

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 23 / 2010 through 12 / 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 Steven Rausch [Electronically Filed] Date 03 / 21 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2010"/>		775049.98
(b) Cash on Hand at Beginning of Reporting Period.....	341424.69	
(c) Total Receipts (from Line 19)	57997.45	945460.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	399422.14	1720510.81
7. Total Disbursements (from Line 31).....	46345.86	1367434.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	353076.28	353076.28
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: / / To: / /

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).....	51004.41	761583.18
(ii) Unitemized	6968.04	165020.47
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	57972.45	926603.65
(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)	57972.45	926603.65
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	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	25.00	6857.18
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 Transfers (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))..... ▶	57997.45	945460.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	57997.45	945460.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	12845.86	79138.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12845.86	79138.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500.00	784170.00
24. Independent Expenditures (use Schedule E)	0.00	496482.21
25. Coordinated Party Expenditures (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	0.00	7643.64
(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)).....	0.00	7643.64
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	46345.86	1367434.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46345.86	1367434.53

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	57972.45	926603.65
34. Total Contribution Refunds (from Line 28(d))	0.00	7643.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57972.45	918960.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12845.86	79138.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12845.86	79138.68

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Austin Scott for Congress notified us that they redesignated our 11/29/2010 contribution to the 2012 Primary.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 93
	<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	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Richard Abbott
Full Name (Last, First, Middle Initial)

Mailing Address Ucsf Beckman Vision Ctr
10 Koret Way K-301

City San Francisco State CA Zip Code 94143-0001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
11 / 30 / 2010
Transaction ID : 48D6B42D4D3DF4CDBC26

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Richard Abbott
Full Name (Last, First, Middle Initial)

Mailing Address Ucsf Beckman Vision Ctr
10 Koret Way K-301

City San Francisco State CA Zip Code 94143-0001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
12 / 30 / 2010
Transaction ID : 4026883D7791862D80AA

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Ahmed Abdelsalam
Full Name (Last, First, Middle Initial)

Mailing Address 1 E Wacker Dr
Ste 3150

City Chicago State IL Zip Code 60601-1910

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 ▼
666.72

Date of Receipt
12 / 06 / 2010
Transaction ID : 40269D2C21BFC4D07368

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 183.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 93
	<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. Stacey Ackerman
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Hospital Dr
Ste 302

City Willingboro State NJ Zip Code 08046-1130

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
12 / 30 / 2010
Transaction ID : AE3A85EB-7214-4A1E-

Amount of Each Receipt this Period
250.00

B. Patrick Aiello
Full Name (Last, First, Middle Initial)

Mailing Address 275 W 28th St
Attn: Marlene

City Yuma State AZ Zip Code 85364-7308

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 ▼
500.04

Date of Receipt
11 / 23 / 2010
Transaction ID : 4907B31E4B820BCF36B6

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 275 W 28th St
Attn: Marlene

City Yuma State AZ Zip Code 85364-7308

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 ▼
500.04

Date of Receipt
12 / 23 / 2010
Transaction ID : 4805956B26D82346C2BD

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 416.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 93
	<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. Luma Al-Attar
Full Name (Last, First, Middle Initial)

Mailing Address 270 Dorado Bch E

City Dorado State Se Zip Code 00646-2213

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 ▼ **398.00**

Date of Receipt
12 / 09 / 2010
Transaction ID : 8D7A92D6A482FE2FA61

Amount of Each Receipt this Period
199.00

B. Peter Amaral
Full Name (Last, First, Middle Initial)

Mailing Address 635 Medical Pkwy

City Brenham State TX Zip Code 77833-5412

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
11 / 24 / 2010
Transaction ID : 4E74BB3B59E4077B8423

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Peter Amaral
Full Name (Last, First, Middle Initial)

Mailing Address 635 Medical Pkwy

City Brenham State TX Zip Code 77833-5412

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 24 / 2010
Transaction ID : 4B1CA57385B9A8E00BF9

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... **249.00**

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 10 OF 93
	<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. Chad Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1811 W Royal Hunte Dr
Ste 1

City Cedar City State UT Zip Code 84720-8274

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 16 / 2010
Transaction ID : 67D386F97B180712338

Amount of Each Receipt this Period
1000.00

B. James Antoszyk
Full Name (Last, First, Middle Initial)

Mailing Address 6035 Fairview Rd

City Charlotte State NC Zip Code 28210-3256

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
564.00

Date of Receipt
12 / 13 / 2010
Transaction ID : A14C3E1C1DC0E56C353

Amount of Each Receipt this Period
199.00

C. Priscilla Arnold
Full Name (Last, First, Middle Initial)

Mailing Address 386 Crooked Ln

City Blue Eye State MO Zip Code 65611-8318

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 ▼
450.00

Date of Receipt
12 / 21 / 2010
Transaction ID : FB8D9C2187300BDE06D

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).....▶	1399.00
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 11 OF 93
	<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. Joe Arterberry
Full Name (Last, First, Middle Initial)

Mailing Address 224 E Broadway
Ste 110

City Louisville State KY Zip Code 40202-2016

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 ▼
375.03

Date of Receipt
12 / 06 / 2010
Transaction ID : 4CB3A67973CD39A30CBD

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 5 Via Encanto

City Santa Barbara State CA Zip Code 93108-1774

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
12 / 01 / 2010
Transaction ID : D9DBD0A6D3F967AD8C2

Amount of Each Receipt this Period
365.00

C. Sterling Baker
Full Name (Last, First, Middle Initial)

Mailing Address 14000 N Portland Ave
Ste 101

City Oklahoma City State OK Zip Code 73134-4004

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 ▼
730.00

Date of Receipt
11 / 23 / 2010
Transaction ID : 8043AE71E58F60AA193

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 771.67

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 12 OF 93
	<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)

Full Name (Last, First, Middle Initial)
A. Gregg Barnett

Mailing Address 620 N Broad St

City Woodbury State NJ Zip Code 08096-1795

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 11 / 2010**

Transaction ID : 4A5E8FF4F3053DA920DF

Amount of Each Receipt this Period **25.00**

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 160 Heritage Way Ste 202

City Kalispell State MT Zip Code 59901-3127

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 ▼ **900.00**

Date of Receipt **11 / 24 / 2010**

Transaction ID : 5E62612696751271432

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
C. Jeffrey Baumann

Mailing Address 17560 US Highway 441

City Mount Dora State FL Zip Code 32757-6711

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 08 / 2010**

Transaction ID : 40AAA69C57355A156F56

Amount of Each Receipt this Period **25.00**

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 93
	<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. Robert Behar
Full Name (Last, First, Middle Initial)

Mailing Address 2610 E Allegheny Ave

City Philadelphia State PA Zip Code 19134-5104

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
11 / 26 / 2010
Transaction ID : 499A934DFCA667E09E78

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 2610 E Allegheny Ave

City Philadelphia State PA Zip Code 19134-5104

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
12 / 26 / 2010
Transaction ID : 4CA59FC48DBC2403D4CF

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 4707 Everhart Rd Ste 108

City Corpus Christi State TX Zip Code 78411-2751

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 06 / 2010
Transaction ID : 6D765647DF5485F1D5E

Amount of Each Receipt this Period
300.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. William Blakemore
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Mark Dr
 PO Box 1077
 City Edenton State NC Zip Code 27932-1778
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2010
Transaction ID : 4748B869CA19DDF9E886
 Amount of Each Receipt this Period
 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Robert Block
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Curtis St
 City Meriden State CT Zip Code 06450-5900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 06 / 2010
Transaction ID : 4A59B373FD5A2B383873
 Amount of Each Receipt this Period
 41.67
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Louis Blumenfeld
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Pkwy S
 Ste 200
 City Maitland State FL Zip Code 32751-6114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2010
Transaction ID : 9574624752A0FB33F79
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....	431.67
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 OF 93
	<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	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. James Bobrow
Full Name (Last, First, Middle Initial)

Mailing Address 121 Hunter Ave
Ste 102

City Clayton State MO Zip Code 63124-2082

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
12 / 17 / 2010
Transaction ID : 284B05E1A7748B126EE

Amount of Each Receipt this Period
500.00

B. Steven Bodine
Full Name (Last, First, Middle Initial)

Mailing Address 915 Palmer Rd
Retina Consultations

City Bronxville State NY Zip Code 10708-3304

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 ▼ 625.01

Date of Receipt
11 / 28 / 2010
Transaction ID : 4AE1A825D213279F6D65

Amount of Each Receipt this Period
41.67

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 915 Palmer Rd
Retina Consultations

City Bronxville State NY Zip Code 10708-3304

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 ▼ 625.01

Date of Receipt
12 / 28 / 2010
Transaction ID : 426981DB46818F32D035

Amount of Each Receipt this Period
41.67

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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 16 OF 93
	<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. David Bogorad
Full Name (Last, First, Middle Initial)

Mailing Address 1120 15th St

City Augusta State GA Zip Code 30912-0004

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 ▼ 208.35

Date of Receipt 12 / 12 / 2010
Transaction ID : 446EA0A1F2D9CE6778C7

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Chadwick Brasington
Full Name (Last, First, Middle Initial)

