

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 03 01 2010 through 03 31 2010

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 04 14 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									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3X**

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
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		774216.66
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	774185.24									
(c) Total Receipts (from Line 19)	30380.14	85326.55								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	804565.38	859543.21								
7. Total Disbursements (from Line 31)	131963.10	186940.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	672602.28	672602.28								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	23680.32	55275.96
(ii) Unitemized	6534.00	28379.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30214.32	83654.96
(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)	30214.32	83654.96
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.)	165.82	1671.59
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))	30380.14	85326.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30380.14	85326.55

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.....	598.10	2975.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	598.10	2975.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	126000.00	178500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	365.00	465.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	365.00	465.00
29. Other Disbursements.....	5000.00	5000.00
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))..	131963.10	186940.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	131963.10	186940.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	30214.32	83654.96
34. Total Contribution Refunds (from Line 28(d))	365.00	465.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29849.32	83189.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	598.10	2975.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	598.10	2975.93

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 47
(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)
Jorge Arroyo

Mailing Address 50 Edgehill Road

City State Zip Code
Brookline MA 02445-7722

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
03 / 25 / 2010

Transaction ID: 261AFCD5-76F0-4DEF-

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Cynthia Ann Bradford

Mailing Address 3501 Rena Dawn

City State Zip Code
Edmond OK 73013

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
03 / 31 / 2010

Transaction ID: 78F69712-5DF9-4821-

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Zeb Brister, Jr.

Mailing Address 1145 S Utica Avenue Suite 162

City State Zip Code
Tulsa OK 74104-4000

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
03 / 30 / 2010

Transaction ID: 2F42029EF5C166686B4

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) 2365.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 47
	(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) Paul Bryar		Date of Receipt MM / DD / YYYY 03 / 29 / 2010
	Mailing Address 3755 N Wayne Ave		Transaction ID: 62D7B02B-D1BF-48D6-
	City Chicago	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Craig Cassidy		Date of Receipt MM / DD / YYYY 03 / 26 / 2010
	Mailing Address Valley Eye Specialists 160 W University Drive #1		Transaction ID: 40368EE34A3D77C8DDC9
	City Mesa	State AZ	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Donald Cinotti		Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 600 Pavonia Avenue 6th Floor		Transaction ID: 464AA4174381A7C7EC77
	City Jersey City	State NJ	
	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 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: PAGE 9 / 47
(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)

<p>A. Full Name (Last, First, Middle Initial) S. William Clark</p> <p>Mailing Address 502 Isabella Street</p> <p>City State Zip Code Waycross GA 31501-3638</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Self Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1249.98</p>	<p>Date of Receipt 03 / 23 / 2010</p> <p>Transaction ID: 40E8B8EE6A7D9C91A540</p> <p>Amount of Each Receipt this Period 416.66</p> <p>PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED</p>
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<p>B. Full Name (Last, First, Middle Initial) Sander M. Zeskin Cohen</p> <p>Mailing Address Suite 11 509 S Lenola Road</p> <p>City State Zip Code Moorestown NJ 08057-1556</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Self Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 03 / 11 / 2010</p> <p>Transaction ID: 46AEAA29C32D9579EFE8</p> <p>Amount of Each Receipt this Period 100.00</p> <p>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</p>
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<p>C. Full Name (Last, First, Middle Initial) Scott Corin</p> <p>Mailing Address 9154 Taverna Way</p> <p>City State Zip Code Boynton Beach FL 33472</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Self Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 03 / 06 / 2010</p> <p>Transaction ID: C01AF298-07D6-4BCA-</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	1516.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 10 / 47
(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)
Steven Robert Corwin
Mailing Address 4776 Ivy Ridge Dr.
City State Zip Code
Smyrna GA 30080
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt M M / D D / Y Y Y Y Y
03 / 26 / 2010
Transaction ID: 069BBA7E-7474-4729-
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Catherine Cuite
Mailing Address 15820 West Gelling Road
City State Zip Code
Princeville IL 61559
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
03 / 26 / 2010
Transaction ID: 9AAC07B7-8401-4A05-
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
David DeRose
Mailing Address 155 West River Street, Apt PH
City State Zip Code
Wilkes Barre PA 18702
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 Y
03 / 13 / 2010
Transaction ID: AC8AA722-6A2F-4B8C-
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 47
(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)
Gary Dolin

Mailing Address 8111 12th Ave NW

City Bradenton State FL Zip Code 34209-9504

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 28 / 2010
Transaction ID: 3F86F83B-303E-4652-
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City Metairie State LA Zip Code 70002-1361

