

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) X

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

5. Covering Period 07 01 2008 through 07 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Benjamin Bank Signature of Treasurer Electronically Filed by Benjamin Bank Date 08 20 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		896421.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	903591.56									
(c) Total Receipts (from Line 19)	180686.89	603245.79								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1084278.45	1499667.15								
7. Total Disbursements (from Line 31)	13467.32	428856.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1070811.13	1070811.13								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	164602.57	534962.28
(i) Itemized (use Schedule A)	14590.25	44628.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	179192.82	579590.28
(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)	179192.82	579590.28
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1494.07	23655.51
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))	180686.89	603245.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	180686.89	603245.79

DETAILED SUMMARY PAGE

of Disbursements

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.....	13467.32	23256.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13467.32	23256.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	369500.00
24. Independent Expenditure (use Schedule E)	0.00	15030.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	21070.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	21070.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13467.32	428856.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13467.32	428856.02

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	179192.82	579590.28
34. Total Contribution Refunds (from Line 28(d))	0.00	21070.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	179192.82	558520.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13467.32	23256.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13467.32	23256.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 120
	(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

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) Afzal Ahmad	Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address 1700 East West Road	Transaction ID: 24G192931720
	City State Zip Code Calumet City IL 60409-5415	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Julian Alexander	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 1056 Washington Street	Transaction ID: CRIDF3247327
	City State Zip Code Red Bluff CA 96080-2747	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Daniel Alter	Date of Receipt MM / DD / YYYY 07 / 31 / 2008
	Mailing Address Suite 640 1875 Dempster Street	Transaction ID: 410T6L950218
	City State Zip Code Park Ridge IL 60068-1179	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 7 / 120
(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)
Kenneth Amend
Mailing Address 5939 Colerain Avenue
City Cincinnati State OH Zip Code 45239-6413
FEC 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 07 / 24 / 2008
Transaction ID: CRIDE4251463
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
David Anderson
Mailing Address 530 South Holmes Avenue
PO Box 2410
City Idaho Falls State ID Zip Code 83401-4751
FEC 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 07 / 24 / 2008
Transaction ID: 24G192363268
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Ronald Anderson
Mailing Address Suite 214 South
106 Irving Street Northwest
City Washington State DC Zip Code 20010
FEC 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 07 / 28 / 2008
Transaction ID: 410THL238936
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 120
(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)
Lisa Arbisser

Mailing Address 777 Tanglefoot Lane

City State Zip Code
Bettendorf IA 52722-1650

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
07 / 31 / 2008

Transaction ID: 410T6L215801

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Reginald George Ariyasu

Mailing Address 3467 Stoner Avenue

City State Zip Code
Los Angeles CA 90066-2819

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
07 / 24 / 2008

Transaction ID: CRIDE4814147

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C.

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

Mailing Address Suite 103
2025 Technology Parkway

City State Zip Code
Mechanicsburg PA 17050-9400

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
07 / 01 / 2008

Transaction ID: 2G8EOF615137

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 / 120

(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 Armstrong

Mailing Address 1590 Darling Street

City Ogdens State UT Zip Code 84403-0445

FEC 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 07 / 11 / 2008

Transaction ID: 6SRXUR214510

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Harold Ballitch

Mailing Address 1991 Park Avenue W

City Mansfield State OH Zip Code 44906-2233

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 17 / 2008

Transaction ID: DW2O7Y514391

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

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

Mailing Address 2900 N Fillmore Street

City Little Rock State AR Zip Code 72207-2813

FEC 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 07 / 07 / 2008

Transaction ID: 9TSRTL414642

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 120
(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)
Bryce Barker

Mailing Address 2605 Maywood Drive

City State Zip Code
Salt Lake City UT 84109-1615

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
07 / 24 / 2008

Transaction ID: CRIDE4571824

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2008

Transaction ID: FZ1JIY175527

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address 8 Medical Park Drive

City State Zip Code
Asheville NC 28803-2493

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
07 / 15 / 2008

Transaction ID: DW2O7G703341

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

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

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

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

FOR LINE NUMBER: PAGE 11 / 120

(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)

Clifton Beasley

Mailing Address 4717 Harley Ave

City State Zip Code
Fort Worth TX 76107

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2008

Transaction ID: D67CB3C7-0A19-46E7-

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Allen Beck

Mailing Address 1148 Oldfield Rd

City State Zip Code
Decatur GA 30030

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: 4C6F5DE4-BD48-4ABE-

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)

William Benevento

Mailing Address 5891 Craigin Bluff Court

City State Zip Code
Bettendorf IA 52722-6589

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 6SRY0S114207

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1065.00

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 / 120
(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 Bennett

Mailing Address 2475 5th St. N

City Columbus State MS Zip Code 39705-2005

FEC 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 07 / 01 / 2008

Transaction ID: 2G8EOF746846

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Brian Berger

Mailing Address 3705 Medical Parkway Suite 410

City Austin State TX Zip Code 78705-1023

FEC 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 07 / 02 / 2008

Transaction ID: 605417584867

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

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

Mailing Address Retina Vitreous Cnslts 3501 Forbes Avenue

City Pittsburgh State PA Zip Code 15213

FEC 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 07 / 24 / 2008

Transaction ID: CRIDE4559501

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 / 120

(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)
Terry Bergstrom

Mailing Address Wk Kellogg Eye Center
1000 Wall Street Room 649

City State Zip Code
Ann Arbor MI 48105-1994

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 9TSRTL652378

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Stanley Berke

Mailing Address Floor 3
360 Merrick Road

City State Zip Code
Lynbrook NY 11563-2526

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 7 / 1 4 / 2 0 0 8

Transaction ID: 6SRXZY789679

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

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

Mailing Address 9630 N Kenton Avenue

City State Zip Code
Skokie IL 60076-1216

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 2YEIT8542616

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 120
(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)
Harold Adam Bernstein

Mailing Address Suite 120
4600 Cox Road

City State Zip Code
Glen Allen VA 23060-6708

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
07 / 28 / 2008

Transaction ID: CRIDF3537225

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jose Berrocal

Mailing Address Suite 404
150 Avenue De Diego

City State Zip Code
Santurce PR 00907-2300

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
07 / 28 / 2008

Transaction ID: CRIDF3824527

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Janet Betchkal

Mailing Address 1820 Barrs Street
Dillon Building Suite 134

City State Zip Code
Jacksonville FL 32204

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
07 / 22 / 2008

Transaction ID: 453787ca4710aa8f5baa

Amount of Each Receipt this Period
91.25

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **706.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 120

(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)

Karina Billiris

Mailing Address Retina Vitreous Associates
2705 W St. Isabel Street

City Tampa State FL Zip Code 33607

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 0937528

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Wayne Bizer

Mailing Address Suite 206
7800 W Oakland Park Boulevard

City Sunrise State FL Zip Code 33351-1124

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: 0215968

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

L Lothaire Bluth

Mailing Address 2610 E University Drive

City Mesa State AZ Zip Code 85213-8436

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 6SRY0S867319

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 120
(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)
John G Boatwright

Mailing Address Suite 201
2060 Charlie Hall Boulevard

City Charleston State SC Zip Code 29414-6066

FEC 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 07 / 08 / 2008
Transaction ID: 6ABJ86232189
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Edwin Boldrey

Mailing Address 2512 Samaritan Court Suite A

City San Jose State CA Zip Code 95124-4002

FEC 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 07 / 08 / 2008
Transaction ID: 6ABJ86886057
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 12932 Ironwood Drive

City Aberdeen State SD Zip Code 57401-8106

FEC 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 07 / 01 / 2008
Transaction ID: 2G8EOF869700
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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 17 / 120
(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)
Evelyne Bouchard-Kindy

Mailing Address 120 Burdick Expressway E

City State Zip Code
Minot ND 58701-4434

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: 07 / 31 / 2008
Transaction ID: 410T6L580820
Amount of Each Receipt this Period: 250.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Brian Boxer Wachler

Mailing Address Suite 902
465 N Roxbury Drive

City State Zip Code
Beverly Hills CA 90210-4212

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: 07 / 31 / 2008
Transaction ID: 410T6L746256
Amount of Each Receipt this Period: 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Kenneth Boyle