Mailing Address 1016 Kirkpatrick Rd

City Burlington State NC Zip Code 27215-9714

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 12 / 22 / 2010
Transaction ID : 83B6977590D6179C895

Amount of Each Receipt this Period 250.00

C. William Bridges Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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 ▼ 666.72

Date of Receipt 12 / 06 / 2010
Transaction ID : 44FFAB512AE77A066EEF

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01

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 17 OF 93
	<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. G. Edward Bryant Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 303 W Polk Ave

City West Memphis State AR Zip Code 72301-4262

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
12 / 20 / 2010
Transaction ID : 45A4980B62D7F3A10E93

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Patricia Buehler
Full Name (Last, First, Middle Initial)

Mailing Address 1122 NW Foxwood

City Bend State OR Zip Code 97701-8606

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 ▼ **698.36**

Date of Receipt
12 / 06 / 2010
Transaction ID : 47968E8961943CEF55C4

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

c. John Burchfield
Full Name (Last, First, Middle Initial)

Mailing Address 2865 N Reynolds Rd Ste 170

City Toledo State OH Zip Code 43615-2076

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 18 / 2010
Transaction ID : 4D848A26ADEB723528D1

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	91.67
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 18 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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)

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

Mailing Address 5540 Saratoga Blvd
 Ste 200

City Corpus Christi State TX Zip Code 78413-2953

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 ▼
 1031.72

Date of Receipt
 12 / 08 / 2010

Transaction ID : 2AED37FE8CF62F0C531

Amount of Each Receipt this Period
 365.00

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

Mailing Address 5540 Saratoga Blvd
 Ste 200

City Corpus Christi State TX Zip Code 78413-2953

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 ▼
 1031.72

Date of Receipt
 12 / 15 / 2010

Transaction ID : 4151A75A5578BD7DB128

Amount of Each Receipt this Period
 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1007

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 ▼
 333.36

Date of Receipt
 12 / 10 / 2010

Transaction ID : 42EC999EF4E60943B84F

Amount of Each Receipt this Period
 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 531.68

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 19 OF 93
	<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)

Full Name (Last, First, Middle Initial) A. Jack Mabry Mabry Chapman		Date of Receipt
Mailing Address 2061 Beverly Rd		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
City	State	Zip Code
Gainesville	GA	30501-2034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 41D98063909E0D909E38
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jack Mabry Mabry Chapman		Date of Receipt
Mailing Address 2061 Beverly Rd		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
City	State	Zip Code
Gainesville	GA	30501-2034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4AE79BC3C9898DD94EB8
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="83.33"/>
Receipt For:	Aggregate Year-to-Date ▼	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Robert Chestler		Date of Receipt
Mailing Address 10502 NE Wasco St		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
City	State	Zip Code
Portland	OR	97220-3948
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4C90A0106A0153358757
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="191.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<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. Robert Chestler
Full Name (Last, First, Middle Initial)

Mailing Address 10502 NE Wasco St

City Portland State OR Zip Code 97220-3948

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 29 / 2010
Transaction ID : 40A4A0E4E6A2E8613B8A

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Donald Cinotti
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 18 / 2010
Transaction ID : 4705B5233794041FEEC7

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. S. William William Clark
Full Name (Last, First, Middle Initial)

Mailing Address 502 Isabella St

City Waycross State GA Zip Code 31501-3638

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 ▼ 4999.92

Date of Receipt 11 / 23 / 2010
Transaction ID : 4E0C8E8FB2C1D363FFEB

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
	<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. S. William William Clark
Full Name (Last, First, Middle Initial)

Mailing Address 502 Isabella St

City Waycross State GA Zip Code 31501-3638

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 ▼ 4999.92

Date of Receipt 12 / 23 / 2010
Transaction ID : 4C54925A22FD25747B4B

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 157 W 19th St

City New York State NY Zip Code 10011-4102

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 ▼ 375.00

Date of Receipt 12 / 14 / 2010
Transaction ID : 46FB95DF0D4C57A793D5

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Charles Colombo
Full Name (Last, First, Middle Initial)

Mailing Address 1701 South Blvd E Ste 180

City Rochester Hills State MI Zip Code 48307-6115

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 ▼ 700.00

Date of Receipt 11 / 29 / 2010
Transaction ID : 00DCB2284ACB1494C0E

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 941.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 93
	<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)

Full Name (Last, First, Middle Initial) A. Scott Corin		Date of Receipt 12 / 27 / 2010 Transaction ID : 2DFE6036-35AF-4C02-
Mailing Address 500 Faunce Corner Rd Bldg 100		Amount of Each Receipt this Period 1000.00
City North Dartmouth	State MA	
Zip Code 02747-1278		Aggregate Year-to-Date ▼ 2000.00
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) ▼		

Full Name (Last, First, Middle Initial) B. Russell Crain		Date of Receipt 12 / 17 / 2010 Transaction ID : 429980AC754E3E328E4E
Mailing Address 11011 Hefner Pointe Dr Ste B		Amount of Each Receipt this Period 50.00
City Oklahoma City	State OK	
Zip Code 73120-5005		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
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 ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Terry Croyle		Date of Receipt 12 / 01 / 2010 Transaction ID : 425F827B834F193698C6
Mailing Address 2375 S Main St		Amount of Each Receipt this Period 30.00
City Moultrie	State GA	
Zip Code 31768-6517		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
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 ▼ 360.00		

SUBTOTAL of Receipts This Page (optional).....▶	1080.00
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 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Richard Davenport
 Full Name (Last, First, Middle Initial)
 Mailing Address 2424 S 90th St
 Ste 204
 City West Allis State WI Zip Code 53227-2455
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 12 / 09 / 2010
Transaction ID : 40F198CD6DBAD1700E40
 Amount of Each Receipt this Period 41.67
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Christopher Dickens
 Full Name (Last, First, Middle Initial)
 Mailing Address 491 30th St
 Ste 103
 City Oakland State CA Zip Code 94609-3235
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2010
Transaction ID : 1935B835B22E5D29917
 Amount of Each Receipt this Period 300.00

C. Michael Diesenhouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 4991 N Circulo Sobrio
 City Tucson State AZ Zip Code 85718-6061
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 11 / 2010
Transaction ID : 227ED07E-807A-431D-
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	706.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Shehab Ebrahim
 Full Name (Last, First, Middle Initial)
 Mailing Address 4717 Woodland Ave
 City State Zip Code
 Metairie LA 70002-1361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Ophthalmologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2010
Transaction ID : 4900916047F0E1DC0ED2
 Amount of Each Receipt this Period
 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Robert Elliston
 Full Name (Last, First, Middle Initial)
 Mailing Address 1750 El Camino Real
 Ste 103
 City State Zip Code
 Burlingame CA 94010-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Ophthalmologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2010
Transaction ID : 6451B811FE4B454E46C
 Amount of Each Receipt this Period
 1000.00

C. Vivian Fasula
 Full Name (Last, First, Middle Initial)
 Mailing Address 1254 Charlesgate Cir
 City State Zip Code
 East Amherst NY 14051-1216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Ophthalmologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2010
Transaction ID : F815F419652893FA292
 Amount of Each Receipt this Period
 365.00

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 25 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Nataalka Fedoriw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Lake Ave
 City Fort Wayne State IN Zip Code 46805-5529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2010
Transaction ID : 89342C9962A93255420
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Joseph Feghali
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Hampton Ctr Ste D
 City Morgantown State WV Zip Code 26505-1704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2010
Transaction ID : 07C44445-3770-4C45-
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

C. James Finegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 236 Roseberry St
 City Phillipsburg State NJ Zip Code 08865-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2010
Transaction ID : 48E09E218B0CEC4069B8
 Amount of Each Receipt this Period
 83.34
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	▶	1448.34
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 26 OF 93
	<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"/>	<input type="checkbox"/> 17

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

A. John Foley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 687

City Exmore State VA Zip Code 23350-0687

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 ▼ **208.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2010
Transaction ID : 40738F0B2E5268F87EB9

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Bernard Fowler
Full Name (Last, First, Middle Initial)

Mailing Address 216 Engle St Ste 201

City Englewood State NJ Zip Code 07631-2428

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 ▼ **243.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2010
Transaction ID : 48F8B962D9E9116D06FF

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Leslie Fox
Full Name (Last, First, Middle Initial)

Mailing Address 1703 S Meridian Ste 101

City Puyallup State WA Zip Code 98371-7590

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 ▼ **865.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2010
Transaction ID : A8CEF1FF5F652B0EA3A

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	437.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 93
	<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. K. Bailey Freund
Full Name (Last, First, Middle Initial)

Mailing Address 460 Park Ave
FI 5

City New York State NY Zip Code 10022-1858

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 06 / 2010
Transaction ID : **0D1D3419945FAE5136C**

Amount of Each Receipt this Period
500.00

B. Timothy Gard
Full Name (Last, First, Middle Initial)

Mailing Address 512 E Main St

City Hillsboro State OR Zip Code 97123-4137

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 05 / 2010
Transaction ID : **440E9CF138ABF5A07D51**

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Geoffrey Garrett
Full Name (Last, First, Middle Initial)

Mailing Address 1455 E Bert Kouns Loop

City Shreveport State LA Zip Code 71105-5634

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
12 / 02 / 2010
Transaction ID : **5A676E2E148281D4C15**