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: 03 / 17 / 2010
Transaction ID: 496F99B9CC465D57736B
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 6545 Rutgers

City Houston State TX Zip Code 77005-3850

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: 03 / 28 / 2010
Transaction ID: 4DD8A6596CB0035549C2
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**

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

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

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

FOR LINE NUMBER: PAGE 12 / 47
(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 Jay Granadier
Mailing Address 3535 W 13 Mile Rd
City Royal Oak State MI Zip Code 48073
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 03 / 25 / 2010
Transaction ID: 29C67A03-BE7A-4158-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Jacqueline Griffiths
Mailing Address Suite C-50
12110 Sunset Hills Road
City Reston State VA Zip Code 20190-5852
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 03 / 30 / 2010
Transaction ID: 90B71E36A9AFA29016B
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Jeffery Hottman
Mailing Address 18411 Shadow Ridge Dr.
City Omaha State NE Zip Code 68130
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 03 / 20 / 2010
Transaction ID: 85FFBD5B-7EF9-4FBC-
Amount of Each Receipt this Period 500.00

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 13 / 47
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

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

Mailing Address Suite 600
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt
MM / DD / YYYY
03 / 11 / 2010

Transaction ID: 435498D6AAA3A7FE41F3

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Seaborn Hunt, III

Mailing Address Suite 201
3101 Southwest College Road

City Ocala State FL Zip Code 34474-7444

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
MM / DD / YYYY
03 / 05 / 2010

Transaction ID: 417B9941C9D4723F3FCD

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1080 Vend Drive
Suite 100

City Bogart State GA Zip Code 30622-3051

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 3F45A6519C9B182AEB4

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1516.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47
(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)
Randolph Johnston

Mailing Address 1300 E 20th Street

City Cheyenne State WY Zip Code 82001-4021

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
M M / D D / Y Y Y Y
03 / 31 / 2010

Transaction ID: 4AAE9B5DF4641A5EF709

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Kenneth Juechter

Mailing Address 20 Watch Hill Road

City Croton on Hudson State NY Zip Code 10520-1018

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
03 / 11 / 2010

Transaction ID: 742015C5BEE97B927C1

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 21711 Greater Mack Avenue

City St. Clair Shores State MI Zip Code 48080-2418

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
M M / D D / Y Y Y Y
03 / 05 / 2010

Transaction ID: 4B6A8EA4F8D5EB0EAA7D

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **565.00**

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 / 47
	<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) Yannis Kolettis		Date of Receipt MM / DD / YYYY 03 / 18 / 2010
	Mailing Address 2410 W. Chase		Transaction ID: 9657EF27-6B00-4F05-
	City Dunlap	State IL	Zip Code 61525
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Pete Lagouros		Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 4809 Grandview Drive		Transaction ID: DAF13164-B019-41A8-
	City Peoria Hts	State IL	Zip Code 61615-7822
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Steven Lichtenstein		Date of Receipt MM / DD / YYYY 03 / 13 / 2010
	Mailing Address 734 W Brookforest Dr		Transaction ID: 57CBEEED7-3462-45D1-
	City Peoria	State IL	Zip Code 61615
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 47

(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)

Nick Mamalis

Mailing Address 2246 willow hills dr

City State Zip Code
sandy UT 84093

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	0

Transaction ID: 4203F8EB-A8CB-4D4B-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Mark Michels

Mailing Address Suite 350
3399 Pga Boulevard

City State Zip Code
Palm Beach Gardens FL 33410-2831

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 479082F40EF61730DB57

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Amalia Miranda

Mailing Address Building A # 700
3435 Northwest 56th Street

City State Zip Code
Oklahoma City OK 73112-4448

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	0

Transaction ID: 4F7B9ACAA93DFAC41FC3

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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 / 47
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

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

Mailing Address 7 Woodland Road

City State Zip Code
Newtown PA 18940

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
03 / 19 / 2010

Transaction ID: 4276E029-6E6B-40E1-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Robert Scott Pinke

Mailing Address 66 Sunset Strip Suite 107

City State Zip Code
Succasunna NJ 07876-1362

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
03 / 30 / 2010

Transaction ID: B848022EEE3BA5B5B48

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 4660 Kenmore Avenue Suite 416

City State Zip Code
Alexandria VA 22304-1306

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
MM / DD / YYYY
03 / 20 / 2010