Mailing Address Suite 5310
3525 Olentangy River Road

City State Zip Code
Columbus OH 43214-3938

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: 07 / 28 / 2008
Transaction ID: CRIDF3476136
Amount of Each Receipt this Period: 500.00
Batch Tool - PAC

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 18 / 120
(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) Cory Brame		Date of Receipt MM / DD / YYYY 07 / 08 / 2008
Mailing Address 360 San Miguel Drive Suite 307		Transaction ID: 6ABJ86767565
City Newport Beach	State CA	Zip Code 92660-7829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Arthur Brant		Date of Receipt MM / DD / YYYY 07 / 10 / 2008
Mailing Address 1700 3rd Street		Transaction ID: DW2NCF314148
City Beaver	State PA	Zip Code 15009-1715
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Sheldon Braverman		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 1100 N Main Avenue		Transaction ID: ETJO47725758
City San Antonio	State TX	Zip Code 78212-4701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 120
(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) Jaime Bravo		Date of Receipt MM / DD / YYYY 07 / 08 / 2008
Mailing Address 165 Calle Reina Isabel La Villa De Torrimar		Transaction ID: 6ABJ86814675
City Guaynabo	State PR	Zip Code 00969-3284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Stephen Breaud		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address 7698 Goodwood Boulevard		Transaction ID: 2YEIVL393781
City Baton Rouge	State LA	Zip Code 70806-7622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Daniel Koffler Bregman		Date of Receipt MM / DD / YYYY 07 / 21 / 2008
Mailing Address 342 22nd Avenue N		Transaction ID: B03KJ2464374
City Nashville	State TN	Zip Code 37203-1844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 608.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 608.00	

SUBTOTAL of Receipts This Page (optional)	▶	2108.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 120
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Peter Breingan		Date of Receipt
	Mailing Address 7A Locust Lane		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Halesite	NY	11743-1308
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 6SRXZY580216
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Thomas Brewington		Date of Receipt
	Mailing Address 807 Summit Avenue		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Greensboro	NC	27405-7833
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 6SRY0S743338
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Zeb Brister		Date of Receipt
	Mailing Address 1145 S Utica Avenue Suite 162		<input type="text" value="07"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tulsa	OK	74104-4022
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 2YEIVL864166
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 21 / 120
(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)
Mark Brower

Mailing Address 504 Willabay Drive

City Williams Bay State WI Zip Code 53191-9627

FEC 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 07 / 08 / 2008
Transaction ID: 6SRY0S273314
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Randall Brown

Mailing Address Suite 102
1415 Elm Street

City Manchester State NH Zip Code 03101-1325

FEC 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 07 / 08 / 2008
Transaction ID: 6SRY0S636569
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Alexander Brucker

Mailing Address 51 N 39th Street

City Philadelphia State PA Zip Code 19104-2640

FEC 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 07 / 30 / 2008
Transaction ID: 0530276
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 120
(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)
Brandon Busbee

Mailing Address 2011 Murphy Avenue

City Nashville State TN Zip Code 37203-2023

FEC 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 07 / 31 / 2008
Transaction ID: 410T6L233525
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Carlos Buznego

Mailing Address Suite 400E
8940 N Kendall Drive

City Miami State FL Zip Code 33176-2175

FEC 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 07 / 15 / 2008
Transaction ID: DW2O7G017239
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 1920 Pickens Street

City Columbia State SC Zip Code 29201-2632

FEC 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 07 / 30 / 2008
Transaction ID: 0892230
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 23 / 120
(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)
Peter Campanella
Mailing Address 3855 Penn Avenue
City Sinking Spring State PA Zip Code 19608-1174
FEC 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 07 / 14 / 2008
Transaction ID: 6SRY0P732358
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
John Canzano
Mailing Address 255 E Weber Avenue
City Stockton State CA Zip Code 95202-2706
FEC 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 07 / 18 / 2008
Transaction ID: 0252487
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Richard Capriotti
Mailing Address 1223 13th Avenue
City Altoona State PA Zip Code 16601-3433
FEC 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 07 / 18 / 2008
Transaction ID: 0852409
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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 24 / 120
(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)
Mark Cascairo

Mailing Address Suite 110
6606 S Yale Avenue

City State Zip Code
Tulsa OK 74136-3370

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
07 / 31 / 2008

Transaction ID: 410T6L654314

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Betty Cervenak

Mailing Address 203 Palisade Avenue

City State Zip Code
Jersey City NJ 07306-1155

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
07 / 15 / 2008

Transaction ID: ACA8NB113444

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Manuel Chaknis

Mailing Address PO Box 660258

City State Zip Code
Birmingham AL 35266-0258

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
07 / 07 / 2008

Transaction ID: 9TSRTL487019

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Edward Cherney	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 6413 Edinburgh Drive	Transaction ID: ETJO62777640
	City State Zip Code Nashville TN 37221-3721	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist 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) Thomas Ciulla	Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address 201 Pennsylvania Parkway	Transaction ID: CRIDE4667193
	City State Zip Code Indianapolis IN 46280-2301	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self: 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) Christopher Coad	Date of Receipt MM / DD / YYYY 07 / 01 / 2008
	Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street	Transaction ID: 2G8EOF820438
	City State Zip Code New York NY 10011	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self: 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)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 120
	<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) Mandi Conway		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
Mailing Address 10605 W Tropicana Circle		Transaction ID: 6SRXZY244536
City State Zip Code Sun City AZ 85351-1855	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

B.

Full Name (Last, First, Middle Initial) Loran Cook		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address Suite 204 1055 N 300 W		Transaction ID: 2YEIVL795728
City State Zip Code Provo UT 84604-3374	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) David Locke Cooke		Date of Receipt MM / DD / YYYY 07 / 28 / 2008
Mailing Address 4842 W Chapin Lane		Transaction ID: 410THL536122
City State Zip Code Berrien Springs MI 49103-9631	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David Corbit		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address Suite 102 1415 Elm Street		Transaction ID: CRIDE4553536		
	City Manchester	State NH	Zip Code 03101-1325	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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) Frank Cotter		Date of Receipt MM / DD / YYYY 07 / 14 / 2008		
	Mailing Address PO Box 1789		Transaction ID: 6SRXZY247157		
	City Roanoke	State VA	Zip Code 24008-1789	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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) Kevin Cox		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address 635 Robert E Lee Avenue		Transaction ID: CRIDE4230461		
	City Elkins	State WV	Zip Code 26241-3282	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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)	▶	980.00
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 / 120
(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)
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
07 / 10 / 2008

Transaction ID: DW2NCF107244

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 340 Gracewood Southeast

City State Zip Code
Grand Rapids MI 49506-2072

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
07 / 08 / 2008

Transaction ID: 6SRY0S848536

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
J Burns Creighton

Mailing Address 11012 Mizelle Creek Trail

City State Zip Code
Lithia FL 33547-2383

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
07 / 10 / 2008

Transaction ID: DDF1F0696977

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 120
(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)
Linda Day

Mailing Address 1944 Pacific Avenue, #600

City Tacoma State WA Zip Code 98402

FEC 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 07 / 01 / 2008

Transaction ID: CA1A9DBD-B2D8-4C06-

Amount of Each Receipt this Period 365.00

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

Mailing Address Suite 100
2 Pillsbury Street

City Concord State NH Zip Code 03301-3549

FEC 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 07 / 18 / 2008

Transaction ID: 0381614

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
James Dew

Mailing Address Suite 300A
2200 Northlake Parkway

City Tucker State GA Zip Code 30084-4002

FEC 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 07 / 14 / 2008

Transaction ID: 6SRXZY838735

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1095.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 120
(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 Dibble

Mailing Address 1120 Main Street

City State Zip Code
Willimantic CT 06226-2014

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
07 / 10 / 2008

Transaction ID: DW2NCF523232

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Edward Doisy

Mailing Address 12 Professional Park Drive

City State Zip Code
Maryville IL 62062-5672

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
07 / 01 / 2008

Transaction ID: 6ABJ6A668262

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Jing Dong

Mailing Address 651 S Milledge Avenue

City State Zip Code
Athens GA 30605-1250

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
07 / 18 / 2008

Transaction ID: 0261555

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 31 / 120

(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)

Louise Doyle

Mailing Address 2020 Kenny Road

City State Zip Code
Columbus OH 43221-3502

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2008

Transaction ID: DW207Y686489

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Aspasia Draga

Mailing Address 115 Malba Drive

City State Zip Code
Malba NY 11357-1057

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
07 / 08 / 2008

Transaction ID: 6SRY0S843516

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Irene Draga

Mailing Address 115 Malba Drive

City State Zip Code
Malba NY 11357-1057

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
07 / 08 / 2008

Transaction ID: 6SRY0S346051

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

865.00

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 / 120
(check only one)

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

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

A.