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Lawrence Geisse
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 250
 City Los Alamitos State CA Zip Code 90720-0250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2010
Transaction ID : 38389125F69DE7E1D4B
 Amount of Each Receipt this Period
 500.00

B. Frank Genovese
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Medical Arts Bldg Suite 210
 City Kittanning State PA Zip Code 16201-7132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2010
Transaction ID : 77540D391CF41E5ECD1
 Amount of Each Receipt this Period
 500.00

C. James Gessler
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 E Seminole St
 City Springfield State MO Zip Code 65804-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2010
Transaction ID : E6FBB0780C7EECA3FE2
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 29 OF 93
	<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. Thomas Gettelfinger
Full Name (Last, First, Middle Initial)

Mailing Address 6485 Poplar Ave

City Memphis State TN Zip Code 38119-4838

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 ▼ 252.05

Date of Receipt 12 / 21 / 2010
Transaction ID : 43FF95C92B5FBDF55F23

Amount of Each Receipt this Period 30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland State FL Zip Code 32751-6114

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 ▼ 730.00

Date of Receipt 12 / 17 / 2010
Transaction ID : 3B56AB4A03C3817C644

Amount of Each Receipt this Period 365.00

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

Mailing Address 6545 Rutgers Ave

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 ▼ 1200.00

Date of Receipt 11 / 28 / 2010
Transaction ID : 40AD9A6E295378CC937C

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 495.41

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 30 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 6545 Rutgers Ave

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2010
Transaction ID : 4BF39BE4BCC0B300ED2F

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 50 W Carleton Rd

City Hillsdale	State MI	Zip Code 49242-1202
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2010
Transaction ID : 441F8064E514DB0D6135

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial)
C. Edward Graul

Mailing Address 251 Moosa Blvd

City Eunice	State LA	Zip Code 70535-3638
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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 ▼
375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2010
Transaction ID : 421BBD65CAA9E16440BA

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	191.67
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 31 OF 93
	<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. Mark Steven Graves
Full Name (Last, First, Middle Initial)
Mailing Address 1235 NE Loop 286

City Paris	State TX	Zip Code 75460-2226
---------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2010

Transaction ID : 477784775F3C3E23205B

Amount of Each Receipt this Period
91.25

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Mark Steven Graves
Full Name (Last, First, Middle Initial)
Mailing Address 1235 NE Loop 286

City Paris	State TX	Zip Code 75460-2226
---------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	25	/	2010

Transaction ID : 4FF7A5214D98AC5BAE73

Amount of Each Receipt this Period
91.25

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Erich Groos
Full Name (Last, First, Middle Initial)
Mailing Address 2400 Patterson St Ste 201

City Nashville	State TN	Zip Code 37203-1587
-------------------	-------------	------------------------

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 ▼
750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2010

Transaction ID : 448486B845C3D0C8F9DA

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	265.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 93
	<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. David Guyette
Full Name (Last, First, Middle Initial)

Mailing Address 600 Main St

City Malden State MA Zip Code 02148-3919

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2010

Transaction ID : 77EAF573BB325AA9870

Amount of Each Receipt this Period
 500.00

B. Maged Habib
Full Name (Last, First, Middle Initial)

Mailing Address 2300 S Congress Ave Ste 102

City Boynton Beach State FL Zip Code 33426-7400

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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2010

Transaction ID : 4F45B9816ED397F51971

Amount of Each Receipt this Period
 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Carroll Haines
Full Name (Last, First, Middle Initial)

Mailing Address 515 Thompson St Ste A

City Eden State NC Zip Code 27288-5040

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2010

Transaction ID : 4986A63A070D984E1BD1

Amount of Each Receipt this Period
 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	550.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 93
	<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. Cynthia Hampton
Full Name (Last, First, Middle Initial)

Mailing Address 451 Ruin Creek Rd
Ste 204

City Henderson State NC Zip Code 27536-5920

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.06**

Date of Receipt
12 / 03 / 2010
Transaction ID : 45BE9B0024F92629AE9D

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1928 Alcoa Hwy
Ste 324

City Knoxville State TN Zip Code 37920-1505

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 ▼ **750.06**

Date of Receipt
12 / 03 / 2010
Transaction ID : 49F7816253595D8C518D

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1729 New Hanover Medical Park Dr

City Wilmington State NC Zip Code 28403-5345

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 17 / 2010
Transaction ID : 4821A9C8A12EEF943B46

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... **216.68**

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 34 OF 93
	<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. David Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 3751 Belford St

City San Diego State CA Zip Code 92111-4217

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 ▼ **250.02**

Date of Receipt **12 / 13 / 2010**

Transaction ID : 476E934C4B6A55BB8764

Amount of Each Receipt this Period **41.67**

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Stewart Hazel
Full Name (Last, First, Middle Initial)

Mailing Address 400 E 3rd St

City Duluth State MN Zip Code 55805-1951

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 ▼ **730.00**

Date of Receipt **11 / 23 / 2010**

Transaction ID : 5F7FBDE6E200C345565

Amount of Each Receipt this Period **365.00**

C. Andrew Henrick
Full Name (Last, First, Middle Initial)

Mailing Address 23961 Magdalena Ste 302

City Laguna Hills State CA Zip Code 92653-3665

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 ▼ **273.69**

Date of Receipt **12 / 06 / 2010**

Transaction ID : 4A549F4A5F33F5783984

Amount of Each Receipt this Period **30.41**

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... **437.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 93
	<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)

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

Mailing Address 3 Woodland Rd
Ste 210

City Stoneham State MA Zip Code 02180-1711

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
12 / 11 / 2010
Transaction ID : 410399E2219AA8186DD2

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3219 Clifton Ave
Ste 210

City Cincinnati State OH Zip Code 45220-3041

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 ▼
763.00

Date of Receipt
12 / 02 / 2010
Transaction ID : EA0191C1F2D3A6D6BAC

Amount of Each Receipt this Period
199.00

Refunded 1.5.11

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

Mailing Address 3219 Clifton Ave
Ste 210

City Cincinnati State OH Zip Code 45220-3041

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 ▼
763.00

Date of Receipt
12 / 02 / 2010
Transaction ID : D08D91CF6FC6805DA1F

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 814.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 93
<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)

Full Name (Last, First, Middle Initial) A. W. Jackson Iliff		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2010 Transaction ID : 4DF6AEF399ADE4DC3244
Mailing Address 4 W Rolling Crossroads Rear 7		Amount of Each Receipt this Period 50.00
City Catonsville	State MD	Zip Code 21228-6278
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 ▼ 600.00	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial) B. W. Jackson Iliff		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2010 Transaction ID : 42EFAEC955A3BC6976F0
Mailing Address 4 W Rolling Crossroads Rear 7		Amount of Each Receipt this Period 50.00
City Catonsville	State MD	Zip Code 21228-6278
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 ▼ 600.00	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial) C. Edward Isbey III		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2010 Transaction ID : 4D428E7CD982D2868C39
Mailing Address 8 Medical Park Dr		Amount of Each Receipt this Period 83.34
City Asheville	State NC	Zip Code 28803-2493
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 ▼ 750.06	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	183.34
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 37 OF 93
	<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"/>	<input type="checkbox"/> 17

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

A. Edward Isbey III
Full Name (Last, First, Middle Initial)

Mailing Address 8 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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 ▼ **750.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 29 / 2010
Transaction ID : 49D1A3A49E6CF9D70F60

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Elena Jimenez
Full Name (Last, First, Middle Initial)

Mailing Address Calle Tapia Ocean Park, Apt 17

City San Juan State PR Zip Code 00911-2337

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 ▼ **291.69**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2010
Transaction ID : 4F65AE64560F5109EA67

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Randolph Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 1300 E 20th St

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 ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2010
Transaction ID : 4BDF A8BB723EEF748EC8

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	225.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 93
	<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. Randolph Johnston
Full Name (Last, First, Middle Initial)
Mailing Address 1300 E 20th St
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 **1200.00**

Date of Receipt **12 / 31 / 2010**
Transaction ID : 4ECD933CC87531F6DE01
Amount of Each Receipt this Period **100.00**
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Earl Lawrence Jordan
Full Name (Last, First, Middle Initial)
Mailing Address 2630 Cunningham Ave
City Joplin State MO Zip Code 64804-1542
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 **730.00**

Date of Receipt **12 / 13 / 2010**
Transaction ID : BF758169A6EB660C547
Amount of Each Receipt this Period **365.00**

C. Jerome Jordan
Full Name (Last, First, Middle Initial)
Mailing Address 200 Mifflin Ave
City Scranton State PA Zip Code 18503-1982
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 **333.36**

Date of Receipt **12 / 21 / 2010**
Transaction ID : 4241B8C77F98E77353BD
Amount of Each Receipt this Period **41.67**
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... **506.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Emilio Justo
 Full Name (Last, First, Middle Initial)
 Mailing Address 19052 N R H Johnson Blvd
 City Sun City West State AZ Zip Code 85375-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 11 / 26 / 2010
Transaction ID : 42458550279291EE4897
 Amount of Each Receipt this Period
 30.42
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
 Aggregate Year-to-Date ▼
 424.54

