

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Rausch
Signature of Treasurer Electronically Filed by Steven Rausch Date 06 16 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Our 3/19/10 contribution to Chet Edwards has been redesignated in this report. Due to our third-party software limitations, we were unable to follow the redesignation example on Page 62 of the Campaign Guide. Instead, we entered one MEMO entry and included the date of the original disbursement.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		774216.66
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	954381.59									
(c) Total Receipts (from Line 19)	56365.96	427133.95								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1010747.55	1201350.61								
7. Total Disbursements (from Line 31)	48362.08	238965.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	962385.47	962385.47								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	40240.33	341780.28
(ii) Unitemized	10959.72	78279.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51200.05	420060.13
(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)	51200.05	420060.13
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	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	165.91	2073.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56365.96	427133.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56365.96	427133.95

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3639.74	9379.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3639.74	9379.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	226000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2222.34	3585.34
(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))	2222.34	3585.34
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	48362.08	238965.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48362.08	238965.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	51200.05	420060.13
34. Total Contribution Refunds (from Line 28(d))	2222.34	3585.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48977.71	416474.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3639.74	9379.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3639.74	9379.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 68
(check only one)

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

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

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

A. Full Name (Last, First, Middle Initial)
Thomas Aaberg, Jr.

Mailing Address 2081 Hunters Run Northeast

City State Zip Code
Ada MI 49301-9559

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 49F5838DA00BFD7E69D6

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

City State Zip Code
San Francisco CA 94143-0001

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 43E4811527A45366EB46

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Omar Almallah

Mailing Address 20 Mule Road

City State Zip Code
Toms River NJ 08755-5028

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 449.00

Date of Receipt MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 4E2BA61CB1DC81B14C8E

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 68
(check only one)

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

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

A.

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

Mailing Address Suite 205
6101 Webb Road

City Tampa State FL Zip Code 33615-2865

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: 89383804E67F497E3EE

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address Eye Physicians of Central Florida,
225 West State Road 434 Suite 111

City Longwood State FL Zip Code 32750

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2010

Transaction ID: 83A4DB1E122DAE88340

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Katherine Baltz

Mailing Address 5 Saint Vincent Circle

City Little Rock State AR Zip Code 72205-5415

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 1F697C24-3335-413B-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 68

(check only one)

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

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

A.

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

Mailing Address Suite 202
160 Heritage Way

City State Zip Code
Kalispell MT 59901-3127

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 20 / 2010

Transaction ID: 43329848D9AE42FD735A

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2821 Northup Way
Suite 200

City State Zip Code
Bellevue WA 98004-1496

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 10 / 2010

Transaction ID: 450D9F73256B922F8108

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 101 Mark Drive
PO Box 1077

City State Zip Code
Edenton NC 27932-1778

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt 05 / 11 / 2010

Transaction ID: 4B028A57D17D10A827BD

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) 125.00

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 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Christopher Blodi		Date of Receipt MM / DD / YYYY 05 / 27 / 2010		
	Mailing Address Suite 133 1501 50th Street		Transaction ID: 5407DBA6B0E337E882E		
	City West Des Moines	State IA	Zip Code 50266-5920	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Louis Blumenfeld		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address Suite 111 225 W State Road 434		Transaction ID: CA63FF8639B9800B091		
	City Longwood	State FL	Zip Code 32750-4980	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Steven Bodine		Date of Receipt MM / DD / YYYY 05 / 09 / 2010		
	Mailing Address Retina Consultations 915 Palmer Road		Transaction ID: 4E8E9ACBC6201F184658		
	City Bronxville	State NY	Zip Code 10708	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	780.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Rodger Bodoia

Mailing Address 215 Lilly Road Northeast

City Olympia State WA Zip Code 98506-5030

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

Name of Employer Self Occupation Ophthalmologist

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

Date of Receipt

MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 7D0D0F5414081E97E46

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Alan Brackup

Mailing Address #120
1203 Langhorne Newtown

City Langhorne State PA Zip Code 19047-1211

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY
05 / 27 / 2010

Transaction ID: 966EC17D2AD9A22EB93

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Jaime Bravo

Mailing Address 165 Calle Reina Isabel
La Villa De Torrimar

City Guaynabo State Se Zip Code 00969-3284

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

Name of Employer Self Occupation Ophthalmologist

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

Date of Receipt

MM / DD / YYYY
05 / 03 / 2010

Transaction ID: E630E395586127014E1

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 68
(check only one)

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

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

A.

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

Mailing Address Room 410
1800 Sullivan Avenue

City State Zip Code
Daly City CA 94015-2224

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2010

Transaction ID: 44EA8BDB6D17304EFAA0

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
John Bullock, Jr.