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

Mailing Address 275 Harvard Street

City State Zip Code
Fall River MA 02720-4125

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 9TSRTL646868

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address 7232 Engle Road

City State Zip Code
Fort Wayne IN 46804-2222

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
07 / 28 / 2008

Transaction ID: CRIDF3571216

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Ralph Eagle

Mailing Address Wills Eye Hospital
840 Walnut Street Suite 1410

City State Zip Code
Philadelphia PA 19107

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
07 / 07 / 2008

Transaction ID: 9TSRTL865456

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 33 / 120
(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)
Alexander Eaton

Mailing Address Retina Health Center
1567 Hayley Lane Suite 101

City State Zip Code
Fort Myers FL 33907

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
07 / 02 / 2008

Transaction ID: 605417486539

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 1240 Colonial Commons Court

City State Zip Code
Lancaster SC 29720-2200

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
07 / 08 / 2008

Transaction ID: 6SRY0S465279

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Nancy Efferson-Bonachea

Mailing Address 37 Barrington Drive

City State Zip Code
Bedford NH 03110-5601

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
07 / 16 / 2008

Transaction ID: DW2NCW284853

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 120
(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)
William Ehlers
Mailing Address 125 Secret Lake Road
City Avon State CT Zip Code 06001-3465
FEC 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 07 / 22 / 2008
Transaction ID: 46bf9899fbd640e283ea
Amount of Each Receipt this Period 250.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
William Epstein
Mailing Address 648 N Main Street
City Ashland State OR Zip Code 97520-1710
FEC 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 07 / 21 / 2008
Transaction ID: ETJO62714041
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Anthony Evangelista
Mailing Address Arlington Opth Assoc
3025 Matlock Road
City Arlington State TX Zip Code 76015
FEC 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 07 / 07 / 2008
Transaction ID: 2YEIVL889815
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1115.00
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 / 120
(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 Fabricant

Mailing Address 555 N 13th Avenue

City Upland State CA Zip Code 91786-4904

FEC 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 07 / 24 / 2008

Transaction ID: 24G192266863

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Philip Falcone

Mailing Address Suite 309
4920 Main Street

City Bridgeport State CT Zip Code 06606-1300

FEC 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 07 / 10 / 2008

Transaction ID: DDF1F0126784

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
George Fava

Mailing Address 875 Norman Drive

City Lebanon State PA Zip Code 17042-7454

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 08 / 2008

Transaction ID: 6SRY0S248382

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 / 120

(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)

Richard Fish

Mailing Address Vitreoretinal Cnslts
6560 Fannin Suite 750

City State Zip Code
Houston TX 77030

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 6SRY0S634117

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Fitz

Mailing Address PO Box 429

City State Zip Code
Farmington MO 63640-0429

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: 60541F873688

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Christina Flaxel

Mailing Address 3375 Southwest Tenwilliger Bouleva

City State Zip Code
Portland OR 97201

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: B03KJ2498611

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 120

(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 Fleming

Mailing Address Suite 100
930 Madison Avenue

City State Zip Code
Memphis TN 38103-7409

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
07 / 24 / 2008

Transaction ID: CRIDE4943218

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

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

Mailing Address Suite 500
1190 N State Street

City State Zip Code
Jackson MS 39202-2473

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 6SRY0S442468

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

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

Mailing Address PO Box 687

City State Zip Code
Exmore VA 23350-0687

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: 2G8EOF546788

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 120
(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)
Terry Forrest

Mailing Address 2503 Isaac Drive

City State Zip Code
Goldsboro NC 27530-8116

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
07 / 31 / 2008

Transaction ID: 410T6L017193

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Jean Fortin

Mailing Address 2800 Ross Clark Circle

City State Zip Code
Dothan AL 36301-2017

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
07 / 21 / 2008

Transaction ID: ETJO62874512

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 707
29 Calle Washington

City State Zip Code
San Juan PR 00907-1503

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2008

Transaction ID: 422d9db735b2630f72fa

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 / 120
(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) L Neal Freeman		Date of Receipt MM / DD / YYYY 07 / 08 / 2008
Mailing Address Florida Eye Associates 502 East New Haven Avenue		Transaction ID: 6SRY0S867135
City Melbourne	State FL	Zip Code 32901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Ronald Friederich		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address 1235 Wyoming Northeast		Transaction ID: 6ABJ6A125191
City Albuquerque	State NM	Zip Code 87112-5044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.

Full Name (Last, First, Middle Initial) Robert Fry		Date of Receipt MM / DD / YYYY 07 / 01 / 2008
Mailing Address 217 Old York Road		Transaction ID: 6ABJ6A252881
City Dillsburg	State PA	Zip Code 17019-9318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	965.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Fry

Mailing Address 217 Old York Road

City Dillsburg State PA Zip Code 17019-9318

FEC 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 07 / 21 / 2008

Transaction ID: ETJO62518765

Amount of Each Receipt this Period 200.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Gretchen Fuerste

Mailing Address 20922 Country Squire Lane

City Dubuque State IA Zip Code 52001-8002

FEC 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 07 / 24 / 2008

Transaction ID: CRIDE4631574

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Candace Furubayashi

Mailing Address Suite 400
1712 Liliha Street

City Honolulu State HI Zip Code 96817-3114

FEC 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 07 / 24 / 2008

Transaction ID: CRIDE4085314

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1065.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 120

(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)
Nicoletta Fynn-Thompson

Mailing Address Suite 600
50 Staniford Street

City State Zip Code
Boston MA 02114-2539

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: 6ABJ6A110613

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

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

Mailing Address 756 Marion Street

City State Zip Code
Denver CO 80218-3434

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: 6SRY0S365550

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

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

Mailing Address 1301 Carpenter Avenue

City State Zip Code
Iron Mountain MI 49801-4725

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 ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: ETJO62344111

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1615.00

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 / 120

(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 Geanon

Mailing Address 1025 Regent Street

City State Zip Code
Madison WI 53715-1248

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2008

Transaction ID: 0714008

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Henry Gelender

Mailing Address Suite 600 - Attn: Jennifer Daffin
7150 Greenville Avenue

City State Zip Code
Dallas TX 75231-5187

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
07 / 15 / 2008

Transaction ID: ACA8NB172245

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Christian George

Mailing Address 88 Lewiston Road

City State Zip Code
Grosse Pointe Farm MI 48236-3613

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
07 / 08 / 2008

Transaction ID: 6SRY0S356759

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 43 / 120
(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)
Jane Gilbert

Mailing Address 94082 Hollow Stump Lane

City State Zip Code
North Bend OR 97459-8570

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
07 / 15 / 2008

Transaction ID: DW207G627356

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

Mailing Address Suite 200
12301 Northeast 10th Place

City State Zip Code
Bellevue WA 98005-2487

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 22 / 2008

Transaction ID: 4f2dada2f86d22b07b3d

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1519 E Sixth Street

City State Zip Code
Weslaco TX 78596-6605

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2008

Transaction ID: 0651868

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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 / 120

(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)
Michele Gleason

Mailing Address Suite 2
611 N Diers Avenue

City State Zip Code
Grand Island NE 68803-4960

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: DW207G557067

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

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

Mailing Address 55-15 LITTLE NECK PARKWAY

City State Zip Code
LITTLE NECK NY 11362

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2008

Transaction ID: 0D83A92C-EFB3-4307-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Stacia Goldey

Mailing Address 17560 US Highway 441

City State Zip Code
Mount Dora FL 32757-6711

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
07 / 18 / 2008

Transaction ID: 0955919

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 120
(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)
Steven Goodrich

Mailing Address Suite 585A
621 S New Ballas Road

City State Zip Code
St. Louis MO 63141-8261

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
07 / 07 / 2008

Transaction ID: 2YEIVL147813

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address 310 15th Avenue E

City State Zip Code
Seattle WA 98112-5103

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
07 / 10 / 2008

Transaction ID: DW2NCF558244

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C.