B. Emilio Justo
 Full Name (Last, First, Middle Initial)
 Mailing Address 19052 N R H Johnson Blvd
 City Sun City West State AZ Zip Code 85375-4401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 26 / 2010
Transaction ID : 49F3B266232B9740178B
 Amount of Each Receipt this Period
 30.42
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
 Aggregate Year-to-Date ▼
 424.54

C. Stephen Kaufman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 Morley Rd
 City Shaker Heights State OH Zip Code 44122-2863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 11 / 29 / 2010
Transaction ID : AE61DCF0987A8522BBE
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date ▼
 449.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 259.84
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Curtin Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Neil Ave
 Ste 320
 City Columbus State OH Zip Code 43215-7311
 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 M / D D D / Y Y Y Y Y Y
 12 / 16 / 2010
Transaction ID : 4A74E39A6A663780B98
 Amount of Each Receipt this Period
 365.00

B. Alan Kimura
 Full Name (Last, First, Middle Initial)
 Mailing Address 8101 E Lowry Blvd
 Ste 210
 City Denver State CO Zip Code 80230-7195
 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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2010
Transaction ID : 46D2936DEDAB73523E11
 Amount of Each Receipt this Period
 41.67
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. James Klein
 Full Name (Last, First, Middle Initial)
 Mailing Address 21711 Greater Mack Ave
 City Saint 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2010
Transaction ID : 4744A207B4895FBFA3D3
 Amount of Each Receipt this Period
 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	506.67
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 41 OF 93
	<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. Craig Kliger
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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 ▼ **273.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2010

Transaction ID : 45F9B28B5FC84D82DB76

Amount of Each Receipt this Period
30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Craig Kliger
Full Name (Last, First, Middle Initial)

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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 ▼ **273.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 24 / 2010

Transaction ID : 44C58AEEA73BBB013E9C

Amount of Each Receipt this Period
30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Douglas Koch
Full Name (Last, First, Middle Initial)

Mailing Address 6565 Fannin St

City Houston State TX Zip Code 77030-2703

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 M / D D D / Y Y Y Y Y Y
12 / 15 / 2010

Transaction ID : 4B6682CE727D4FA27221

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	85.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 93
	<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. Stephen Kondash
Full Name (Last, First, Middle Initial)

Mailing Address 2841 Boudinot Ave
Ste 300

City Cincinnati State OH Zip Code 45238-2496

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 11 / 2010
Transaction ID : 45A2B44B71F8852E6571

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Douglas Kopp
Full Name (Last, First, Middle Initial)

Mailing Address 2222 W 24th St
Unit 10

City Plainview State TX Zip Code 79072-1802

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 ▼ 600.00

Date of Receipt
12 / 08 / 2010
Transaction ID : 44D0882F389A0EDEB5D4

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3982 N Milwaukee Ave

City Chicago State IL Zip Code 60641-2703

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 ▼ 665.00

Date of Receipt
12 / 17 / 2010
Transaction ID : 4B38ABE05EE4D24B06DF

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶ 100.00

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 43 OF 93
	<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	<input type="checkbox"/> 17

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

A. Valerie Kounkel
Full Name (Last, First, Middle Initial)

Mailing Address 2101 Westown Pkwy
Ste 2

City West Des Moines State IA Zip Code 50265-1542

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
12 / 17 / 2010
Transaction ID : F2D70FAB7626EF573B4

Amount of Each Receipt this Period
365.00

B. Scott Lanoux
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Napoleon Ave
Ste 900

City New Orleans State LA Zip Code 70115-8200

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 ▼
375.00

Date of Receipt
12 / 20 / 2010
Transaction ID : 498C9C8D9400501FB23A

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Wayne Larrison
Full Name (Last, First, Middle Initial)

Mailing Address 46 Prince St
Ste 402A

City New Haven State CT Zip Code 06519-1600

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 01 / 2010
Transaction ID : B18F06D3CC12F8C911B

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	890.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Howard Lazarus
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 State St
 City New Albany State IN Zip Code 47150-3620
 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 ▼ 208.35

Date of Receipt 12 / 12 / 2010
Transaction ID : 4AD085D590056BAC4782
 Amount of Each Receipt this Period 41.67
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Eligijus Lelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 14488 Hawthorne Dr
 City Lemont State IL Zip Code 60439-9126
 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 ▼ 665.00

Date of Receipt 12 / 08 / 2010
Transaction ID : 44FBA031D08AEC8AE686
 Amount of Each Receipt this Period 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Eligijus Lelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 14488 Hawthorne Dr
 City Lemont State IL Zip Code 60439-9126
 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 ▼ 665.00

Date of Receipt 12 / 23 / 2010
Transaction ID : C53B9A49C0AAFEA07DF
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	431.67
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 45 OF 93
	<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. Cecily Lesko
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Clifton Ave
Ste 1

City Clifton State NJ Zip Code 07013-3520

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 06 / 2010
Transaction ID : 679EC3EDCAAB2223CCF

Amount of Each Receipt this Period
1000.00

B. Sue Lim
Full Name (Last, First, Middle Initial)

Mailing Address 263 Harrington Dr

City Troy State MI Zip Code 48098-3027

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 08 / 2010
Transaction ID : 4E3EBB563E953FDBA8A7

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Mark Lindsay
Full Name (Last, First, Middle Initial)

Mailing Address 2725 E 29th St

City Bryan State TX Zip Code 77802-2504

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
12 / 09 / 2010
Transaction ID : 3425F18D4D1F685EB6C

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. David Loewy
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Avenue K SE
 City Winter Haven State FL Zip Code 33880-4126
 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 M / D D D / Y Y Y Y Y Y
 12 / 30 / 2010
Transaction ID : C29C018D-7F38-4822-
 Amount of Each Receipt this Period
 365.00

B. Eric Paul Lohse
 Full Name (Last, First, Middle Initial)
 Mailing Address 1025 S 6th St
 City Springfield State IL Zip Code 62703-2403
 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 ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2010
Transaction ID : CC9C03176D3D642CC05
 Amount of Each Receipt this Period
 365.00

C. Edward Lores
 Full Name (Last, First, Middle Initial)
 Mailing Address 4950 S Le Jeune Rd Ste D
 City Coral Gables State FL Zip Code 33146-2231
 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 M / D D D / Y Y Y Y Y Y
 12 / 08 / 2010
Transaction ID : 4FB5BB24D320F31966FE
 Amount of Each Receipt this Period
 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	755.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 93
	<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	<input type="checkbox"/> 17

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

A. Jonathan Lowry
Full Name (Last, First, Middle Initial)

Mailing Address 335 E Parker Rd

City Morganton State NC Zip Code 28655-5112

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2010

Transaction ID : 4AB310948DB2AFF0D4A

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 547

City New City State NY Zip Code 10956-0547

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2010

Transaction ID : 4B3B897CD25712E4CB82

Amount of Each Receipt this Period
 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Masud Malik
Full Name (Last, First, Middle Initial)

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

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 ▼ 583.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2010

Transaction ID : 4A27A65CB7C9920E751B

Amount of Each Receipt this Period
 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	608.34
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 48 OF 93
	<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. Timothy Malone
Full Name (Last, First, Middle Initial)
Mailing Address 731 Walker Rd
Ste F
City State Zip Code
Great Falls VA 22066-2834
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Ophthalmologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
665.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2010
Transaction ID : 45DB802704D78B2657A8
Amount of Each Receipt this Period
25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Mark Mandel
Full Name (Last, First, Middle Initial)
Mailing Address 1237 B St
City State Zip Code
Hayward CA 94541-2915
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Ophthalmologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
750.06

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 03 / 2010
Transaction ID : 48C58CC2D87023D776A1
Amount of Each Receipt this Period
83.34
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Delia Manjoney
Full Name (Last, First, Middle Initial)
Mailing Address 2720 Main St
City State Zip Code
Bridgeport CT 06606-5363
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self Ophthalmologist
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
4000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2010
Transaction ID : BC4967F1AE618DFE028
Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	1608.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 93
	<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. Alan Marks
Full Name (Last, First, Middle Initial)

Mailing Address 2110 Northern Blvd
Ste 208

City State Zip Code
Manhasset NY 11030-3500

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
12 / 02 / 2010
Transaction ID : 4B771E665C9193503FB

Amount of Each Receipt this Period
365.00

B. Sheron Marshall
Full Name (Last, First, Middle Initial)

Mailing Address 7075 Campus Dr
Ste 100

City State Zip Code
Colorado Springs CO 80920-6524

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
12 / 06 / 2010
Transaction ID : 43DB9336D56FC0A67803

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Benjamin Mason
Full Name (Last, First, Middle Initial)

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code
Cedar Falls IA 50613-1514

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

Name of Employer Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 30 / 2010
Transaction ID : 4E6CBFC1A6A837B75987

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 506.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 93
	<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)

Full Name (Last, First, Middle Initial)
A. Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City Cedar Falls State IA Zip Code 50613-1514

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
12 / 31 / 2010
Transaction ID : 47EFBB2F435BC781C99A