Mailing Address 400 Westhampton Station

City State Zip Code
Richmond VA 23226-3330

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: 4F108D51A1BAF3618012

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Frank Burns

Mailing Address Suite 15
5135 Dixie Highway

City State Zip Code
Louisville KY 40216-1771

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: 6B886349E9FA3CFB12F

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Carlos Buznego		Date of Receipt MM / DD / YYYY 05 / 05 / 2010		
	Mailing Address Suite 400E 8940 N Kendall Drive		Transaction ID: 0816112736E3AD40609		
	City Miami	State FL	Zip Code 33176-2175	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Craig Cassidy		Date of Receipt MM / DD / YYYY 05 / 10 / 2010		
	Mailing Address Valley Eye Specialists 160 W University Drive #1		Transaction ID: 4EC9AE4F248F86C9B8BA		
	City Mesa	State AZ	Zip Code 85201	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) David Chang		Date of Receipt MM / DD / YYYY 05 / 11 / 2010		
	Mailing Address Suite 1 762 Altos Oaks Drive		Transaction ID: DEA1BED47B8E0EE73DB		
	City Los Altos	State CA	Zip Code 94024-5435	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	1406.67
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 14 / 68
(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) Donald Cinotti Mailing Address 600 Pavonia Avenue 6th Floor 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 1 0 Transaction ID: 4C088C7802817363DB7C Amount of Each Receipt this Period 100.00 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
B.	Full Name (Last, First, Middle Initial) S. William Clark Mailing Address 502 Isabella Street 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2083.30	Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 0 Transaction ID: 4AEF8F5DCC38CCBB5CBC Amount of Each Receipt this Period 416.66 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
C.	Full Name (Last, First, Middle Initial) Sander M. Zeskin Cohen Mailing Address Suite 11 509 S Lenola Road 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 0 Transaction ID: 4DC68C5020C2FAF5C2C9 Amount of Each Receipt this Period 100.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	616.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Russell Crain

Mailing Address Suite B
11011 Hefner Pointe Drive

City State Zip Code
Oklahoma City OK 73120-5005

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 460EAEFDB7EFFDA96FC6

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 8401 Golden Valley Road #330

City State Zip Code
Golden Valley MN 55427-4488

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: B91D166335ABF9DEC2F

Amount of Each Receipt this Period
500.00

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

Mailing Address 8401 Golden Valley Road #330

City State Zip Code
Golden Valley MN 55427-4488

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2010

Transaction ID: 42C099DBFB85AF141368

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 1230 Centre West Drive

City Springfield State IL Zip Code 62704-2173

FEC 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 05 / 11 / 2010

Transaction ID: 9ABC997C6535E4CF325

Amount of Each Receipt this Period 2500.00

B.

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

Mailing Address Austin Retina Assoc
801 W 38th Street

City Austin State TX Zip Code 78705

FEC 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 05 / 05 / 2010

Transaction ID: 442FA3E3C109422C462F

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 985 Matlock Road

City Bowling Green State KY Zip Code 42104-7408

FEC 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 05 / 10 / 2010

Transaction ID: 4EF883B4FE5EC17A534A

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 2600.00

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 17 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Linda Dressler		Date of Receipt MM / DD / YYYY 05 / 07 / 2010		
	Mailing Address Suite 10 3930 Pender Drive		Transaction ID: FCBB1E2D363F456157D		
	City Fairfax	State VA	Zip Code 22030-0986	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Shehab Ebrahim		Date of Receipt MM / DD / YYYY 05 / 17 / 2010		
	Mailing Address 4717 Woodland Avenue		Transaction ID: 45DA89A5FA2CCC7DBFD2		
	City Metairie	State LA	Zip Code 70002-1361	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) John Thomas Edmonds		Date of Receipt MM / DD / YYYY 05 / 11 / 2010		
	Mailing Address Suite 101 3235 Academy Avenue		Transaction ID: 4A36938F064B69C7E4B0		
	City Portsmouth	State VA	Zip Code 23703-3200	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.00			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	515.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 68
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
C. Byron Faulkner

Mailing Address 4804 S Bellhurst Avenue

City Springfield State MO Zip Code 65804-7594

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 20 / 2010
Transaction ID: E8B24BAC016C9A4C983
Amount of Each Receipt this Period 365.00

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

Mailing Address 117 Abbotsford Drive

City Nashville State TN Zip Code 37215-2439

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010
Transaction ID: 51F5273B432C16104C2
Amount of Each Receipt this Period 500.00

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

Mailing Address PO Box 429

City Farmington State MO Zip Code 63640-0429

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2010
Transaction ID: 8AD2C069EAFEBDB877D
Amount of Each Receipt this Period 1000.00

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 19 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Gerald Ford		Date of Receipt MM / DD / YYYY 05 / 03 / 2010		
	Mailing Address Suite B 2600 S Rural Road		Transaction ID: 85794C1F420696B5A80		
	City Tempe	State AZ	Zip Code 85282-2448	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) C. Stephen Foster		Date of Receipt MM / DD / YYYY 05 / 03 / 2010		
	Mailing Address Suite 8 5 Cambridge Center		Transaction ID: 166065C0FF69CEB9AEA		
	City Cambridge	State MA	Zip Code 02142-1493	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Mark Fritz		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 212 N Larkin Avenue		Transaction ID: 8426FEBC2061B642E67		
	City Joliet	State IL	Zip Code 60435-6604	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