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

Mailing Address 1460 Victory Boulevard

City State Zip Code
Staten Island NY 10301-3914

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
07 / 28 / 2008

Transaction ID: 410THL338517

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **1115.00**

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 / 120
(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)
Michael Graham

Mailing Address 1911 N Mills Avenue

City State Zip Code
Orlando FL 32803-1432

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
07 / 10 / 2008

Transaction ID: DDF1F0543915

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 251 Moosa Boulevard

City State Zip Code
Eunice LA 70535-3638

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2008

Transaction ID: 0508308

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
James Gray

Mailing Address Baylor Medical Plaza Suite 760
3600 Gaston Avenue

City State Zip Code
Dallas TX 75246

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
07 / 29 / 2008

Transaction ID: FZ1JIY575343

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 47 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Green

Mailing Address Suite 400
414 Navarro Street

City State Zip Code
San Antonio TX 78205-2505

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
07 / 01 / 2008

Transaction ID: 6ABJ6A111655

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 204
451 Ruin Creek Road

City State Zip Code
Henderson NC 27536-5920

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
07 / 22 / 2008

Transaction ID: 400886094ae048a95f6a

Amount of Each Receipt this Period
125.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3888 Tuxedo Road Northwest

City State Zip Code
Atlanta GA 30342-4034

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
07 / 24 / 2008

Transaction ID: CRIDE4154878

Amount of Each Receipt this Period
400.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **890.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 120

(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)

M Harmon

Mailing Address Levacy and Harmon Eye Center
3345 Plaza Ten Dr. Suite B

City State Zip Code
Beaumont TX 77707

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: 9TSRTL442667

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Harris

Mailing Address Suite 324
1928 Alcoa Highway

City State Zip Code
Knoxville TN 37920-1505

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 02 / 2008

Transaction ID: 605417708320

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

H King Hartman

Mailing Address 516 Pellis Road

City State Zip Code
Greensburg PA 15601-4592

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 10 / 2008

Transaction ID: DW2NCF420339

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 120
(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) William Haynes		Date of Receipt MM / DD / YYYY 07 / 23 / 2008
Mailing Address 8 Medical Park Drive		Transaction ID: ETJO47386321
City Asheville	State NC	Zip Code 28803-2493
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Sarah Hays		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address Suite 220 1 W Lakeshore Drive		Transaction ID: 2YEIVL243435
City Birmingham	State AL	Zip Code 35209-7271
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Isaac Hearne		Date of Receipt MM / DD / YYYY 07 / 02 / 2008
Mailing Address Suite 22 294 E Moana Lane		Transaction ID: 6ABJ6O167253
City Reno	State NV	Zip Code 89502-4634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	4000.00
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 50 / 120
(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)
Gregg Heatley

Mailing Address Suite 206
2870 University Avenue

City Madison State WI Zip Code 53705-3611

FEC 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 07 / 07 / 2008
Transaction ID: 2YEIVL962841
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Marnix Heersink

Mailing Address 2800 Ross Clark Circle Southwest

City Dothan State AL Zip Code 36301-2017

FEC 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 07 / 15 / 2008
Transaction ID: DW2O7G354122
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

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

Mailing Address Heimer Eye Care Assoc Pc
1850 E Park Avenue Suite 304

City State College State PA Zip Code 16803-6706

FEC 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 07 / 08 / 2008
Transaction ID: 6SRYS887343
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 120
	<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) Wesley Herman		Date of Receipt
	Mailing Address 5421 La Sierra Drive		<input type="text" value="07"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dallas	TX	75231-4107
	FEC ID number of contributing federal political committee. C		Transaction ID: B03KJ2538355
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) Luis Hernandez		Date of Receipt
	Mailing Address Torre San Pablo 902 68 Calle Santa Cruz		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bayamon	PR	00961-7032
	FEC ID number of contributing federal political committee. C		Transaction ID: 0153633
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="300.00"/>
Receipt For:		Aggregate Year-to-Date	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="300.00"/>	

C.	Full Name (Last, First, Middle Initial) Stanley Hersh		Date of Receipt
	Mailing Address Suite 100 1201 W Main Street		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waterbury	CT	06708-3105
	FEC ID number of contributing federal political committee. C		Transaction ID: 24G192444147
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1550.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Hertz		Date of Receipt
	Mailing Address Suite 105 79 Wawecus Street		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Norwich	CT	06360-2173
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 2G8EOF566624
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Joe Hester		Date of Receipt
	Mailing Address 2713 Chaffin Lane		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Magnolia	AR	71753-4329
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 6ABJ6A632551
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Byron Hohm		Date of Receipt
	Mailing Address Suite 200 6601 S Minnesota Avenue		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sioux Falls	SD	57108-2564
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 0273763
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1615.00"/>
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 53 / 120
(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)
John Hoines
Mailing Address 1630 Adams Street
City Mankato State MN Zip Code 56001-6795
FEC 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 07 / 08 / 2008
Transaction ID: 6SRY0S725213
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Mark Hughes
Mailing Address Suite 600
50 Staniford Street
City Boston State MA Zip Code 02114-2539
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.64
Date of Receipt 07 / 11 / 2008
Transaction ID: 48dbaf0a5e5750034223
Amount of Each Receipt this Period 416.66
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Francis Hurite
Mailing Address 1835 Forbes Avenue
City Pittsburgh State PA Zip Code 15219-5835
FEC 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 07 / 14 / 2008
Transaction ID: 6SRXZY787841
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1281.66
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 54 / 120
(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)
Edward Isbey
Mailing Address 8 Medical Park Drive
City Asheville State NC Zip Code 28803-2493
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 14 / 2008
Transaction ID: 6SRY0P702176
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Mark Iverson
Mailing Address 81 River Street
City Montpelier State VT Zip Code 05602-3792
FEC 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 07 / 01 / 2008
Transaction ID: 6ABJ6A166034
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Edward Jaeger
Mailing Address Suite 800
840 Walnut Street
City Philadelphia State PA Zip Code 19107-5109
FEC 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 07 / 01 / 2008
Transaction ID: 6ABJ6A368932
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1000.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 55 / 120
(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)
Johanna Jensen

Mailing Address Suite A
1615 12th Avenue Road

City Nampa State ID Zip Code 83686-6184

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 2 2 / 2 0 0 8

Transaction ID: 425584576c7cd91de775

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
John Johnson

Mailing Address 110 Med Tech Parkway

City Johnson City State TN Zip Code 37604-4004

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 8

Transaction ID: DW207G223944

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Leonard Alan Johnson

Mailing Address 950 Ryland Street

City Reno State NV Zip Code 89502-1605

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 7 / 1 5 / 2 0 0 8

Transaction ID: DW207G578761

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 56 / 120
(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)
Murray Johnstone

Mailing Address Suite 1124
1221 Madison Street

City State Zip Code
Seattle WA 98104-3536

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
07 / 08 / 2008

Transaction ID: 6ABJ6A167216

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 622 Abbott Street

City State Zip Code
Salinas CA 93901-4315

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
07 / 01 / 2008

Transaction ID: 2G8EOF991011

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Paul Jones

Mailing Address 1550 Riverside Avenue

City State Zip Code
Jacksonville FL 32204-4161

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
07 / 15 / 2008

Transaction ID: DW2O7G241454

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 120
	<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) Earl Lawrence Jordan		Date of Receipt
	Mailing Address 2630 Cunningham		<input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Joplin	MO	64804-1542
	FEC ID number of contributing federal political committee. C		Transaction ID: 410THL682583
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Michael Kass		Date of Receipt
	Mailing Address # 8096 660 S Euclid Avenue		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	St. Louis	MO	63110-1010
	FEC ID number of contributing federal political committee. C		Transaction ID: 6ABJ6A218347
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Steven Katz		Date of Receipt
	Mailing Address 1931 Williamsbridge Road		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bronx	NY	10461-1632
	FEC ID number of contributing federal political committee. C		Transaction ID: FZ1JIY467225
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 58 / 120
(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)
Stephen Kaufman
Mailing Address 3200 Morley Road
City State Zip Code
Shaker Heights OH 44122-2863
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 7 / 1 8 / 2 0 0 8
Transaction ID: 0283683
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Kent Kebert
Mailing Address 1307 Aston Avenue
City State Zip Code
McComb MS 39648-2898
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8
Transaction ID: CRIDE4403615
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Andrew Kessler
Mailing Address 200 Washington Heights Med Center
City State Zip Code
Westminster MD 21157-5633
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8
Transaction ID: 2G8EOF754883
Amount of Each Receipt this Period 300.00
Batch Tool - PAC