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial)
B. Gary Mason

Mailing Address 7777 Southwest Fwy Ste 934

City Houston State TX Zip Code 77074-1813

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 ▼
699.00

Date of Receipt
12 / 02 / 2010
Transaction ID : E63EC6D16A767D56C25

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Timothy McInnis

Mailing Address 300 N Willson Ave Ste 1003

City Bozeman State MT Zip Code 59715-3551

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
12 / 14 / 2010
Transaction ID : 4997B3BD504F3359C216

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 625.00

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 51 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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)

Full Name (Last, First, Middle Initial) A. Richard Meister		Date of Receipt 12 / 01 / 2010 Transaction ID : 4DDFA3D11CE904A3CDAE
Mailing Address 5959 Greenback Ln Ste 310		Amount of Each Receipt this Period 30.41
City Citrus Heights	State CA	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Zip Code 95621-4700	FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 273.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dale Meyer		Date of Receipt 12 / 01 / 2010 Transaction ID : 5A70CB3F85847CE183C
Mailing Address 1220 New Scotland Rd Ste 302		Amount of Each Receipt this Period 1000.00
City Slingerlands	State NY	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Zip Code 12159-9386	FEC ID number of contributing federal political committee. C	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 2100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert Millay		Date of Receipt 12 / 09 / 2010 Transaction ID : ED5977408CEE6BED693
Mailing Address 111 Colchester Ave West Pav-Lev 5		Amount of Each Receipt this Period 365.00
City Burlington	State VT	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Zip Code 05401-1473	FEC ID number of contributing federal political committee. C	
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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1395.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 93
	<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. Aaron Miller
Full Name (Last, First, Middle Initial)

Mailing Address 13414 Medical Complex Dr
Ste 4

City Tomball State TX Zip Code 77375-3333

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
11 / 23 / 2010
Transaction ID : **410D96D71708B528486A**

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 13414 Medical Complex Dr
Ste 4

City Tomball State TX Zip Code 77375-3333

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 23 / 2010
Transaction ID : **4FF494C9D04DCFC95CCA**

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Harvey Minatoya
Full Name (Last, First, Middle Initial)

Mailing Address 1003 Pensacola St

City Honolulu State HI Zip Code 96814-1927

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
11 / 23 / 2010
Transaction ID : **17793F014E489AD657E**

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **465.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 93
	<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. Amalia Miranda
Full Name (Last, First, Middle Initial)

Mailing Address 3435 NW 56th St
Building A # 700

City Oklahoma City State OK Zip Code 73112-4448

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 14 / 2010
Transaction ID : 4289A72846FFE941E98F

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Jacob Moore
Full Name (Last, First, Middle Initial)

Mailing Address 15118 Leeward Dr
Apt 103

City Corpus Christi State TX Zip Code 78418-8093

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
12 / 07 / 2010
Transaction ID : 4BB388C4098D9E413E8

Amount of Each Receipt this Period
365.00

C. Emily Morin
Full Name (Last, First, Middle Initial)

Mailing Address 8200 Wisconsin Ave
Ste 100

City Bethesda State MD Zip Code 20814-3127

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 ▼
243.28

Date of Receipt
12 / 20 / 2010
Transaction ID : 455DA5C0EB86ED5409EC

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 495.41

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 54 OF 93
	<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	<input type="checkbox"/> 17

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

A. Ronald Lee Lee Morton
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Tower Way
Ste 150

City Bakersfield State CA Zip Code 93309-1586

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 ▼
273.69

Date of Receipt
11 / 29 / 2010
Transaction ID : **4C578C4F4472E27724BA**

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Ronald Lee Lee Morton
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Tower Way
Ste 150

City Bakersfield State CA Zip Code 93309-1586

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 ▼
273.69

Date of Receipt
12 / 29 / 2010
Transaction ID : **4E769C9A44BC979B8705**

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Anthony Musto
Full Name (Last, First, Middle Initial)

Mailing Address 3060 Main St
Ste 101

City Stratford State CT Zip Code 06614-4945

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 ▼
615.02

Date of Receipt
11 / 23 / 2010
Transaction ID : **401D8A72C0AB97993654**

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	102.49
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 55 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Anthony Musto		Date of Receipt										
Mailing Address 3060 Main St Ste 101		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>23</td> <td>/</td> <td>2010</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	23	/	2010
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	23	/	2010								
City Stratford State CT Zip Code 06614-4945		Transaction ID : 45A298903F8B1C14B1CA										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Self Occupation Ophthalmologist		41.67										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED										
Aggregate Year-to-Date ▼		615.02										

Full Name (Last, First, Middle Initial) B. Clifford Myers		Date of Receipt										
Mailing Address 5401 N Knoxville Ave Ste 106		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>16</td> <td>/</td> <td>2010</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	16	/	2010
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	16	/	2010								
City Peoria State IL Zip Code 61614-5021		Transaction ID : BFEC2BE6C5434A29F9A										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Self Occupation Ophthalmologist		365.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
Aggregate Year-to-Date ▼		730.00										

Full Name (Last, First, Middle Initial) C. Richard Neahrng		Date of Receipt										
Mailing Address 1309 Liberty St SE		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td>/</td> <td>08</td> <td>/</td> <td>2010</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12	/	08	/	2010
M M M	/	D D D	/	Y Y Y Y Y Y								
12	/	08	/	2010								
City Salem State OR Zip Code 97302-4245		Transaction ID : 4B67BC4F83177A85F536										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period										
Name of Employer Self Occupation Ophthalmologist		50.00										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED										
Aggregate Year-to-Date ▼		600.00										

SUBTOTAL of Receipts This Page (optional).....▶	456.67
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 56 OF 93
	<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. Eric Nelson
Full Name (Last, First, Middle Initial)

Mailing Address 6405 France Ave S
Ste W460

City Edina State MN Zip Code 55435-2189

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 ▼
475.00

Date of Receipt
12 / 02 / 2010
Transaction ID : 4835B0476B8528E27A4C

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Ngoc Nguyen
Full Name (Last, First, Middle Initial)

Mailing Address 2380 Montpelier Dr
Ste 300

City San Jose State CA Zip Code 95116-1620

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 ▼
865.00

Date of Receipt
11 / 23 / 2010
Transaction ID : 3D42CD29B1B935116C4

Amount of Each Receipt this Period
365.00

C. Philip Niswander
Full Name (Last, First, Middle Initial)

Mailing Address 40 N Union Rd

City Williamsville State NY Zip Code 14221-5339

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 16 / 2010
Transaction ID : 5DD7287433DA9A5E0DE

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	890.00
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 57 OF 93
	<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. Michael O'Brien
Full Name (Last, First, Middle Initial)

Mailing Address 618 Toll Gate Rd

City Warwick State RI Zip Code 02886-2717

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 ▼ **730.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2010

Transaction ID : C23FE6379E7F81A6299

Amount of Each Receipt this Period
365.00

B. Paul Olson
Full Name (Last, First, Middle Initial)

Mailing Address 1055 N 300 W Ste 204

City Provo State UT Zip Code 84604-3374

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 ▼ **1041.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2010

Transaction ID : 4223849FFBEAF59EAC1F

Amount of Each Receipt this Period
208.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

c. S. Richard Ombres Jr.
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 190

City Christiansted State VI Zip Code 00821-0190

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 ▼ **841.32**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2010

Transaction ID : 42C08426DF6C87D660B2

Amount of Each Receipt this Period
30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	603.76
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 58 OF 93
<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. S. Richard Ombres Jr.
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 190
City Christiansted State VI Zip Code 00821-0190
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 **841.32**

Date of Receipt **12 / 10 / 2010**
Transaction ID : 4B5D8747B222F3FC2E2D
Amount of Each Receipt this Period **83.34**
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. S. Richard Ombres Jr.
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 190
City Christiansted State VI Zip Code 00821-0190
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 **841.32**

Date of Receipt **12 / 28 / 2010**
Transaction ID : 442E8C5B9432489539C8
Amount of Each Receipt this Period **30.42**
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. John Owen
Full Name (Last, First, Middle Initial)
Mailing Address 1 Independence Plz Ste 700
City Birmingham State AL Zip Code 35209-2653
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 **11 / 25 / 2010**
Transaction ID : 45A084DB26B4E00AA536
Amount of Each Receipt this Period **91.25**
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	205.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 93
	<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. John Owen
Full Name (Last, First, Middle Initial)

Mailing Address 1 Independence Plz
Ste 700

City Birmingham State AL Zip Code 35209-2653

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
12 / 25 / 2010
Transaction ID : 41D6B862BC2140EF2BA7

Amount of Each Receipt this Period
91.25

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1417 9th St S
Ozog Eye Care and Laser Center, St

City Great Falls State MT Zip Code 59405-4509

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 ▼
375.03

Date of Receipt
12 / 14 / 2010
Transaction ID : 4E2A965D3A9FDBDB71B1

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Laura Pallan
Full Name (Last, First, Middle Initial)

Mailing Address 543 Backbone Rd

City Sewickley State PA Zip Code 15143-1486

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 ▼
499.00

Date of Receipt
12 / 20 / 2010
Transaction ID : 4B35978591423338D52A

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	157.92
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 60 OF 93
	<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. Millicent Palmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 Woolworth Ave
 Ste 112
 City Omaha State NE Zip Code 68105-1850
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 FEC ID number of contributing federal political committee. C