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 20 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Blake Geren		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 3120 S 57th Street		Transaction ID: F0D26ECAD897A941DC9		
	City Fort Smith	State AR	Zip Code 72903-4720	Amount of Each Receipt this Period 415.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 415.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Robert Gold		Date of Receipt MM / DD / YYYY 05 / 18 / 2010		
	Mailing Address Suite 111 225 W State Road 434		Transaction ID: 0A367306D770729D47B		
	City Longwood	State FL	Zip Code 32750-4980	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) John Douglas Goosey		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 6545 Rutgers		Transaction ID: 49F1BC71D160AE8A3B96		
	City Houston	State TX	Zip Code 77005-3850	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	880.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68
(check only one)

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

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

A.

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

Mailing Address Seton Health Center
711 W North Avenue Suite 206

City Chicago State IL Zip Code 60610

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 4D18B03F57A2306F2CDE

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 1201 N Mesa

City El Paso State TX Zip Code 79902-4517

FEC 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 MM / DD / YYYY
05 / 05 / 2010

Transaction ID: 4E1D849962F63BFC47F3

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Cynthia Hampton

Mailing Address Suite 204
451 Ruin Creek Road

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 ▼ 291.68

Date of Receipt MM / DD / YYYY
05 / 01 / 2010

Transaction ID: 4EE6BC077912D198AE19

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 125.00

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 22 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt MM / DD / YYYY 05 / 03 / 2010
Mailing Address Suite 204 451 Ruin Creek Road		Transaction ID: 41FFAA6F610E8A0FC48D
City Henderson	State NC	Zip Code 27536-5920
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.68	

B.

Full Name (Last, First, Middle Initial) Lawrence E. Hannon		Date of Receipt MM / DD / YYYY 05 / 09 / 2010
Mailing Address Suite 170 3545 S Tamarac Drive		Transaction ID: 45A48A70435DDC97539D
City Denver	State CO	Zip Code 80237-1423
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Richard Hawkins		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
Mailing Address 1729 New Hanover Medical Park Driv		Transaction ID: 4A6E987F4321E057C1E9
City Wilmington	State NC	Zip Code 28403-5345
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 23 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William Haynes		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 8 Medical Park Drive		Transaction ID: D367624D2E61DADD9F4		
	City Asheville	State NC	Zip Code 28803-2493	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Jeffrey Heier		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address Suite 600 50 Staniford Street		Transaction ID: 4475B61C71A9F9B13404		
	City Boston	State MA	Zip Code 02114-2539	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Michael Hodges		Date of Receipt MM / DD / YYYY 05 / 05 / 2010		
	Mailing Address 4322 Stonegarden Lane		Transaction ID: 4EFD9990D0CC05DBA63D		
	City Newburgh	State IN	Zip Code 47630-3701	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial) Jeffrey Hudson		Date of Receipt MM / DD / YYYY 05 / 07 / 2010
Mailing Address 7232 Engle Road		Transaction ID: ED90597035F2ABD6CAA
City Fort Wayne	State IN	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address Suite 600 50 Staniford Street		Transaction ID: 457E82505F5E87310D9E
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 416.66
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 2083.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial) Seaborn Hunt		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address Suite 201 3101 Southwest College Road		Transaction ID: 424C8819BED76CEAA28C
City Ocala	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	1016.66
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 25 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) W. Jackson Iliff	Date of Receipt MM / DD / YYYY 05 / 30 / 2010
	Mailing Address Rear 7 4 W Rolling Crossroads	Transaction ID: 4CF8A10C6979DF991843
	City State Zip Code Catonsville MD 21228-6278	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Randolph Johnston	Date of Receipt MM / DD / YYYY 05 / 31 / 2010
	Mailing Address 1300 E 20th Street	Transaction ID: 4B3C9906DCEFB39C6956
	City State Zip Code Cheyenne WY 82001-4021	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Lawrence Kahn	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 5881 E Sapphire Lane	Transaction ID: 427F817F3570EF097B0D
	City State Zip Code Paradise Valley AZ 85253-2203	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Eric Kanter		Date of Receipt
	Mailing Address 349 E Northfield Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	City	State	Zip Code
	Livingston	NJ	07039-4802
	FEC ID number of contributing federal political committee. C		Transaction ID: 360F7FBF87CEDE7A5BA
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Michael Kass		Date of Receipt
	Mailing Address # 8096 660 S Euclid Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	City	State	Zip Code
	St. Louis	MO	63110-1010
	FEC ID number of contributing federal political committee. C		Transaction ID: 246AF3FB064B1718B70
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Philip Kath		Date of Receipt
	Mailing Address 335 East Parker Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Morganton	NC	28655-5112
	FEC ID number of contributing federal political committee. C		Transaction ID: 5E7C78D894B4743ECE8
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 68
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Mary Frances Kerr

Mailing Address 3600 Colewood Drive

City Nashville State TN Zip Code 37215-3259

FEC 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: 05 / 06 / 2010
Transaction ID: A64E314B3A5530750B7
Amount of Each Receipt this Period 350.00

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

Mailing Address PO Box 134

City Red Wing State MN Zip Code 55066-0134

FEC 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: 05 / 20 / 2010
Transaction ID: 4122A3E7CD5AFB26C37B
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Jon Kintner

Mailing Address 3585 Broadway Street

City North Bend State OR Zip Code 97459-1251

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 12 / 2010
Transaction ID: 06BA317F15B19954D73
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 900.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 68
(check only one)

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

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

A.