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 59 / 120

(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)
Richard Kim

Mailing Address 4115 Peninsula Point Drive

City State Zip Code
Seaside CA 93955-6532

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: 2G8EOF862511

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Rosa Kim

Mailing Address 3804 Ruskin Street

City State Zip Code
Houston TX 77005-4331

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 410T6L836509

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Laura King

Mailing Address 106 Brighton Road Northeast

City State Zip Code
Atlanta GA 30309-1521

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2008

Transaction ID: 421faee77f9f37be1f6f

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

1456.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Kinker

Mailing Address PO Box 4265

City State Zip Code
Frankfort KY 40604-4265

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
07 / 01 / 2008

Transaction ID: 6ABJ6A162698

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 2YEIT8345161

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 741 Broad Street Extension

City State Zip Code
Waterford CT 06385-1347

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2008

Transaction ID: 6SRXU3734431

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 61 / 120

(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) Christopher Knight		Date of Receipt MM / DD / YYYY 07 / 17 / 2008
	Mailing Address 67 Ems C 28 G Lane		Transaction ID: DW207Y284831
	City Warsaw	State IN	Zip Code 46582-8707
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self self		Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Gregg Kokame		Date of Receipt MM / DD / YYYY 07 / 24 / 2008
	Mailing Address Suite 307 321 N Kuakini Street		Transaction ID: CRIDE4764353
	City Honolulu	State HI	Zip Code 96817-2360
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self self		Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Barbara Kuczynski		Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address Suite B 330 E 14 Mile Road		Transaction ID: ETJO62611535
	City Clawson	State MI	Zip Code 48017-2118
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self self		Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶

1230.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 120
(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)
Teofil Kulyk

Mailing Address 105 Southern Oak Drive

City State Zip Code
Plant City FL 33563-1451

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
07 / 28 / 2008

Transaction ID: 410THL863474

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
John Kunesh

Mailing Address Kunesh Eye Center
2601 Far Hills Avenue

City State Zip Code
Dayton OH 45419-1634

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
07 / 10 / 2008

Transaction ID: DW2NCF126284

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Kristine Kunesh-Part

Mailing Address 2601 Far Hills Avenue

City State Zip Code
Dayton OH 45419-1634

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2008

Transaction ID: 24G192471287

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 120

(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) Brian LaGreca		Date of Receipt MM / DD / YYYY 07 / 07 / 2008		
	Mailing Address Suite 202 2475 Village Lane		Transaction ID: 9TSRTL254252		
	City Billings	State MT	Zip Code 59102-2497	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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) Scott Lecroy		Date of Receipt MM / DD / YYYY 07 / 01 / 2008		
	Mailing Address 833 Princeton Avenue Southwest		Transaction ID: 2G8EOF829548		
	City Birmingham	State AL	Zip Code 35211-1323	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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) Jerry Lehmann		Date of Receipt MM / DD / YYYY 07 / 09 / 2008		
	Mailing Address 3129 College Street		Transaction ID: 9TSRY4727338		
	City Beaumont	State TX	Zip Code 77701-4660	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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) ▶

1115.00

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 64 / 120

(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 Lehner

Mailing Address 3805A Spring Street
PO Box 1677

City State Zip Code
Racine WI 53405-1600

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: 9TSRTL586262

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Monte Leidenix

Mailing Address 2520 Smokey Lane

City State Zip Code
Bismarck ND 58504-8917

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2008

Transaction ID: 6SRY0S777482

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Elise Leonard

Mailing Address Suite 300
8890 W Oakland Park Boulevard

City State Zip Code
Sunrise FL 33351-7224

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 ▼ 730.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: 2YEIT8374566

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

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 65 / 120
(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) Elise Leonard		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
Mailing Address Suite 300 8890 W Oakland Park Boulevard		Transaction ID: 6SRXZY706521
City Sunrise	State FL	Zip Code 33351-7224
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

B.

Full Name (Last, First, Middle Initial) Cecily Lesko		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address Suite 1 1005 Clifton Avenue		Transaction ID: 2YEIVL163563
City Clifton	State NJ	Zip Code 07013-3520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Jason Levine		Date of Receipt MM / DD / YYYY 07 / 04 / 2008
Mailing Address 5790 N Camino De La Sombra		Transaction ID: 427881e42b255b015668
City Tucson	State AZ	Zip Code 85718-3919
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	

SUBTOTAL of Receipts This Page (optional)	▶	1465.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4500 San Pablo Rd. S

City Jacksonville State FL Zip Code 32224-1865

FEC 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 07 / 01 / 2008

Transaction ID: 6ABJ6A413196

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

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

Mailing Address # 104
800 W 4th Street

City Williamsport State PA Zip Code 17701-7200

FEC 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 07 / 23 / 2008

Transaction ID: ETJO47852127

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

Mailing Address Suite 200
9801 Dupont Avenue S

City Bloomington State MN Zip Code 55431-3200

FEC 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 07 / 08 / 2008

Transaction ID: 6SRYS404265

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 120
	(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

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) Robert Liss	Date of Receipt MM / DD / YYYY 07 / 22 / 2008
	Mailing Address Suite 420 419 W Redwood Street	Transaction ID: 43b698b1c4fed21f8280
	City State Zip Code Baltimore MD 21201-7002	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self self	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

B.	Full Name (Last, First, Middle Initial) Lawrence Loewenthal	Date of Receipt MM / DD / YYYY 07 / 28 / 2008
	Mailing Address 44650 Delco Boulevard	Transaction ID: CRIDF3124363
	City State Zip Code Sterling Heights MI 48313-1063	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self self	
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) Kevin Lorenz	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address Eye Clinic of N Dakota 620 N 9th Street	Transaction ID: 6SRY0S096938
	City State Zip Code Bismarck ND 58501	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self self	
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)	▶	767.50
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 120
(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)
Edward Lores

Mailing Address Suite D
4950 Southwest Lejeune Road

City State Zip Code
Coral Gables FL 33146-2231

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
07 / 31 / 2008

Transaction ID: 410T6L037807

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Suite 106
10 Hawthorne Place

City State Zip Code
Boston MA 02114-2336

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
07 / 15 / 2008

Transaction ID: ACA8NB633683

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Kenneth Low

Mailing Address 38707 Stivers St. Suite B

City State Zip Code
Fremont CA 94536-5337

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
07 / 07 / 2008

Transaction ID: 2YEIVL217385

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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 69 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Robert Lowery
Mailing Address 105 Central Avenue
City State Zip Code
Searcy AR 72143-7329
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 07 / 08 / 2008
Transaction ID: 6SRY0S015370
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Robert Lytle
Mailing Address Suite 5
51 Main Street
City State Zip Code
Hyannis MA 02601-3109
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 07 / 22 / 2008
Transaction ID: 44a9aeed477cbae23c0
Amount of Each Receipt this Period 125.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Donald MacDonald
Mailing Address 21 N Gilbert Street
City State Zip Code
Tinton Falls NJ 07701-4950
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 07 / 28 / 2008
Transaction ID: CRIDF3687944
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ 990.00
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 70 / 120
(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)
Matthew Paul Madion

Mailing Address 929 Business Park Drive

City State Zip Code
Traverse City MI 49686-8683

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
07 / 08 / 2008

Transaction ID: 6SRY0S763852

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ray Maizel

Mailing Address 2224 Alaqua Drive

City State Zip Code
Longwood FL 32779-3100

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
07 / 14 / 2008

Transaction ID: 6SRXZY413131

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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