Date of Receipt 12 / 06 / 2010
Transaction ID : 43FABA3861888360DF90
 Amount of Each Receipt this Period 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
 Aggregate Year-to-Date ▼ 400.00

B. Robert Park
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Vanderbilt Park Dr
 Ste 150
 City Asheville State NC Zip Code 28803-1764
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 FEC ID number of contributing federal political committee. C

Date of Receipt 12 / 27 / 2010
Transaction ID : 4F54921077005E689362
 Amount of Each Receipt this Period 41.67
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
 Aggregate Year-to-Date ▼ 208.35

C. Maria Patterson
 Full Name (Last, First, Middle Initial)
 Mailing Address 12690 W North Ave
 City Brookfield State WI Zip Code 53005-4636
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 FEC ID number of contributing federal political committee. C

Date of Receipt 12 / 20 / 2010
Transaction ID : 4E5ABEBD52ADFF4EAC3E
 Amount of Each Receipt this Period 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
 Aggregate Year-to-Date ▼ 499.00

SUBTOTAL of Receipts This Page (optional).....▶	166.67
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 61 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Marc Peden
Full Name (Last, First, Middle Initial)

Mailing Address 1600 SW Archer Rd
Box 100284, Rm M1-20

City Gainesville State FL Zip Code 32610-3003

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 ▼
495.03

Date of Receipt
12 / 10 / 2010
Transaction ID : 447B8092ACD2BAC97361

Amount of Each Receipt this Period
10.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Marc Peden
Full Name (Last, First, Middle Initial)

Mailing Address 1600 SW Archer Rd
Box 100284, Rm M1-20

City Gainesville State FL Zip Code 32610-3003

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 ▼
495.03

Date of Receipt
12 / 14 / 2010
Transaction ID : 4B7884098D6D37E70F1D

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 330 1st Capitol Dr
Ste 330

City Saint Charles State MO Zip Code 63301-2847

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 ▼
274.00

Date of Receipt
12 / 20 / 2010
Transaction ID : 32920EF8869EB1F6CE3

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional).....▶	250.67
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 62 OF 93
	<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. Julie Perry
Full Name (Last, First, Middle Initial)

Mailing Address 999 Adams St
Ste 200

City Saint Helena State CA Zip Code 94574-1171

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 ▼
416.65

Date of Receipt
12 / 03 / 2010

Transaction ID : 4238A20D81DAE7E8D92B

Amount of Each Receipt this Period
83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Robert William Poulin
Full Name (Last, First, Middle Initial)

Mailing Address 5333 Hollister Ave
Ste 123

City Santa Barbara State CA Zip Code 93111-3315

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 ▼
250.02

Date of Receipt
11 / 29 / 2010

Transaction ID : 45718DECA10313F6219C

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 5333 Hollister Ave
Ste 123

City Santa Barbara State CA Zip Code 93111-3315

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 ▼
250.02

Date of Receipt
12 / 29 / 2010

Transaction ID : 4E8D9171481779F94E18

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	166.67
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 63 OF 93
	<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. Tedd Puckett
Full Name (Last, First, Middle Initial)

Mailing Address 1209 Valley View St

City Radford State VA Zip Code 24141-3831

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 **11 / 23 / 2010**

Transaction ID : 4847B8B966E933FA36A

Amount of Each Receipt this Period **365.00**

B. Vadrevu Raju
Full Name (Last, First, Middle Initial)

Mailing Address 3140 Collins Ferry Rd

City Morgantown State WV Zip Code 26505-3352

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 11 / 2010**

Transaction ID : 496884750399A66AB98C

Amount of Each Receipt this Period **25.00**

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Peter Rapoza
Full Name (Last, First, Middle Initial)

Mailing Address 50 Staniford St Ste 600

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 ▼ **500.00**

Date of Receipt **12 / 30 / 2010**

Transaction ID : 6849E61D-C483-49C4-

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....▶	890.00
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 64 OF 93
	<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)

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

Mailing Address 11800 Rock Landing Dr

City Newport News State VA Zip Code 23606-4206

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2010

Transaction ID : 4D53AEB0E6E494FC648C

Amount of Each Receipt this Period
 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial)
B. Alan Rehmar

Mailing Address 262 Neil Ave Ste 220

City Columbus State OH Zip Code 43215-7310

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2010

Transaction ID : 4BEA9E2F2083B038C659

Amount of Each Receipt this Period
 30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 207 S Santa Anita Ave Ste P25

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3804.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 26 / 2010

Transaction ID : 4AFC90DF10503D4C5179

Amount of Each Receipt this Period
 317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	447.41
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 65 OF 93
	<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. David Richardson
Full Name (Last, First, Middle Initial)

Mailing Address 207 S Santa Anita Ave
Ste P25

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3804.00

Date of Receipt
12 / 26 / 2010
Transaction ID : 4817B16D4E36429E21E2

Amount of Each Receipt this Period
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. H. Miller Richert
Full Name (Last, First, Middle Initial)

Mailing Address 1750 Pine St

City Abilene State TX Zip Code 79601-3044

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
12 / 13 / 2010
Transaction ID : 7ED537B1D75B4D10F4B

Amount of Each Receipt this Period
500.00

C. Jesse Rigsby
Full Name (Last, First, Middle Initial)

Mailing Address 834 N Seminary St
Ste 103

City Galesburg State IL Zip Code 61401-2897

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 ▼
375.03

Date of Receipt
12 / 03 / 2010
Transaction ID : 429D8F8DFBCEDF68150B

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	858.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 93
	<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. David Ringel
Full Name (Last, First, Middle Initial)

Mailing Address 101A Kings Way W

City Sewell State NJ Zip Code 08080-2233

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 ▼ **243.36**

Date of Receipt **11 / 23 / 2010**

Transaction ID : 42C089654402963FF57B

Amount of Each Receipt this Period **30.42**

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Muriel Rosa-DelGado
Full Name (Last, First, Middle Initial)

Mailing Address Parkville Terrace
113 Alamo Drive

City Guaynabo State PR Zip Code 00969

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 ▼ **208.35**

Date of Receipt **12 / 27 / 2010**

Transaction ID : 442288096671F8C1D5F5

Amount of Each Receipt this Period **41.67**

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 4100 Long Beach Blvd
Ste 108

City Long Beach State CA Zip Code 90807-2696

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 09 / 2010**

Transaction ID : 47CB9BFAC9D207A74F3B

Amount of Each Receipt this Period **25.00**

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	97.09
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 67 OF 93
	<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. Brian Paul Roth
Full Name (Last, First, Middle Initial)

Mailing Address 1022 W Ivy Ave

City Moses Lake State WA Zip Code 98837-4107

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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 13 / 2010

Transaction ID : 48C89E6DF6D278D8743

Amount of Each Receipt this Period
 500.00

B. Stanley Rous
Full Name (Last, First, Middle Initial)

Mailing Address 7800 W Oakland Park Blvd Building C, Suite 206

City Sunrise State FL Zip Code 33351-6741

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 ▼ 273.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2010

Transaction ID : 483F8C1F67B264862B7E

Amount of Each Receipt this Period
 30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Gary Rubin
Full Name (Last, First, Middle Initial)

Mailing Address 7001 W Archer Ave

City Chicago State IL Zip Code 60638-2201

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 ▼ 274.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2010

Transaction ID : 4CB673E2BA3C7DD3989

Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	729.41
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 68 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Paul Ryan Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1420 Tara Hills Dr
 Ste D
 City Pinole State CA Zip Code 94564-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 12 / 13 / 2010
Transaction ID : C748ADEC17B719D7CB0
 Amount of Each Receipt this Period
 300.00

B. Carolyn Sakauye
 Full Name (Last, First, Middle Initial)
 Mailing Address 1360 E Herndon Ave
 Eye Medical Clinic of Fresno Inc,
 City Fresno State CA Zip Code 93720-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 12 / 02 / 2010
Transaction ID : 7564992B3F59D986115
 Amount of Each Receipt this Period
 199.00
 Refunded 1.5.11

C. Carolyn Sakauye
 Full Name (Last, First, Middle Initial)
 Mailing Address 1360 E Herndon Ave
 Eye Medical Clinic of Fresno Inc,
 City Fresno State CA Zip Code 93720-3326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt
 12 / 02 / 2010
Transaction ID : 12EE20AE69EFB119422
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	698.00
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 69 OF 93
	<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. Steven Samuelson
Full Name (Last, First, Middle Initial)
Mailing Address 2827 N Clarkson St
City Fremont State NE Zip Code 68025-7714
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 12 / 22 / 2010
Transaction ID : 4FB185BDDBA15B0BBB
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. John Saunders
Full Name (Last, First, Middle Initial)
Mailing Address 7711 Louis Pasteur Dr Ste 603
City San Antonio State TX Zip Code 78229-3421
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 12 / 11 / 2010
Transaction ID : 4EDDB679BD7114272D4A
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. A. William Schubert
Full Name (Last, First, Middle Initial)
Mailing Address 1605 Reynolds Dr
City Charleston State IL Zip Code 61920-3152
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt 12 / 17 / 2010
Transaction ID : 4736AE1915C3982CB73E
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... **91.67**
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 70 OF 93
	<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. Bruce Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 707 N Michigan St
Ste 210