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

Mailing Address 21711 Greater Mack Avenue

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

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2010

Transaction ID: 47F9835419D148F6744C

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 741 Broad Street Extension

City State Zip Code
Waterford CT 06385-1347

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 448FB1D69D2FC63E3F54

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 5802 Washington Avenue

City State Zip Code
Racine WI 53406-4050

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 44CF7B3E61157E955C9

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Douglas Kopp		Date of Receipt MM / DD / YYYY 05 / 08 / 2010
Mailing Address 2222 W 24th Street Unit 10		Transaction ID: 422AA4B5413C8E7458D8
City Plainview	State TX	Zip Code 79072-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Michael Korey		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
Mailing Address 3982 North Milwaukee Avenue		Transaction ID: 460FA5793ADBDCEEE975
City Chicago	State IL	Zip Code 60641-2703
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

C.

Full Name (Last, First, Middle Initial) Wayne Larrison		Date of Receipt MM / DD / YYYY 05 / 04 / 2010
Mailing Address Suite 402A 46 Prince Street		Transaction ID: DA1532146F289CB148D
City New Haven	State CT	Zip Code 06519-1600
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Rick Leoni		Date of Receipt
	Mailing Address Suite A 203 Rue Louis Xiv		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 20 / 2010
	City	State	Zip Code
	Lafayette	LA	70508-5736
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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 ▼ <input type="text"/> 615.00	Transaction ID: 4EC78F024C0B332EF1DC Amount of Each Receipt this Period <input type="text"/> 50.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.	Full Name (Last, First, Middle Initial) Andrew Lewis		Date of Receipt
	Mailing Address 102 Dawn Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 14 / 2010
	City	State	Zip Code
	Yorktown	VA	23693-3628
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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 ▼ <input type="text"/> 365.00	Transaction ID: 0C03D9B5-2CD9-4730- Amount of Each Receipt this Period <input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Raymond Liggio		Date of Receipt
	Mailing Address 80 Lindall Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 03 / 2010
	City	State	Zip Code
	Danvers	MA	01923-2135
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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 ▼ <input type="text"/> 500.00	Transaction ID: 7B05A625486F7479FC5 Amount of Each Receipt this Period <input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 915.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Samuel Lo		Date of Receipt MM / DD / YYYY 05 / 07 / 2010		
	Mailing Address Suite 418 1441 Kapiolani Boulevard		Transaction ID: F972DC08697B2427826		
	City Honolulu	State HI	Zip Code 96814-4400	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Eric Paul Lohse		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address 1025 S 6th Street		Transaction ID: 6B9A3A4E37A324C7806		
	City Springfield	State IL	Zip Code 62703-2403	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Solomon C. Luo		Date of Receipt MM / DD / YYYY 05 / 03 / 2010		
	Mailing Address 201 E Laurel Boulevard		Transaction ID: 8F496F74BF79644C074		
	City Pottsville	State PA	Zip Code 17901-2534	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 68
(check only one)

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

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

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

Mailing Address 8635 W 3rd Street Suite 360W

City State Zip Code
Los Angeles CA 90048-6149

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2010

Transaction ID: 455193D12F75F0883556

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Benjamin Martin

Mailing Address 4120 Del Prado Boulevard

City State Zip Code
Cape Coral FL 33904-7165

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: 5AD4A98C621EBAC6DB1

Amount of Each Receipt this Period
365.00

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

Mailing Address 1110 Eagle Ridge Road

City State Zip Code
Cedar Falls IA 50613-1514

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: 4AB7871DEAA3C281EB30

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **515.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Raj Maturi

Mailing Address 200 W 103rd Street #1060

City State Zip Code
Indianapolis IN 46290-1001

FEC 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

M M / D D / Y Y Y Y
0 5 / 2 4 / 2 0 1 0

Transaction ID: B36568E2B32CB0064B9

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)

Thomas Mauger

Mailing Address 456 W 10th Avenue

City State Zip Code
Columbus OH 43210-1240

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: 5CA7A9F513B0E28A756

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Todd Maus

Mailing Address 13772 Denver West Parkway
Building 55, Ste100

City State Zip Code
Lakewood CO 80401-3139

FEC 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
0 5 / 1 4 / 2 0 1 0

Transaction ID: B1B072F5BA08D1364DF

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

3365.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Rodney McCarthy

Mailing Address Suite 170
2865 N Reynolds Road

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 ▼ 250.00

Date of Receipt 05 / 08 / 2010
Transaction ID: 4386ABACA14C14F92127
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address Building C
1 Lake Street