Mailing Address 731-F Walker Road

City State Zip Code
Great Falls VA 22066-2834

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
07 / 01 / 2008

Transaction ID: 2G8EOF778052

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 120

(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)

Mark Mandel

Mailing Address 1237 B Street

City State Zip Code
Hayward CA 94541-2915

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2008

Transaction ID: 6SRXU3164538

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Anthony Martyak

Mailing Address Apt. 115
520 Lunalilo Home Road

City State Zip Code
Honolulu HI 96825-1708

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
07 / 24 / 2008

Transaction ID: CRIDE4814693

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Scott Massios

Mailing Address Suite C
530 by Pass 123

City State Zip Code
Seneca SC 29678-0859

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: ETJO62848326

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1900.00

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 72 / 120
(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)
James Matthews
Mailing Address 53 Avenue of Champions
City Nicholasville State KY Zip Code 40356-9720
FEC 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 07 / 10 / 2008
Transaction ID: DW2NCF487731
Amount of Each Receipt this Period 300.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Thomas Mauger
Mailing Address 456 W 10th Avenue
City Columbus State OH Zip Code 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 ▼ 500.00
Date of Receipt 07 / 28 / 2008
Transaction ID: CRIDA7723045
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Carl May
Mailing Address Suite 200
250 Fame Avenue
City Hanover State PA Zip Code 17331-1587
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 07 / 17 / 2008
Transaction ID: DW2O7Y243274
Amount of Each Receipt this Period 2500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 3300.00
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 73 / 120
(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)
William McCarthy

Mailing Address Suite 340
24411 Health Center Drive

City Laguna Hills State CA Zip Code 92653-3633

FEC 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 07 / 02 / 2008
Transaction ID: 6ABJ6O158555
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Bobby McCullen

Mailing Address Suite A
2325 Aberdeen Boulevard

City Gastonia State NC Zip Code 28054-0642

FEC 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 07 / 08 / 2008
Transaction ID: 6SRYS715742
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

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

Mailing Address Suite 708
1380 Lusitana Street

City Honolulu State HI Zip Code 96813-2443

FEC 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 07 / 14 / 2008
Transaction ID: 6SRXZY184456
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1401 Papworth Avenue

City State Zip Code
Metairie LA 70005-1750

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
07 / 10 / 2008

Transaction ID: DW2NCF181235

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Thomas Mehelas

Mailing Address 350 Sawgrass Court

City State Zip Code
Holland OH 43528-9210

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
07 / 01 / 2008

Transaction ID: 6ABJ6A798185

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 1612 8th Avenue W

City State Zip Code
Seattle WA 98119-2921

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
07 / 10 / 2008

Transaction ID: DW2NCF349433

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 120
(check only one)

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

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

A.

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

Mailing Address Suite 508
8230 Walnut Hill Lane

City State Zip Code
Dallas TX 75231-4400

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: ETJO47466756

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Michael Edward Migliori

Mailing Address Suite 301
120 Dudley Street

City State Zip Code
Providence RI 02905-2429

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 ▼ 1250.00

Date of Receipt
MM / DD / YYYY
07 / 04 / 2008

Transaction ID: 435ba600293158e1b35c

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Lawrence Minardi

Mailing Address Suite 1
500 Donnally Street

City State Zip Code
Charleston WV 25301-1600

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
07 / 15 / 2008

Transaction ID: DW207G720510

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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 76 / 120
(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)
Harvey Minatoya
Mailing Address 1003 Pensacola Street
City Honolulu State HI Zip Code 96814-1927
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 07 / 07 / 2008
Transaction ID: 9TSRTL272188
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Helen Mintz-Hittner
Mailing Address Suite 920 6410 Fannin
City Houston State TX Zip Code 77030-5204
FEC 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 07 / 24 / 2008
Transaction ID: CRIDE4663287
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Craig Morgan
Mailing Address 1611 13th Avenue
City Huntington State WV Zip Code 25701-3811
FEC 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 07 / 01 / 2008
Transaction ID: 2G8EOF368057
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1730.00
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 77 / 120
	<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 Morley		Date of Receipt MM / DD / YYYY 07 / 28 / 2008		
	Mailing Address Floor 6 50 Staniford Street		Transaction ID: 410THL145101		
	City Boston	State MA	Zip Code 02114-2517	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Benton Murphy		Date of Receipt MM / DD / YYYY 07 / 14 / 2008		
	Mailing Address 27 Montebello Road		Transaction ID: 6SRXZY620855		
	City Pueblo	State CO	Zip Code 81001-1236	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) James Murphy		Date of Receipt MM / DD / YYYY 07 / 07 / 2008		
	Mailing Address 5202 Faraon Street		Transaction ID: 2YEIVL257553		
	City St. Joseph	State MO	Zip Code 64506-3840	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 120
(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)
Anthony Musto

Mailing Address Suite 101
3060 Main Street

City State Zip Code
Stratford CT 06614-4945

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 17 / 2008

Transaction ID: DW207Y573114

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
G Peyton Neatrou

Mailing Address 1201 First Colonial Road

City State Zip Code
Virginia Beach VA 23454-2217

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 ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 08 / 2008

Transaction ID: 6SRY0S427515

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address 103 Jefferson Street

City State Zip Code
Brookville PA 15825-1142

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: CRIDF3974712

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **1730.00**

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 79 / 120
	(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

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) Ronan O'Malley		Date of Receipt
	Mailing Address Suite 1060 6750 West Loop S		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bellaire	TX	77401-4119
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 6SRXUR133556
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) John O'Neill		Date of Receipt
	Mailing Address Suite 200 2 Wisconsin Circle		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Chevy Chase	MD	20815-7018
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: DW2NCW224936
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	<input type="text" value="365.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Kenneth Olander		Date of Receipt
	Mailing Address 622 Smithview Drive		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Maryville	TN	37803-6100
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 6ABJ6A058854
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1365.00"/>
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 80 / 120

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey Olson

Mailing Address 4001 S Bellaire Street

City	State	Zip Code
Englewood	CO	80113-5027

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
07 / 28 / 2008

Transaction ID: 410THL183674

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Randall Olson

Mailing Address 65 N Mario Capecchi Drive

City	State	Zip Code
Salt Lake City	UT	84132-0001

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
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: 9TSRTL885646

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Emil Mitchel Opremcak

Mailing Address 262 Neil Ave, Ste 220

City	State	Zip Code
Columbus	OH	43215

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
07 / 29 / 2008

Transaction ID: 752AC41E-FAA2-4D99-

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:	PAGE 81 / 120						
	(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

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

A.	Full Name (Last, First, Middle Initial) Anthony Panariello		Date of Receipt MM / DD / YYYY 07 / 15 / 2008		
	Mailing Address 203 Palisade Avenue		Transaction ID: ACA8NB841473		
	City Jersey City	State NJ	Zip Code 07306-1155	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Harpreet Nini Patheja		Date of Receipt MM / DD / YYYY 07 / 18 / 2008		
	Mailing Address 110 Pepper Hill Way		Transaction ID: 0786371		
	City Aiken	State SC	Zip Code 29801-2818	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Stuart Paul		Date of Receipt MM / DD / YYYY 07 / 01 / 2008		
	Mailing Address 622 Abbott Street		Transaction ID: 2G8EOF290152		
	City Salinas	State CA	Zip Code 93901-4315	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 82 / 120
(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)
Ralph Paylor

Mailing Address 502 East New Haven Avenue

City State Zip Code
Melbourne FL 32901-5427

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 11 / 2008

Transaction ID: 6SRXUR580363

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1713 Merlin Street

City State Zip Code
Bay City TX 77414-3129

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 18 / 2008

Transaction ID: 0514317

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Rodolfo Perez

Mailing Address Thurmond Eye Associates
1519 East Sixth

City State Zip Code
Weslaco TX 78596

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
07 / 08 / 2008

Transaction ID: 6SRY0S816379

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 120
(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)
Brian Perkovich

Mailing Address PO Box 13097

City State Zip Code
Green Bay WI 54307-3097

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
07 / 10 / 2008

Transaction ID: DW2NCF352204

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
07 / 07 / 2008

Transaction ID: 2YEIVL716473

Amount of Each Receipt this Period
700.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code
Blue Hill ME 04614-1539