Transaction ID: 496C9D6EC5039BBA4FFE

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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 / 47
(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)
Matthew Reed

Mailing Address 11800 Rock Landing Drive

City State Zip Code
Newport News VA 23606-4206

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
MM / DD / YYYY
03 / 14 / 2010

Transaction ID: 4BCB8C5032D7EDECEC36

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Michael Repka

Mailing Address 600 N Wolfe Street

City State Zip Code
Baltimore MD 21287-0005

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2010

Transaction ID: 4CD57453-0C66-4CE2-

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Patrick Rhode

Mailing Address 8921 N Wood Sage Road

City State Zip Code
Peoria IL 61615-7822

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
03 / 25 / 2010

Transaction ID: 4CF1081D1BA50064B92

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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 / 47
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Suite P25
207 S Santa Anita Street

City State Zip Code
San Gabriel CA 91776-1145

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 ▼ 951.00

Date of Receipt
MM / DD / YYYY
03 / 26 / 2010

Transaction ID: 427D8684ABFBDAF2BE74

Amount of Each Receipt this Period
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Ajay Sanan

Mailing Address 5352 N. Placita Los Arbutos

City State Zip Code
Tucson AZ 85750

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
03 / 21 / 2010

Transaction ID: 2CD9734F-2E19-4D25-

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Todd Schneiderman

Mailing Address Suite 203
9800 Levin Road Northwest

City State Zip Code
Silverdale WA 98383-7849

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
MM / DD / YYYY
03 / 20 / 2010

Transaction ID: 4F2A820B1E285EACDA9D

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 917.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 47
(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)
Karen Segrist
Mailing Address 533 E Third Street
City Alton State IL Zip Code 62002-6302
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 03 / 05 / 2010
Transaction ID: 6E352D219D84B1A1F4B
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David Shulman
Mailing Address Suite 127
999 E Basse Road
City San Antonio State TX Zip Code 78209-1802
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 03 / 08 / 2010
Transaction ID: 43BF91FFB84FE1A1AC2E
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Steven Sicher
Mailing Address 230 W. Detweiller Dr
City Peoria State IL Zip Code 61615
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 03 / 18 / 2010
Transaction ID: 9CAC7B4B-7589-4CED-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00
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 21 / 47
	<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 03 / 19 / 2010		
	Mailing Address Suite 214 2100 Webster Street		Transaction ID: 44968DDFCE0A80EDF032		
	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 ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Shigemi Sugiki		Date of Receipt MM / DD / YYYY 03 / 24 / 2010		
	Mailing Address 1380 Lusitana Street Suite 714		Transaction ID: 4097A629D3D833F5342A		
	City Honolulu	State HI	Zip Code 96813-2443	Amount of Each Receipt this Period 100.00	
	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 ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Gregory Trubowitsch		Date of Receipt MM / DD / YYYY 03 / 07 / 2010		
	Mailing Address 741 Los Miradores Drive		Transaction ID: 424285FE69DB1B306F94		
	City El Paso	State TX	Zip Code 79912-3451	Amount of Each Receipt this Period 100.00	
	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 ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 / 47
(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)
Craig Wells

Mailing Address 9006 NE 20th Street

City State Zip Code
Clyde Hill WA 98004

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2010

Transaction ID: 6B307B5E-311C-4041-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John Wells, III

Mailing Address 124 Sunset Court

City State Zip Code
West Columbia SC 29169-2429

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 08 / 2010

Transaction ID: 4A98B18ED31C4CAA08FB

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Andrew Westfall

Mailing Address 2450 12th Street Southeast

City State Zip Code
Salem OR 97302-2152

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
MM / DD / YYYY
03 / 20 / 2010

Transaction ID: 4D79B0E90D1D53C4C67C

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 23 / 47
	<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) C. P. Wilkinson	Date of Receipt MM / DD / YYYY 03 / 11 / 2010
	Mailing Address 7707 rider hill rd	Transaction ID: C576B435-8BBD-474C-
	City State Zip Code Baltimore MD 21204	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	

B.	Full Name (Last, First, Middle Initial) Thomas Wyman	Date of Receipt MM / DD / YYYY 03 / 25 / 2010
	Mailing Address 8921 N Wood Sage Road	Transaction ID: F41438781112DE93D45
	City State Zip Code Peoria IL 61615-7822	Amount of Each Receipt this Period 1000.00
	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) Jeffrienne Young	Date of Receipt MM / DD / YYYY 03 / 16 / 2010
	Mailing Address 635 Foster Dr	Transaction ID: E5A30D1F5F4345DF2B0
	City State Zip Code Des Moines IA 50312-2517	Amount of Each Receipt this Period 340.00
	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	