City New Britain State CT Zip Code 06052-1396

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt 05 / 24 / 2010
Transaction ID: 0B973DF1ABBD1915636
Amount of Each Receipt this Period 365.00

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

Mailing Address 9480 Huebner Road
Suite 310

City San Antonio State TX Zip Code 78240-1657

FEC 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 05 / 20 / 2010
Transaction ID: 4AE6B81FE09E70431AAA
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Calvin Mein		Date of Receipt MM / DD / YYYY 05 / 26 / 2010
Mailing Address 9480 Huebner Road Suite 310		Transaction ID: 00F2E7CC7B4896271FC
City San Antonio	State Zip Code TX 78240-1657	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) James Merritt		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address 8230 Walnut Hill Lane Suite 508		Transaction ID: 493790F32669396EAD57
City Dallas	State Zip Code TX 75231-4400	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 415.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial) Mark Michels		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address Suite 350 3399 Pga Boulevard		Transaction ID: 4CAEA5102DF731125FBD
City Palm Beach Gardens	State Zip Code FL 33410-2831	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Aaron Miller		Date of Receipt MM / DD / YYYY 05 / 23 / 2010
Mailing Address Suite 4 13414 Medical Complex Drive		Transaction ID: 4658B81493D0842F0FA7
City Tomball	State TX	Zip Code 77375-3333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Amalia Miranda		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
Mailing Address Building A # 700 3435 Northwest 56th Street		Transaction ID: 42B4B79BF69AF7A84B78
City Oklahoma City	State OK	Zip Code 73112-4448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Kamal Nassif		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address #1155 2300 North Mayfair Road		Transaction ID: 424EA723EA4C9844480D
City Milwaukee	State WI	Zip Code 53226-1553
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	200.00
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 37 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Richard Neahring	Date of Receipt MM / DD / YYYY 05 / 08 / 2010
	Mailing Address 1309 Liberty Street Southeast	Transaction ID: 4619963C867B4EB76214
	City Salem State OR Zip Code 97302-4245	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Eric Nelson	Date of Receipt MM / DD / YYYY 05 / 02 / 2010
	Mailing Address Suite W460 6405 France Avenue S	Transaction ID: 4FB9A7414CDE770C929C
	City Edina State MN Zip Code 55435-2189	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00		

C.	Full Name (Last, First, Middle Initial) Leo Neu, III	Date of Receipt MM / DD / YYYY 05 / 10 / 2010
	Mailing Address 1265 E Primrose Street	Transaction ID: 4F0F991D01990AC9F64E
	City Springfield State MO Zip Code 65804-4278	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Francisco Pabalan

Mailing Address 12980 Frederick Street
Suite G

City State Zip Code
Moreno Valley CA 92553-5263

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 374986D20836BD5B9BB

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 304 Southeast Hospital Avenue

City State Zip Code
Stuart FL 34994-2338

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: 46C080890B783EA23797

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 12690 W North Avenue

City State Zip Code
Brookfield WI 53005-4636

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
324.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 46E5B38C23220F62977C

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 68
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Michael Peterson

Mailing Address 700 W Kent Avenue

City State Zip Code
Missoula MT 59801-6772

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 6CEF392B8186322D1DB

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Bryan Phillips

Mailing Address 3807 Royal Portrush Drive

City State Zip Code
Naperville IL 60564-5916

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 47D09A45FCC6A3481BE6

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Dawn Phillips

Mailing Address 1280 Windham Parkway

City State Zip Code
Romeoville IL 60446-1673

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 4CA7B4F013EB1D360ED2

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Alan Pollack		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 4660 Kenmore Avenue Suite 416		Transaction ID: 4316899E58E515AAB097
	City Alexandria	State VA	Zip Code 22304-1306
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

B.	Full Name (Last, First, Middle Initial) William Quayle		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address Houston Eye Associates 2855 Gramercy		Transaction ID: 646907380E5D5317D21
	City Houston	State TX	Zip Code 77025
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C.	Full Name (Last, First, Middle Initial) Michael Raizman		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address Suite 600 50 Staniford Street		Transaction ID: 9AEB0495B2848A8BF8D
	City Boston	State MA	Zip Code 02114-2539
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Matthew Reed	Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 11800 Rock Landing Drive	Transaction ID: 4AFA889A46AA42598F04
	City State Zip Code Newport News VA 23606-4206	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Susan Jane Relf	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 5007 Matterhorn Drive	Transaction ID: 4F738B56A2DD1536DA59
	City State Zip Code Duluth MN 55811-3812	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) David Richardson	Date of Receipt MM / DD / YYYY 05 / 26 / 2010
	Mailing Address Suite P25 207 S Santa Anita Street	Transaction ID: 43A3B765311CCAEA5FF6
	City State Zip Code San Gabriel CA 91776-1145	Amount of Each Receipt this Period 317.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1585.00	