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
07 / 30 / 2008

Transaction ID: 0160876

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 84 / 120
(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 Pickett

Mailing Address 1300 Wonder World Drive

City State Zip Code
San Marcos TX 78666-7697

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
07 / 07 / 2008

Transaction ID: 2YEIVL882527

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Ian Piovonetti

Mailing Address 1250 Jt Pinero Avenue
Caparra Terrace

City State Zip Code
San Juan PR 00921

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
07 / 24 / 2008

Transaction ID: 24G192107276

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Lawrence Platt

Mailing Address 3805 Spring Street

City State Zip Code
Racine WI 53405-1667

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
07 / 10 / 2008

Transaction ID: DDF1F0552321

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Joseph Polito		Date of Receipt
	Mailing Address 232 Coon Ridge Road		<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 07 / 01 / 2008
	City	State	Zip Code
	Johnstown	PA	15905
	FEC ID number of contributing federal political committee. C		Transaction ID: 35569060-0C4C-47F4-
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Jon Portis		Date of Receipt
	Mailing Address 710 Puuikena Drive		<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 07 / 01 / 2008
	City	State	Zip Code
	Honolulu	HI	96821
	FEC ID number of contributing federal political committee. C		Transaction ID: E64C5E16-9976-4786-
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Francis Price		Date of Receipt
	Mailing Address Suite 100 9002 N Meridian 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 07 / 18 / 2008
	City	State	Zip Code
	Indianapolis	IN	46260-5349
	FEC ID number of contributing federal political committee. C		Transaction ID: 0839045
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1730.00
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 86 / 120
(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)
Tony Pruthi

Mailing Address 403 Estrella Doro

City State Zip Code
Monterey CA 93940-7607

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
07 / 01 / 2008

Transaction ID: 2G8EOF202430

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Barton Ramsey

Mailing Address 440 West Martin L King Boulevard

City State Zip Code
Danville KY 40422-2037

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
07 / 18 / 2008

Transaction ID: 0454767

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Chad Reder

Mailing Address Suite 101
1680 E Herndon Avenue

City State Zip Code
Fresno CA 93720-3384

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
07 / 30 / 2008

Transaction ID: 0751861

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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 87 / 120

(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)

Martin Richler

Mailing Address Suite 212
20 Hope Avenue

City State Zip Code
Waltham MA 02453-2717

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2008

Transaction ID: 0761624

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Robert Ridley

Mailing Address 926 N Jackson

City State Zip Code
Tullahoma TN 37388-2300

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
07 / 21 / 2008

Transaction ID: B03KJ2616678

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

William Roberts

Mailing Address 385 Broadway

City State Zip Code
Boulder CO 80305-3344

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: 2G8EOF229827

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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: PAGE 88 / 120

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Lawrence Ronning

Mailing Address 6046 Whipple Avenue

City State Zip Code
North Canton OH 44720-7616

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2008

Transaction ID: ETJO62275415

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Rosculec

Mailing Address 906 Windward Court

City State Zip Code
Neenah WI 54956-4276

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: 2YEIVL651585

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Brett Rosenblatt

Mailing Address 600 Northern Boulevard

City State Zip Code
Great Neck NY 11021-5200

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
07 / 24 / 2008

Transaction ID: 24G192378922

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1800.00

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 89 / 120
(check only one)

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

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

A.

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

Mailing Address 3820 Tampa Road
Suite 101

City State Zip Code
Palm Harbor FL 34684-3609

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 14 / 2008

Transaction ID: 6SRXZY178072

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

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

Mailing Address 1309 Liberty Street Southeast

City State Zip Code
Salem OR 97302-4245

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
07 / 07 / 2008

Transaction ID: 2YEIVL781483

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 200
39650 Orchard Hill Place

City State Zip Code
Novi MI 48375-5391

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
07 / 08 / 2008

Transaction ID: 6ABJ86343541

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 120
(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) Jay Rudd		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address Suite C 345 College Street Southeast		Transaction ID: 2YEIVL280158
City Lacey	State WA	Zip Code 98503-1014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Keith Rundle		Date of Receipt MM / DD / YYYY 07 / 18 / 2008
Mailing Address 1031 W Chapman Avenue		Transaction ID: 0467517
City Orange	State CA	Zip Code 92868-2872
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Nelson Sabates		Date of Receipt MM / DD / YYYY 07 / 02 / 2008
Mailing Address 2300 Holmes Street		Transaction ID: 605417456473
City Kansas City	State MO	Zip Code 64108-2634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 120
(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)
Nasrollah Samiy
Mailing Address 724 Arden Lane
City State Zip Code
Rock Hill SC 29732-2996
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 07 / 07 / 2008
Transaction ID: 2YEIVL956013
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Steven Samuelson
Mailing Address 2827 N Clarkson Street
City State Zip Code
Fremont NE 68025-7714
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 07 / 07 / 2008
Transaction ID: 2YEIVL271123
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Delia Sang
Mailing Address 73 Chatham Street
City State Zip Code
Brookline MA 02446-5451
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 ▼ 1666.64
Date of Receipt 07 / 11 / 2008
Transaction ID: 44ccb8d9010b25cd9e49
Amount of Each Receipt this Period 416.66
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1281.66
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 92 / 120
(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)
John Saunders

Mailing Address Suite 101
1517 Nicholasville Road

City Lexington State KY Zip Code 40503-1429

FEC 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 07 / 18 / 2008
Transaction ID: 0833332
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address Suite 100
9623 Huebner Road

City San Antonio State TX Zip Code 78240-1665

FEC 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 07 / 07 / 2008
Transaction ID: 2YEIT8061965
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

Mailing Address 140 Lockwood Ave

City New Rochelle State NY Zip Code 10801

FEC 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 07 / 05 / 2008
Transaction ID: 2D1C7148-6276-4CE2-
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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 93 / 120
(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) Alan Schein		Date of Receipt MM / DD / YYYY 07 / 11 / 2008
Mailing Address Schein Ernst Eye Assoc 2509 N Front Street		Transaction ID: 6SRXUR432325
City Harrisburg	State PA	Zip Code 17110-1111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Barry Scher		Date of Receipt MM / DD / YYYY 07 / 15 / 2008
Mailing Address 681 Third Avenue		Transaction ID: DW2O7G521134
City Chula Vista	State CA	Zip Code 91910-5703
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 - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

C.

Full Name (Last, First, Middle Initial) Martin Schneider		Date of Receipt MM / DD / YYYY 07 / 07 / 2008
Mailing Address 500 W Main Street		Transaction ID: 9TSRTL839218
City Freehold	State NJ	Zip Code 07728-2500
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	965.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 94 / 120
(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)
Gary Schraut

Mailing Address Suite 101
100 Professional Court

City State Zip Code
Lafayette IN 47905-5132

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
07 / 01 / 2008

Transaction ID: 6ABJ6A762575

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
A William Schubert

Mailing Address 1605 Reynolds Drive

City State Zip Code
Charleston IL 61920-3152

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
07 / 10 / 2008

Transaction ID: DDF1F0667816

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 49 North Street

City State Zip Code
Delmar NY 12054-1017

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
07 / 21 / 2008

Transaction ID: B03KJ2441624

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 120
(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)
Joel Schuman

Mailing Address Upmc Eye Center/Eye and Ear Instit
203 Lothrop Street Suite 816

City Pittsburgh State PA Zip Code 15213-2548

FEC 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 07 / 14 / 2008
Transaction ID: 6SRY0P561577
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Arthur Schwartz

Mailing Address Suite 950
5454 Wisconsin Avenue

City Chevy Chase State MD Zip Code 20815-6912

FEC 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 07 / 18 / 2008
Transaction ID: 0448249
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

Mailing Address Suite 108
2650 Elm Avenue

City Long Beach State CA Zip Code 90806-1600

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 07 / 2008
Transaction ID: 9TSRTL032882
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 120

(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) Elwin Schwartz		Date of Receipt MM / DD / YYYY 07 / 02 / 2008		
	Mailing Address Suite 100 400 Saybrook Road		Transaction ID: 605417451428		
	City Middletown	State CT	Zip Code 06457-4774	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist		Aggregate Year-to-Date 365.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

B.	Full Name (Last, First, Middle Initial) Todd Andrew Scott		Date of Receipt MM / DD / YYYY 07 / 29 / 2008		
	Mailing Address 3032 Des Prez Avenue		Transaction ID: 1E047D48-142F-430E-		
	City Fort Mill	State SC	Zip Code 29707	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist		Aggregate Year-to-Date 500.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

C.	Full Name (Last, First, Middle Initial) Susan Sentf		Date of Receipt MM / DD / YYYY 07 / 24 / 2008		
	Mailing Address Suite 200 75-1028 Henry Street		Transaction ID: CRIDE4868331		
	City Kailua Kona	State HI	Zip Code 96740-1693	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist		Aggregate Year-to-Date 500.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		

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 97 / 120

(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)

Bradford Shingleton

Mailing Address Suite 600

50 Staniford Street

City

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing federal political committee.