City South Bend State IN Zip Code 46601-1069

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
12 / 20 / 2010
Transaction ID : 067E47008BA2605B7BB

Amount of Each Receipt this Period
365.00

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

Mailing Address 999 E Basse Rd
Ste 127

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 ▼
633.36

Date of Receipt
12 / 22 / 2010
Transaction ID : 4EE2996349153F1304B3

Amount of Each Receipt this Period
83.34

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Scott So
Full Name (Last, First, Middle Initial)

Mailing Address 2100 Webster St
Ste 214

City San Francisco State CA Zip Code 94115-2375

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 19 / 2010
Transaction ID : 4BDE9B119BC9A91BDB86

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 548.34

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 71 OF 93
	(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"/> 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. Alfred Solish
Full Name (Last, First, Middle Initial)

Mailing Address 630 S Raymond Ave
Unit 230

City Pasadena State CA Zip Code 91105-3283

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 11 / 2010
Transaction ID : 4550AC2135F4F1BF9793

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Rand Spencer
Full Name (Last, First, Middle Initial)

Mailing Address 3612 Overbrook Dr

City Dallas State TX Zip Code 75205-4327

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 ▼
730.00

Date of Receipt
11 / 30 / 2010
Transaction ID : 93322BC81DCA98A37CC

Amount of Each Receipt this Period
365.00

C. Gerald Spindel
Full Name (Last, First, Middle Initial)

Mailing Address 6 Tsienneto Rd
Ste 101

City Derry State NH Zip Code 03038-1584

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 ▼
375.03

Date of Receipt
11 / 24 / 2010
Transaction ID : 408F8285E0FF7C2EBC3D

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 431.67

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 72 OF 93
	<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	<input type="checkbox"/> 17

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

A. Gerald Spindel
Full Name (Last, First, Middle Initial)

Mailing Address 6 Tsienneto Rd
Ste 101

City Derry State NH Zip Code 03038-1584

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 ▼ **375.03**

Date of Receipt
12 / 24 / 2010
Transaction ID : **4832852ACC0829216737**

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Merrill Stass-Isern
Full Name (Last, First, Middle Initial)

Mailing Address 10511 Mission Rd
Unit 209A

City Leawood State KS Zip Code 66206-2702

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
12 / 22 / 2010
Transaction ID : **3E55CD11-5BE2-495E-**

Amount of Each Receipt this Period
365.00

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

Mailing Address 69 S Moger Ave

City Mount Kisco State NY Zip Code 10549-2217

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt
12 / 13 / 2010
Transaction ID : **4A9C8EA1A65A8B34DFA0**

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... **456.67**

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 73 OF 93
	(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"/> 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. Mitchell Brian Stein
Full Name (Last, First, Middle Initial)

Mailing Address 69 S Moger Ave

City Mount Kisco State NY Zip Code 10549-2217

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2010
Transaction ID : 5DEF8A35C2D121CCF57

Amount of Each Receipt this Period
 500.00

B. Paul Sternberg
Full Name (Last, First, Middle Initial)

Mailing Address 2311 Pierce Ave

City Nashville State TN Zip Code 37232-0025

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2010
Transaction ID : 0A02E026-7E98-4015-

Amount of Each Receipt this Period
 500.00

C. Wells Stewart
Full Name (Last, First, Middle Initial)

Mailing Address 177 Parkwood Dr

City Elkin State NC Zip Code 28621-2429

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 ▼ 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 29 / 2010
Transaction ID : 4288B40E204A707AD104

Amount of Each Receipt this Period
 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)..... ▶ 1041.67

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 74 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Wells Stewart
 Full Name (Last, First, Middle Initial)
 Mailing Address 177 Parkwood Dr
 City Elkin State NC Zip Code 28621-2429
 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 **375.03**

Date of Receipt **12 / 29 / 2010**
Transaction ID : 417CA9E939646C36711A
 Amount of Each Receipt this Period **41.67**
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Jonathan Stock
 Full Name (Last, First, Middle Initial)
 Mailing Address 703 14th St
 City Baraboo State WI Zip Code 53913-1538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **12 / 16 / 2010**
Transaction ID : 958A9E4D89CF865D666
 Amount of Each Receipt this Period **500.00**

C. Donald Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 748 Tuscany Way
 City Edmond State OK Zip Code 73034-6786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 02 / 2010**
Transaction ID : 44CEB436C8A86BF8E3
 Amount of Each Receipt this Period **50.00**
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	591.67
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 75 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Richard Storm
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 E Park Ave
 City Long Beach State NY Zip Code 11561-3600
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2010
Transaction ID : 4FE1B872AA63C394D332
 Amount of Each Receipt this Period
 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Theodore Stransky
 Full Name (Last, First, Middle Initial)
 Mailing Address 350 W Columbia St Ste 250
 City Evansville State IN Zip Code 47710-1782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2010
Transaction ID : 7A64967323E88B62B78
 Amount of Each Receipt this Period
 187.50

C. Stephanie Sugin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 W Main St Ste 100
 City Waterbury State CT Zip Code 06708-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 10 / 2010
Transaction ID : 41189EE7E411A1C7D4DD
 Amount of Each Receipt this Period
 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....	237.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 93
	<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. Steven Swedberg
Full Name (Last, First, Middle Initial)

Mailing Address 21827 76th Ave W
Ste 102

City Edmonds State WA Zip Code 98026-7981

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 ▼
500.04

Date of Receipt
12 / 10 / 2010
Transaction ID : 4756AADD30D9ABBDDAB

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Gary Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 10 Jacobs Ln

City Newport News State VA Zip Code 23606-2815

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 ▼
1100.00

Date of Receipt
11 / 29 / 2010
Transaction ID : 45E9A1818029ECC1D4AD

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Gary Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 10 Jacobs Ln

City Newport News State VA Zip Code 23606-2815

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 ▼
1100.00

Date of Receipt
12 / 29 / 2010
Transaction ID : 43A28B6968107A951B43

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	183.34
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 77 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Randall Tozer

Mailing Address 9811 N 95th St
Ste 101

City Scottsdale State AZ Zip Code 85258-4527

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 ▼
1021.69

Date of Receipt
12 / 03 / 2010
Transaction ID : 4726AE135CF419E643F6

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 3190 Churn Creek Rd

City Redding State CA Zip Code 96002-2122

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 ▼
2500.00

Date of Receipt
11 / 23 / 2010
Transaction ID : DC57910F9B412F6410A

Amount of Each Receipt this Period
2500.00

Full Name (Last, First, Middle Initial)
C. Gregory Trubowitsch

Mailing Address 741 Los Miradores Dr

City El Paso State TX Zip Code 79912-3451

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 ▼
5400.00

Date of Receipt
12 / 16 / 2010
Transaction ID : FBC4912197BC5E8AB35

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....▶	5041.67
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 78 OF 93
	<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. James Vander
Full Name (Last, First, Middle Initial)

Mailing Address 910 E Willow Grove Ave

City Wyndmoor State PA Zip Code 19038-7910

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
12 / 08 / 2010
Transaction ID : E793E4421D8ECDB137A

Amount of Each Receipt this Period
1000.00

B. M. Teresa Vives
Full Name (Last, First, Middle Initial)

Mailing Address 200 Henry Clay Ave

City New Orleans State LA Zip Code 70118-5720

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 ▼
1500.00

Date of Receipt
11 / 30 / 2010
Transaction ID : 9AD28EE6233C4AACF2D

Amount of Each Receipt this Period
500.00

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

Mailing Address 2020 Philadelphia St
Wolfe Clinic

City Ames State IA Zip Code 50010-8772

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
12 / 02 / 2010
Transaction ID : 669FF3F762DB1D7D261

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Thomas Peter Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Old Stone Xing
 City West Hartford State CT Zip Code 06117-1859
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 14 / 2010
Transaction ID : 4B3AB41941105550F5F9
 Amount of Each Receipt this Period 50.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Floyd Warren
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 1st Ave Ste 3-B
 City New York State NY Zip Code 10016-6402
 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 ▼ 273.69

Date of Receipt 12 / 14 / 2010
Transaction ID : 4548906D66A6C524261C
 Amount of Each Receipt this Period 30.41
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Kenneth Weaver
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 Harrodsburg Rd Ste 110
 City Lexington State KY Zip Code 40504-3601
 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 12 / 10 / 2010
Transaction ID : E6EE648A4BA51312B9D
 Amount of Each Receipt this Period 165.00

SUBTOTAL of Receipts This Page (optional).....▶	245.41
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 80 OF 93
	<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)