SUBTOTAL of Receipts This Page (optional)	467.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John Denis Roarty

Mailing Address 3901 Beaubien Street

City State Zip Code
Detroit MI 48201-2119

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 28F118EE7EB4C2B19F2

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 501 E Macarthur Street

City State Zip Code
Shawnee OK 74804-2201

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: C490F39E20233432CE7

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Elizabeth Rocco

Mailing Address Suite 100
400 Saybrook Road

City State Zip Code
Middletown CT 06457-4774

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: F3F382EBADA6A6AE669

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Philip Roholt	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address 5234 Violet Knoll Ave NE	Transaction ID: 1E4F4400-2AB9-4102-
	City State Zip Code Canton OH 44705	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Lawrence Ronning	Date of Receipt MM / DD / YYYY 05 / 12 / 2010
	Mailing Address 6046 Whipple Avenue	Transaction ID: 9C59E6FFC6614E564F3
	City State Zip Code North Canton OH 44720-7616	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Paul Rosenberg	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address Ocusight Eye Care Center 1015 Ridge Road	Transaction ID: 4F75B87FAC05ED998169
	City State Zip Code Webster NY 14580-2907	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	850.00
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 44 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Keith Rundle

Mailing Address 1031 W Chapman Avenue
Suite 203

City Orange State CA Zip Code 92868-2872

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: DC2FC50C3079F2BFA79

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Stephen Schall

Mailing Address 9100 Wilshire Boulevard
Suite 852 West

City Beverly Hills State CA Zip Code 90212

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 39E20A708BB51CE4D74

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Bradley Scharf

Mailing Address 8 Magnolia Drive

City Rye Brook State NY Zip Code 10573-1820

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: E5ADAF273EB19E7E9D3

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1165.00

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 45 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Todd Schneiderman		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address Suite 203 9800 Levin Road Northwest		Transaction ID: 4D04B26BCF5026D26D08
City Silverdale	State WA	Zip Code 98383-7849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Scott So		Date of Receipt MM / DD / YYYY 05 / 19 / 2010
Mailing Address Suite 214 2100 Webster Street		Transaction ID: 472881B20D2BFE652246
City San Francisco	State CA	Zip Code 94115-2375
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) James Sprague		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address 4851 Indian Lane Northwest		Transaction ID: 49CC87D9D5DE2236F6B1
City Washington	State DC	Zip Code 20016-3203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	250.00
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 46 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 69 S Moger Avenue

City State Zip Code
Mount Kisco NY 10549-2217

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2010

Transaction ID: 423C839EB11316C2510E

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Drew Stoken

Mailing Address 338 Alexander Spring Road

City State Zip Code
Carlisle PA 17015-9129

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 416988BE2164B21CFF56

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Donald Stone

Mailing Address 748 Tuscany Way

City State Zip Code
Edmond OK 73034-6786

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: 44479168691FA8ECFD96

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 150.00

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 47 / 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 303 East Park Avenue

City State Zip Code
Long Beach NY 11561-3600

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 40238DE962912583D8B7

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Shigemi Sugiki

Mailing Address 1380 Lusitana Street Suite 714

City State Zip Code
Honolulu HI 96813-2443

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 4D958AC554F8F53D7552

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Stephanie Sugin

Mailing Address 1201 W Main Street Suite 100

City State Zip Code
Waterbury CT 06708-3105

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 4CDD86E170D90B4040DE

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 68
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

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

Mailing Address 10 Jacobs Lane

City State Zip Code
Newport News VA 23606-2815

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 29 / 2010

Transaction ID: 458D9B32831B31F21C61

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 7110 Wyoming Northeast

City State Zip Code
Albuquerque NM 87109-4867

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 4831313897E6A8F9FE2

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Gerard Henderik Van Rens

Mailing Address 1801 Nh Medical Park Drive

City State Zip Code
Wilmington NC 28403-5351

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 67CBBC8C25DC6A38922

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **915.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 68
(check only one)

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

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

A.

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

Mailing Address 910 E Willow Grove Avenue

City Wyndmoor State PA Zip Code 19038-7910

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2010
Transaction ID: 25AA3EE0FF7058DD99D
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Martin Wand

Mailing Address 499 Farmington Avenue

City Farmington State CT Zip Code 06032-1943

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2010
Transaction ID: BAB54A692ED793D3114
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Thomas Peter Ward

Mailing Address 18 Old Stone Crossing

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 ▼ 250.00

Date of Receipt 05 / 14 / 2010
Transaction ID: 40D8BA5BC75965E3F938
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 3934 S Americus Street

City State Zip Code
Seattle WA 98118-1640

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 4B438140CA5A8389FBFC

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 124 Sunset Court

City State Zip Code
West Columbia SC 29169-2429

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Transaction ID: 4255B2D43C97244F6692