SUBTOTAL of Receipts This Page (optional)	▶	1840.00
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 / 47
(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)
Marco Zarbin

Mailing Address 26 Sunset Drive

City Chatham State NJ Zip Code 07928-1243

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 03 / 30 / 2010
Transaction ID: DF39F595F110941C494
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Roger Zelt

Mailing Address 200 Iroquois Road

City Pittsburgh State PA Zip Code 15241-1122

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 03 / 03 / 2010
Transaction ID: 6D354924C036256621C
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL This Period (last page this line number only) ► 23680.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 / 47	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt																				
Mailing Address 101 S Marengo Avenue 3rd Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	1		2	0	1	0													
City	State	Zip Code																				
Pasadena	CA	91101																				
FEC ID number of contributing federal political committee.		Transaction ID: ODB4A009412D5234678																				
C		Amount of Each Receipt this Period																				
		140.82																				
Name of Employer	Occupation	CD interest - Mar 2010																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	756.59																					

SUBTOTAL of Receipts This Page (optional)	▶	140.82
TOTAL This Period (last page this line number only)	▶	140.82

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges - Mar 2010 Candidate Name	Transaction ID: AFB60CC2C6DBF11E55C Date of Disbursement 03 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 380.65
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 - Mar 2010 Candidate Name	Transaction ID: 297DB28AD44B8614512 Date of Disbursement 03 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 217.45

SUBTOTAL of Disbursements This Page (optional) ▶

598.10

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

598.10

**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 27 / 47

<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) Accountability Pac <hr/> Mailing Address 228 S Washington Street Suite 1155 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Accountability Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 57972-1823846697807 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Accountability Pac <hr/> Mailing Address 228 S Washington Street Suite 1155 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Accountability Pac <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: 52048-71661013364792 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Adler for Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-3391687273979 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America <hr/> Mailing Address 607 14th Street, NW, Suite 800 -- <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 General Contribution Candidate Name Ameripac: the Fund for a Greater America <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 29132-6003839373588 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Andrews for Senate <hr/> Mailing Address 215 Fourth Avenue Suite 200 <hr/> City Haddon Heights State NJ Zip Code 08035 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Robert E. Andrews <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 57597-3251153826713 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Bera for Congress <hr/> Mailing Address Post Office Box 582496 <hr/> City Elk Grove State CA Zip Code 95758 <hr/> Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name Amerish Bera <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80442-6597711443901 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional)

11000.00

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)

PAGE 29 / 47

<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) Bill Cassidy for Congress <hr/> Mailing Address 8550 United Plaza Blvd. Suite 1001 <hr/> City Baton Rouge State LA Zip Code 70809 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name William Cassidy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 57597-3089105486869 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Blumenthal for Senate <hr/> Mailing Address 777 Summer Street <hr/> City Stamford State CT Zip Code 06901 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Richard Blumenthal <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80442-9669610857963 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Bucshon for Congress <hr/> Mailing Address PO Box 250 <hr/> City Newburgh State IN Zip Code 47629 <hr/> Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name Larry D. Bucshon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80442-5645715594291 Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Charlie Dent for Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29132-2017785906791</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Chet Edwards for Congress</p> <p>Mailing Address PO Box 23273</p> <p>City Waco State TX Zip Code 76702</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Chet Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 57597-1003839373588</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81080-6014673113822</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</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) Committe To Re-Elect Ed Towns Mailing Address 438 Lewis Avenue City Brooklyn State NY Zip Code 11233 Purpose of Disbursement 2010 Primary Contribution Candidate Name Edolphus Towns Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-9165307879448 Date of Disbursement 03 / 01 / 2010
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy Mailing Address PO Box 127 City Cheshire State CT Zip Code 06410 Purpose of Disbursement 2010 Primary Contribution Candidate Name Christopher S. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-3307153582572 Date of Disbursement 03 / 01 / 2010
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez Mailing Address 1212 S. Victory Blvd Suite 211 City Burbank State CA Zip Code 91502 Purpose of Disbursement 2010 Primary Contribution Candidate Name Linda T. Sanchez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 43020-1312066912651 Date of Disbursement 03 / 29 / 2010
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