Full Name (Last, First, Middle Initial)
A. Aaron Weingeist

Mailing Address 3934 S Americus St

City Seattle State WA Zip Code 98118-1640

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
12 / 05 / 2010

Transaction ID : 4BA7B79FB22C558A21D3

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial)
B. Barry Welch

Mailing Address 424 Yellowstone Ave Ste 110

City Cody State WY Zip Code 82414-9309

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 ▼ **750.06**

Date of Receipt
11 / 29 / 2010

Transaction ID : 4E5A943736B38F198BF2

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial)
C. Barry Welch

Mailing Address 424 Yellowstone Ave Ste 110

City Cody State WY Zip Code 82414-9309

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 ▼ **750.06**

Date of Receipt
12 / 29 / 2010

Transaction ID : 4F12805396C7B7842AA0

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	216.68
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 81 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Robert Welch
 Full Name (Last, First, Middle Initial)
 Mailing Address 526 Shoup Ave W
 Ste H
 City Twin Falls State ID Zip Code 83301-5050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2010
Transaction ID : A84BEE01-048A-4F50-
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. Charles Wesley
 Full Name (Last, First, Middle Initial)
 Mailing Address 18051 River Ave
 Ste 101
 City Noblesville State IN Zip Code 46062-7093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2010
Transaction ID : 923CF75BAEB151A5AD9
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

C. Amy Wexler
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 S Lenola Rd
 Ste 11
 City Moorestown State NJ Zip Code 08057-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2010
Transaction ID : 409E9D6AC5C2218A2D32
 Amount of Each Receipt this Period
 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
 Aggregate Year-to-Date ▼
 1165.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 755.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 93
	(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"/> 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. Paul Wiesner
Full Name (Last, First, Middle Initial)

Mailing Address 1800 E Pavilion Pl
Unit B

City Montrose State CO Zip Code 81401-5499

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 ▼
2500.00

Date of Receipt
12 / 02 / 2010
Transaction ID : 163D8FC411E721E9F33

Amount of Each Receipt this Period
1000.00

B. Juliann Williams
Full Name (Last, First, Middle Initial)

Mailing Address 12100 SE Stevens Ct
Ste 106

City Portland State OR Zip Code 97086-4707

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
12 / 25 / 2010
Transaction ID : 3E89D485-4B3A-4963-

Amount of Each Receipt this Period
250.00

C. Arthur Willis
Full Name (Last, First, Middle Initial)

Mailing Address 2727 Gramercy St
Ste 200

City Houston State TX Zip Code 77025-1716

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 02 / 2010
Transaction ID : CC7F0C83C6F7723AC99

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. Richard Witlin
 Full Name (Last, First, Middle Initial)
 Mailing Address 557 Cranbury Rd
 Ste 15
 City East Brunswick State NJ Zip Code 08816-5419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2010
Transaction ID : 0F4E291B771C6861D9D
 Amount of Each Receipt this Period
 365.00

B. Brian Wnorowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 Lakehurst Rd
 Ste 206
 City Toms River State NJ Zip Code 08755-8063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2010
Transaction ID : 4F4589AE-675E-4E4D-
 Amount of Each Receipt this Period
 500.00

C. Mark Wolken
 Full Name (Last, First, Middle Initial)
 Mailing Address 1655 E Greenville St
 City Anderson State SC Zip Code 29621-2062
 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 ▼ 398.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2010
Transaction ID : 450DF476-464B-4E6C-
 Amount of Each Receipt this Period
 199.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 93
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mark Wolken		Date of Receipt 12 / 17 / 2010 Transaction ID : 97BEAE56-CF3D-4637-
Mailing Address 1655 E Greenville St		Amount of Each Receipt this Period 199.00
City Anderson	State SC	Zip Code 29621-2062
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 ▼ 398.00	

Full Name (Last, First, Middle Initial) B. Carol Ziel		Date of Receipt 12 / 20 / 2010 Transaction ID : 4FDFAEFAED2E0D63852F
Mailing Address 2025 Frontis Plaza Blvd Ste 100		Amount of Each Receipt this Period 41.67
City Winston Salem	State NC	Zip Code 27103-5663
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 ▼ 783.36	

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

Full Name (Last, First, Middle Initial) C. Harry Zink		Date of Receipt 12 / 01 / 2010 Transaction ID : 40479FC9292B3B7E307D
Mailing Address 3519 Friendsville Rd		Amount of Each Receipt this Period 83.33
City Wooster	State OH	Zip Code 44691-1241
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 ▼ 1166.97	

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional).....▶	324.00
TOTAL This Period (last page this line number only).....▶	51004.41

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

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

FOR LINE NUMBER: PAGE 85 OF 93
(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. Leonard Feiss
 Full Name (Last, First, Middle Initial)
 Mailing Address Bp 70142
 City State Zip Code
 Beaune Cedex 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 275.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2010
Transaction ID : 42C4B1E09F6A70541292
 Amount of Each Receipt this Period
 25.00
 Pac Admin

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	25.00
TOTAL This Period (last page this line number only).....▶	25.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. AAO

Mailing Address 655 Beach St.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement
AAO Dues deposit error

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V28587-0861169695854

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AAO

Mailing Address 655 Beach St.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement
Transfer Admin funds to AAO

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V33717-5008508563041

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. AAO

Mailing Address 655 Beach St.

City San Francisco State CA Zip Code 94109

Purpose of Disbursement
Transfer Admin/Baltz funds to AAO

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V00740-5156213641166

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)

Full Name (Last, First, Middle Initial)

A. SNR Denton US LLP

Mailing Address Dept 7247-6670

City Philadelphia State PA Zip Code 19170-6670

Purpose of Disbursement
Legal Services Invoice 1263004

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V04954-6955835223198

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Nov 2010

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 60D3A4455C5C4CF98BA

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Nov 2010

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : E63B398D5011316C250

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Dec 2010

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2010

Transaction ID : 3BE09CF37FE6F59DB21

Amount of Each Disbursement this Period

783.93

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Dec 2010

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2010

Transaction ID : 48B2CE7FA5F919AD0D9

Amount of Each Disbursement this Period

359.58

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1143.51

12845.86

**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)

Full Name (Last, First, Middle Initial)

A. Austin Scott for Congress Inc

Mailing Address PO Box 2530

City Tifton State GA Zip Code 31793

Purpose of Disbursement
2012 Primary

011

Candidate Name

James Austin Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2010			

Transaction ID : 28587-4824182391166

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bass Victory Committee

Mailing Address PO Box 3451

City Concord State NH Zip Code 03302

Purpose of Disbursement
Contribution

011

Candidate Name

Charles F. Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2010			

Transaction ID : 22756-4383966326713

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution 2010 GENERAL

011

Candidate Name

Dave Camp

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			2010			

Transaction ID : 48809-72810000181198

Amount of Each Disbursement this Period

-4000.00

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

6000.00

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

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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)

Full Name (Last, First, Middle Initial)

A. Donna Christensen Campaign

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

Purpose of Disbursement
2010 Primary Contribution

011

Candidate Name

Donna Marie Christian-Christensen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			06			20	10		

Transaction ID : 48809-52668398618698

Amount of Each Disbursement this Period

-	2	0	0	0	0	.	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends of Dave Reichert

Mailing Address PO Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement
2010 General / Debt Retirement

011

Candidate Name

David G. Reichert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			20	10		

Transaction ID : 28587-4508478045463

Amount of Each Disbursement this Period

1	0	0	0	0	0	.	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution 2010 General / Debt Retirement

011

Candidate Name

Joseph Heck Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			20	10		

Transaction ID : 28587-0038873553276

Amount of Each Disbursement this Period

5	0	0	0	0	0	.	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	0	0	0	0	0	.	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	0	0	0	0	0	.	0	0	0
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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)

Full Name (Last, First, Middle Initial)

A. Friends of Scott Desjarlais

Mailing Address PO Box 90133

City Nashville State TN Zip Code 37209

Purpose of Disbursement
2010 General / Debt Retirement

011

Candidate Name
Scott Eugene DesJarlais

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: TN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2010			

Transaction ID : 28587-026271998822

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Marco Rubio for Us Senate

Mailing Address PO Box 140420

City Miami State FL Zip Code 33114

Purpose of Disbursement
Contribution 2010 General / Debt Retirement

011

Candidate Name
Marco Antonio Rubio

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2010			

Transaction ID : 28587-1258355975151

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pat Meehan for Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution 2010 General / Debt Retirement

011

Candidate Name
Patrick L. Meehan

Category/
Type

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: PA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			29			2010			

Transaction ID : 28587-4584466814994

Amount of Each Disbursement this Period

2500.00

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

12500.00

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

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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"/> 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)

Full Name (Last, First, Middle Initial)

A. Paul Gosar for Congress

Mailing Address PO Box 3586

City Flagstaff State AZ Zip Code 86003

Purpose of Disbursement
2010 General - Debt Retirement

011

Candidate Name

Paul R. Gosar

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	29	/	2010

Transaction ID : 28587-9273950457573

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Scott Rigell for Congress

Mailing Address 915 First Colonial Road
Suite 100

City Virginia Beach State VA Zip Code 23454

Purpose of Disbursement
2010 General / Debt Retirement

011

Candidate Name

Edward Scott Rigell

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	29	/	2010

Transaction ID : 28587-2173730731010

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Searchlight Leadership Fund

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2010 General - Debt Retirement

011

Candidate Name

Searchlight Leadership Fund

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼ Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	29	/	2010

Transaction ID : 28587-9653283953666

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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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)

Full Name (Last, First, Middle Initial)

A. Thoroughbred PAC

Mailing Address PO Box 65116

City Washington State DC Zip Code 20035

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Thoroughbred PAC

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 08 / 2010

Transaction ID : 99524-2805597186088

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

33500.00