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 2450 12th Street Southeast

City State Zip Code
Salem OR 97302-2152

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 1 0

Transaction ID: 4A13B7B4B98F60B30BDC

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **250.00**

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 51 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Amy Wexler

Mailing Address 509 S Lenola Road
Suite 11

City Lenola 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) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 05 / 17 / 2010

Transaction ID: 4D2FBF1B388416AFFED2

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Maynard Wheeler

Mailing Address PO Box 538

City Grantham State NH Zip Code 03753

FEC 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 05 / 05 / 2010

Transaction ID: F5702127-BA65-43E8-

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Joseph Wilhelm

Mailing Address 702 W Lake Lansing Road

City East Lansing State MI Zip Code 48823-8526

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 05 / 2010

Transaction ID: 45A0963CB54512ACCA85

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **440.00**

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 52 / 68
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stephen Wilmarth

Mailing Address 9824 Carlton Ct.

City State Zip Code
Granite Bay CA 94746

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: C4435B24-5076-43DD-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Lyn Yakubov

Mailing Address Eye Care Assoc Inc
10 Dutton Drive

City State Zip Code
Youngstown OH 44502

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
625.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 47AE848A2070DFFBEFAC

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 309 West Quinto Street

City State Zip Code
Santa Barbara CA 93105-5318

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2010

Transaction ID: 299201475DC047E7F44

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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 / 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carol Ziel	Date of Receipt MM / DD / YYYY 05 / 10 / 2010
	Mailing Address Suite 100 2025 Frontis Plaza Boulevard	Transaction ID: 4DD59189187D3A5FF152
	City State Zip Code Winston Salem NC 27103-5663	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 291.67		

B.	Full Name (Last, First, Middle Initial) Carol Ziel	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address Suite 100 2025 Frontis Plaza Boulevard	Transaction ID: 4117918A2C77F4336B69
	City State Zip Code Winston Salem NC 27103-5663	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 291.67		

C.	Full Name (Last, First, Middle Initial) Harry Zink	Date of Receipt MM / DD / YYYY 05 / 01 / 2010
	Mailing Address 3519 Friendsville Rd	Transaction ID: 460E8278D71632C2CEFF
	City State Zip Code Wooster OH 44691-1241	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 583.66		

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	40240.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 68
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd		Date of Receipt
	Mailing Address PO Box 270701		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Hartford	CT	06127
	FEC ID number of contributing federal political committee.		Transaction ID: 21647-81383913755417
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="5000.00"/>	
Refund of Nov09 contribution			
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 55 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address 101 S Marengo Avenue 3rd Floor		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City Pasadena	State CA	Zip Code 91101
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 826D964C6E0D0A598C8
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="140.91"/> CD interest - May 2010	
Aggregate Year-to-Date ▼		<input type="text" value="1033.82"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="140.91"/>
TOTAL This Period (last page this line number only)	<input type="text" value="140.91"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 56 / 68

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

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

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges - May 2010 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 18879B67341B21B3741 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 3105.03 <hr/> Category/Type 001
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement AMEX discount - May 2010 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26BD5F414E5A86A703A Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 534.71 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

3639.74

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

3639.74

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) A Whole Lot of People for Grijalva Congressional Committee Mailing Address PO Box 1242 City Tucson State AZ Zip Code 85702 Purpose of Disbursement 2010 PRIMARY Candidate Name Raul M. Grijalva Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-1352502703666 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Adler for Congress Mailing Address 14 Knightswood Drive City Marlton State NJ Zip Code 08053 Purpose of Disbursement 2010 General Candidate Name John H. Adler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-6003229022026 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Andrews for Senate Mailing Address 215 Fourth Avenue Suite 200 City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement 2010 Primary Contribution Candidate Name Robert E. Andrews Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-28960818052292 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period -1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Berkley for Congress</p> <p>Mailing Address 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Shelley Berkley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-0035364031791</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Blumenauer for Congress</p> <p>Mailing Address 830 NE Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-1843835711479</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Charlie Dent for Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 96916-4069024920463</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 68