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) Congressman Bill Young Campaign Committee <hr/> Mailing Address PO Box 47025 <hr/> City St. Petersburg State FL Zip Code 33743 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name C.W. Bill Young <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: FL District: 10	Transaction ID: 57597-1682702898979 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2010
	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) Congressman Joe Barton Committee, the <hr/> Mailing Address PO Box 1444 <hr/> City Ennis State TX Zip Code 75120 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Joe L. Barton <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: 06	Transaction ID: 43678-1226159930229 Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2010
	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) ▼
C. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Dave Camp <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: MI District: 04	Transaction ID: 29132-8695184588432 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010
	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) ▼

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) David Scott for Congress <hr/> Mailing Address PO Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81080-5205804705619 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	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) Donna Christensen Campaign <hr/> Mailing Address PO Box 5197 <hr/> City St. Croix State VI Zip Code 00823 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Donna Marie Christian-Christensen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 57597-4368554949760 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	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) ▼
C. Full Name (Last, First, Middle Initial) Friends of Bill Posey <hr/> Mailing Address PO Box 360877 <hr/> City Melbourne State FL Zip Code 32936 <hr/> Purpose of Disbursement Contribution 2010 Primary Candidate Name Bill Posey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 43678-3752405047416 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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)

<p>A. 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: 81080-7515375018119</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name David G. Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29132-2853052020072</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite</p> <p>Mailing Address PO Box 865</p> <p>City Brooksville State FL Zip Code 34605</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Virginia Brown-Waite</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 43678-3256189227104</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Contribution 2010 PRIMARY</p> <p>Candidate Name Joe Heck</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 03</p>	<p>Transaction ID: 80442-3828546404838</p> <p>Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Nan Hayworth</p> <p>Mailing Address PO Box 189</p> <p>City Mount Kisco State NY Zip Code 10549</p> <p>Purpose of Disbursement Contribution 2010 PRIMARY</p> <p>Candidate Name Nan Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 19</p>	<p>Transaction ID: 80442-6138879656791</p> <p>Date of Disbursement 03 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187 Suite 800</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 2012 Primary Contribution</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p>	<p>Transaction ID: 57972-8207818865776</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
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<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) Gingrey for Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name John Phillip Gingrey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 81080-1261102557182</p> <p>Date of Disbursement 03 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Hawkeye Pac, the</p> <p>Mailing Address PO Box 7255</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Hawkeye Pac, the</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 29132-8291284441948</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Joe Donnelly for Congress</p> <p>Mailing Address PO Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 57972-1575891375541</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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4500.00

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) John Lewis for Congress <hr/> Mailing Address PO Box 2323 Suite 5300 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name John R. Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-4843408465385 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress <hr/> Mailing Address PO Box 3314 Suite 240 <hr/> City Oregon City State OR Zip Code 97045 <hr/> Purpose of Disbursement Contribution 2010 Primary Candidate Name Kurt Schrader <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 51829-1990167498588 Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Lamborn for Congress <hr/> Mailing Address PO Box 64107 <hr/> City Colorado Springs State CO Zip Code 80962 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Douglas L. Lamborn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 57972-0868646502494 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

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6000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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) Larson for Congress	Transaction ID: 29132-6754724383354
	Mailing Address 29 Ruff Circle	Date of Disbursement MM / DD / YYYY 03 / 01 / 2010
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement 2010 Primary Contribution Candidate Name John B. Larson 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: CT District: 01	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 43678-1157800555229
	Mailing Address 29 Ruff Circle	Date of Disbursement MM / DD / YYYY 03 / 04 / 2010
	City Glastonbury State CT Zip Code 06033	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement 2010 General Candidate Name John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Lee Hawkins for Congress	Transaction ID: 80442-7436334490776
	Mailing Address 4710 Jim Hood Road	Date of Disbursement MM / DD / YYYY 03 / 26 / 2010
	City Gainesville State GA Zip Code 30506	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2010 Primary Contribution Candidate Name B. Lee Hawkins 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: GA District: 09	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Making Business Excel Political Action Committee</p> <p>Mailing Address PO Box 3241</p> <p>City Cheyenne State WY Zip Code 82003</p> <p>Purpose of Disbursement 2014 Primary Contribution</p> <p>Candidate Name Making Business Excel Political Action Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 57759-0444299578666</p> <p>Date of Disbursement 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Maloney for Congress</p> <p>Mailing Address 49 East 92nd Street</p> <p>City New York State NY Zip Code 10128</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Carolyn B. Maloney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 57597-0169793963432</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 43678-7663385272026</p> <p>Date of Disbursement 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

