zip Code 34489</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Clifford B. Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 10428-4695703387260</p> <p>Date of Disbursement 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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 Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement 2010 Primary Candidate Name James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 60755-6735345721244 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Fund for the Majority <hr/> Mailing Address 1212 S Victory Blvd <hr/> City Burbank State CA Zip Code 91502 <hr/> Purpose of Disbursement Leadership PAC Candidate Name Fund for the Majority <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 60755-0481531023979 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address PO Box U <hr/> City Marietta State GA Zip Code 30060 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name John Phillip Gingrey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10428-6404687762260 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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) Hoosiers Supporting Buyer for Congress <hr/> Mailing Address 103 West Broadway St, PO Box 712 200 North Main St. PO Box 712 <hr/> City Monticello State IN Zip Code 47960 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Stephen E. Buyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 04	Transaction ID: 60755-1217309832572 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Hoyer for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Steny H. Hoyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Transaction ID: 10428-5810357928276 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael C. Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 26	Transaction ID: 10428-7950860857963 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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) Mission Pac	Transaction ID: 60755-7884942889213
	Mailing Address 1831 Bay St SE	Date of Disbursement 12 / 17 / 2009
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Leadership PAC Candidate Name Mission Pac	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

B.	Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 10428-8508722186088
	Mailing Address PO Box 823047	Date of Disbursement 12 / 10 / 2009
	City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Primary Contribution Candidate Name Pete Sessions	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Roskam for Congress Committee	Transaction ID: 10428-5785333514213
	Mailing Address PO Box 713	Date of Disbursement 12 / 10 / 2009
	City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 Primary Contribution Candidate Name Peter J. Roskam	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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) Shore Pac Mailing Address PO Box 3157 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement 2010 Primary Contribution Candidate Name Shore Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 10428-8291894793510 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Sooners United for Leadership, Loyalty and You (SULLY) Fund Mailing Address PO Box 650552 City Potomac Falls State VA Zip Code 20165 Purpose of Disbursement Leadership Pac Candidate Name Sooners United for Leadership, Loyalty and You (SULLY) Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 60755-8208429217338 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Virginia Foxx for Congress Mailing Address PO Box 1100 City Clemmons State NC Zip Code 27012 Purpose of Disbursement 2010 Primary Candidate Name Virginia Foxx Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 60755-1540796160697 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	32500.00

**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) Jose Briones, Jr. <hr/> Mailing Address Suite 202 130 W Route 66 <hr/> City Glendora State CA Zip Code 91740-6251 <hr/> Purpose of Disbursement Refund of 12/18/09 Monetary Contribution Candidate Name <hr/> 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) ▼	Transaction ID: 73B8F176A74DE19A3F3 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 199.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Keith Kellum <hr/> Mailing Address 446 Corporate Drive <hr/> City Houma State LA Zip Code 70360-2461 <hr/> Purpose of Disbursement Refund of 12/18/09 Monetary Contribution Candidate Name <hr/> 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) ▼	Transaction ID: 8397CF523FA7106A516 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ahmed Nasrullah <hr/> Mailing Address Suite 106 19415 Deerfield Avenue <hr/> City Lansdowne State VA Zip Code 20176-8470 <hr/> Purpose of Disbursement Refund of 12/18/09 Monetary Contribution Candidate Name <hr/> 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) ▼	Transaction ID: 790698FA58797026558 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 9
	Amount of Each Disbursement this Period 199.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

898.00

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

898.00