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

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

A. Full Name (Last, First, Middle Initial) Chet Edwards for Congress <hr/> Mailing Address PO Box 23273 <hr/> City Waco State TX Zip Code 76702 <hr/> Purpose of Disbursement Resignate 3/19/10 contribution from 2010 Primary to 2010 General Candidate Name Chet Edwards <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 17	Transaction ID: 23813-2114679217338 Date of Disbursement 05 / 17 / 2010
	Amount of Each Disbursement this Period 1000.00
	[MEMO ITEM]
	Category/Type 011
B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Henry A. Waxman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: 87486-5200006365776 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 4000.00
	Category/Type 011
	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Dutch Ruppertsberger for Congress <hr/> Mailing Address 22 West Padonia Road Suite C-141 <hr/> City Timonium State MD Zip Code 21093 <hr/> Purpose of Disbursement 2010 Primary Candidate Name C.A. Dutch Ruppertsberger <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 02	Transaction ID: 87486-3763086199760 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza <hr/> Mailing Address PO Box 2749 <hr/> City Merced State CA Zip Code 95340 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Dennis A. Cardoza <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-6047937273979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends of Erik Paulsen <hr/> Mailing Address PO Box 44369 250 Prairie Center Drive <hr/> City Eden Prairie State MN Zip Code 55344 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Erik Paulsen <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-9541742205619 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) Friends of Glenn Nye <hr/> Mailing Address PO Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Glenn C. Nye <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-0746118426322 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement Void check originally reported on 12/17/09.</p> <p>Candidate Name James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SC District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 55513-17425173521042</p> <p>Date of Disbursement 05 / 19 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Fund for the Majority</p> <p>Mailing Address 1212 S Victory Blvd</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution 2012 Primary</p> <p>Candidate Name Fund for the Majority</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 96916-1479608416557</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Heller for Congress</p> <p>Mailing Address PO Box 750580</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-6751062273979</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-0534021258354</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lamborn for Congress</p> <p>Mailing Address PO Box 64107</p> <p>City Colorado Springs State CO Zip Code 80962</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Douglas L. Lamborn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 96916-2085077166557</p> <p>Date of Disbursement 05 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Lee Terry for Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NE District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-1748315691947</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mary Bono Mack Committee	Transaction ID: 87486-6365014910698	
	Mailing Address PO Box 3370	Date of Disbursement 05 / 07 / 2010	
	City Palm Springs State CA Zip Code 92263	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement 2010 PRIMARY Candidate Name Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Matheson for Congress	Transaction ID: 96916-0386011004447	
	Mailing Address PO Box 521048 Suite A	Date of Disbursement 05 / 06 / 2010	
	City Salt Lake City State UT Zip Code 84152	Amount of Each Disbursement this Period 2500.00	
	Purpose of Disbursement 2010 PRIMARY Candidate Name Jim Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress	Transaction ID: 87486-2515069842338	
	Mailing Address 607 14th Street, NW Suite 800	Date of Disbursement 05 / 07 / 2010	
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement 2010 General Candidate Name Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Stabenow for Us Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Deborah Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-1715356707572 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Texans for Lamar Smith <hr/> Mailing Address PO Box 6155 <hr/> City San Antonio State TX Zip Code 78209 <hr/> Purpose of Disbursement 2010 GENERAL Candidate Name Lamar Smith <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-8451806902885 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Welch for Congress <hr/> Mailing Address PO Box 1682 <hr/> City Burlington State VT Zip Code 05402 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Peter F. Welch <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-2517206072807 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

42500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Craig Cassidy <hr/> Mailing Address Valley Eye Specialists 160 W University Drive #1 <hr/> City Mesa State AZ Zip Code 85201 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21A5739D8635890D1C6 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	010 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:
B. Full Name (Last, First, Middle Initial) Craig Cassidy <hr/> Mailing Address Valley Eye Specialists 160 W University Drive #1 <hr/> City Mesa State AZ Zip Code 85201 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8FB480E17E327174FFA Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	010 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:
C. Full Name (Last, First, Middle Initial) Craig Cassidy <hr/> Mailing Address Valley Eye Specialists 160 W University Drive #1 <hr/> City Mesa State AZ Zip Code 85201 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ED632CF2FA50F20E50C Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 41.67
	010 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

1041.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Craig Cassidy	Transaction ID: 2636334D90A24AF71C9 Date of Disbursement 05 / 12 / 2010
	Mailing Address Valley Eye Specialists 160 W University Drive #1	Amount of Each Disbursement this Period 500.00
	City Mesa	State AZ
	Zip Code 85201	Purpose of Disbursement 010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Craig Cassidy	Transaction ID: ADFC115F6013486590B Date of Disbursement 05 / 12 / 2010
	Mailing Address Valley Eye Specialists 160 W University Drive #1	Amount of Each Disbursement this Period 41.67
	City Mesa	State AZ
	Zip Code 85201	Purpose of Disbursement 010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) David Glasser	Transaction ID: BA48084B182D07E0274 Date of Disbursement 05 / 03 / 2010
	Mailing Address Suite 101 6350 Stevens Forest Road	Amount of Each Disbursement this Period 365.00
	City Columbia	State MD
	Zip Code 21046-3240	Purpose of Disbursement 010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

906.67

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Margolis

Mailing Address 1500 Tilton Road

City Northfield State NJ Zip Code 08225-1827

Purpose of Disbursement
duplicate

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: A3B58F05BE994ACE86C

Date of Disbursement

05 / 11 / 2010

Amount of Each Disbursement this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Ronald Lee Morton

Mailing Address 1001 Tower Way Suite 150

City Bakersfield State CA Zip Code 93309-1586

Purpose of Disbursement
s/b SSF

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: C59C8988B44C5CF87F4

Date of Disbursement

05 / 11 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

274.00

TOTAL This Period (last page this line number only)

2222.34