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4500.00

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

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<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) Martin Heinrich for Congress, Inc.</p> <p>Mailing Address 2118 Central Avenue SE #71</p> <p>City Albuquerque State NM Zip Code 87106</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Martin Heinrich</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 43020-4473688006401</p> <p>Date of Disbursement MM / DD / YYYY 03 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 2010 General Contribution</p> <p>Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29132-1523706316947</p> <p>Date of Disbursement MM / DD / YYYY 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Michaud for Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 57972-2948114275932</p> <p>Date of Disbursement MM / DD / YYYY 03 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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5000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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<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) Moderate Democrats Pac <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Moderate Democrats Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: District:	Transaction ID: 43020-9133874773979 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Nadler for Congress <hr/> Mailing Address Village Station, PO Box 40 <hr/> City New York State NY Zip Code 10014 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Jerrold L. Nadler <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) ▼ Contribution <hr/> State: NY District: 08	Transaction ID: 43497-7621423602104 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	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) New Pioneers Pac <hr/> Mailing Address 228 S Washington St Ste 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name New Pioneers Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution <hr/> State: District:	Transaction ID: 29132-7169458270073 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	13000.00
TOTAL This Period (last page this line number only) ▶	(Empty)

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

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

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

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

A. Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement 2010 General Contribution Candidate Name Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-6912347674369 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

B. Full Name (Last, First, Middle Initial) Pascrell for Congress Mailing Address PO Box 640 City Totowa State NJ Zip Code 07511 Purpose of Disbursement 2010 General Contribution Candidate Name William J. Pascrell, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 43678-4216272234916 Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

C. Full Name (Last, First, Middle Initial) Paul Broun Committee Mailing Address PO Box 1512 City Athens State GA Zip Code 30601 Purpose of Disbursement 2010 Primary Contribution Candidate Name Paul C. Broun, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-8128015398979 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Richard Burr Committee; the Mailing Address Post Office Box 5928 City Winston-Salem State NC Zip Code 27113 Purpose of Disbursement 2010 Primary Contribution Candidate Name Richard M. Burr Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 81080-0858880877494 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	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) Richard E Neal for Congress Committee Mailing Address 76 Magnolia Terrace City Springfield State MA Zip Code 01108 Purpose of Disbursement 2010 General Contribution Candidate Name Richard E. Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 02	Transaction ID: 29132-4790918231010 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Robin Carnahan for Senate Mailing Address PO Box 50378 City St Louis State MO Zip Code 63105 Purpose of Disbursement 2010 Primary Contribution Candidate Name Robin Carnahan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District:	Transaction ID: 80442-8904535174369 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Scalise for Congress</p> <p>Mailing Address PO Box 23219 Suite 301</p> <p>City Jefferson State LA Zip Code 70183</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Stephen J. Scalise</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 01</p>	<p>Transaction ID: 29132-1789972186088</p> <p>Date of Disbursement 03 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Ted Deutch for Congress Committee</p> <p>Mailing Address 20423 Sr 7 Suite F6-383</p> <p>City Boca Raton State FL Zip Code 33498</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Theodore Eliot Deutch</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 19</p>	<p>Transaction ID: 80442-2585565447807</p> <p>Date of Disbursement 03 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Tim Murphy for Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Timothy F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 18</p>	<p>Transaction ID: 57597-9390832781791</p> <p>Date of Disbursement 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29132-7478296160698 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2010
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 Primary Contribution Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 43020-3551446795463 Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2010
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

12600.00

**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) Manek Anklesaria		Transaction ID: 2624C296DF37C55D6C3	
	Mailing Address Suite 307 2325 S Harvard Avenue		Date of Disbursement MM / DD / YYYY 03 / 29 / 2010	
	City Tulsa	State OK	Zip Code 74114-3307	Amount of Each Disbursement this Period 365.00
	Purpose of Disbursement Refund of contribution		010	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	365.00
TOTAL This Period (last page this line number only)	365.00

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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" 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) Andy Harris for Congress <hr/> Mailing Address P.O. Box 1527 <hr/> City Annapolis State MD Zip Code 21404 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 80442-9139825701713 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 <hr/> Category/Type 011
B. Full Name (Last, First, Middle Initial) Andy Harris for Congress <hr/> Mailing Address P.O. Box 1527 <hr/> City Annapolis State MD Zip Code 21404 <hr/> Purpose of Disbursement Nonfederal Contribution 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: 80442-8648340106010 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 3500.00 <hr/> Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00