C

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
07 / 08 / 2008

Transaction ID: 6SRY0S322444

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Farhad Shokoohi

Mailing Address 350 Golfview Drive

City

Saginaw

State

MI

Zip Code

48638-5826

FEC 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
07 / 23 / 2008

Transaction ID: ETJO47157702

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

John Simon

Mailing Address Suite 202

1220 New Scotland Road

City

Slingerlands

State

NY

Zip Code

12159-9386

FEC 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
07 / 10 / 2008

Transaction ID: DW2NCF751875

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 120
(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)
Harinderjit Singh

Mailing Address Suite 201
3685 Wheeler Road

City Augusta State GA Zip Code 30909-6440

FEC 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 07 / 08 / 2008
Transaction ID: 6SRY0S145776
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Brian Smith

Mailing Address 138 W Avon Parkway

City Asheville State NC Zip Code 28804-1410

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 02 / 2008
Transaction ID: 6054I7156167
Amount of Each Receipt this Period 400.00
Batch Tool - PAC

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

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC 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 07 / 18 / 2008
Transaction ID: 0295135
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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 99 / 120
(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)
Neal Snebold

Mailing Address 26 Mount Pleasant Street

City State Zip Code
Winchester MA 01890

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
07 / 02 / 2008

Transaction ID: F2A5FD16-D3CF-4FE1-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Lee Snyder

Mailing Address 33 Ironwood Circle

City State Zip Code
Baltimore MD 21209-1760

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
07 / 07 / 2008

Transaction ID: 9TSRTL935224

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

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

Mailing Address Suite 400
7150 Greenville Avenue

City State Zip Code
Dallas TX 75231-5186

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
07 / 15 / 2008

Transaction ID: DW2O7G287497

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 100 / 120
(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)
Richard Spaide

Mailing Address Floor 5
460 Park Avenue

City State Zip Code
New York NY 10022-1858

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
07 / 02 / 2008

Transaction ID: 6ABJ6O454833

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

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

Mailing Address 3612 Overbrook Drive

City State Zip Code
Dallas TX 75205-4327

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
07 / 14 / 2008

Transaction ID: 6SRY0P375468

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

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 ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: 2YEIVL105246

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶

2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 120
(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)
Roger Steinert

Mailing Address 118 Med Surg I

City Irvine State CA Zip Code 92697-4375

FEC 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: 07 / 07 / 2008
Transaction ID: 2YEIVL455625
Amount of Each Receipt this Period: 1000.00
Batch Tool - PAC

B.

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

Mailing Address Mayo Clinic
4500 San Pablo Road

City Jacksonville State FL Zip Code 32224

FEC 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: 07 / 07 / 2008
Transaction ID: 2YEIT8666461
Amount of Each Receipt this Period: 500.00
Batch Tool - PAC

C.

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

Mailing Address 4741 S Cochise Drive

City Independence State MO Zip Code 64055-6974

FEC 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: 07 / 07 / 2008
Transaction ID: 2YEIVL161258
Amount of Each Receipt this Period: 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 120
(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)
Barbara Streeten

Mailing Address Eye Pathology/Room 2107 Wh
Sunny Upstate Med Univ 766 Irving

City State Zip Code
Syracuse NY 13210

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
07 / 01 / 2008

Transaction ID: 6ABJ6A595852

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Barbara Streeten

Mailing Address Eye Pathology/Room 2107 Wh
Sunny Upstate Med Univ 766 Irving

City State Zip Code
Syracuse NY 13210

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
07 / 21 / 2008

Transaction ID: ETJO62542964

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Paul Stromberg

Mailing Address 1306 Division Street

City State Zip Code
Oregon City OR 97045-1523

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
07 / 21 / 2008

Transaction ID: ETJO62512964

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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 103 / 120
(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)
Shigemi Sugiki
Mailing Address 1380 Lusitana Street Suite 714
City Honolulu State HI Zip Code 96813-2443
FEC 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 07 / 10 / 2008
Transaction ID: DDF1F0794462
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Craig Suiter
Mailing Address 4020 North 54th Place
City Phoenix State AZ Zip Code 85018-4508
FEC 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 07 / 02 / 2008
Transaction ID: 605417243272
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
James Swartley
Mailing Address 222 N 2nd Street Suite 215
City Boise State ID Zip Code 83702-6130
FEC 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 07 / 10 / 2008
Transaction ID: DW2NCF686211
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1750.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 120
(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)
Mark Szal

Mailing Address Suite 1600
248 Pleasant Street

City State Zip Code
Concord NH 03301-2588

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
07 / 08 / 2008

Transaction ID: 6SRY0S548321

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Jonathan Talamo

Mailing Address Suite 184
1601 Trapelo Road

City State Zip Code
Waltham MA 02451-7356

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
07 / 23 / 2008

Transaction ID: ETJO47181278

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address Suite 1510
840 Walnut Street

City State Zip Code
Philadelphia PA 19107-5109

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
07 / 01 / 2008

Transaction ID: 6ABJ6A514834

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

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

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

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

FOR LINE NUMBER: PAGE 105 / 120
(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)
Stuart Terry

Mailing Address 1100 N Main Avenue

City State Zip Code
San Antonio TX 78212-4701

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
07 / 28 / 2008

Transaction ID: CRIDF3665454

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 2120 Antilley Road

City State Zip Code
Abilene TX 79606-5211

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
07 / 29 / 2008

Transaction ID: FZ1JIY466515

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 3519 Friendsville Road

City State Zip Code
Wooster OH 44691-1241

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
07 / 16 / 2008

Transaction ID: DW2NCW855716

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1730.00**

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 106 / 120
(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)
John Thompson
Mailing Address 6569 N CHARLES ST
City TOWSON State MD Zip Code 21204
FEC 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 07 / 13 / 2008
Transaction ID: 33586F0B-3809-4E14-
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Steven Thornquist
Mailing Address 25 Oak Ridge Drive
City Bethany State CT Zip Code 06524-3117
FEC 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 07 / 22 / 2008
Transaction ID: 45529b88fd5238d7054a
Amount of Each Receipt this Period 91.25
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Kevin Treacy
Mailing Address 645 Ridgewood Road
City Duluth State MN Zip Code 55804-1856
FEC 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 07 / 18 / 2008
Transaction ID: 0836131
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 841.25
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 120
(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) Michael Trese		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
Mailing Address Suite 344 3535 W 13 Mile Road		Transaction ID: 6SRXZY767527
City Royal Oak	State MI	Zip Code 48073-6770
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Gregory Trubowitsch		Date of Receipt MM / DD / YYYY 07 / 14 / 2008
Mailing Address 741 Los Miradores Drive		Transaction ID: 6SRYP0243038
City El Paso	State TX	Zip Code 79912-3451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Peter Utrata		Date of Receipt MM / DD / YYYY 07 / 09 / 2008
Mailing Address Suite 320 262 Neil Avenue		Transaction ID: 9TSRY4865882
City Columbus	State OH	Zip Code 43215-7311
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 108 / 120
(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 Versackas

Mailing Address Suite 202
1212 Pleasant Street

City State Zip Code
Des Moines IA 50309-1411

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
07 / 02 / 2008

Transaction ID: 6ABJ6O647463

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address 200 S 5th Street

City State Zip Code
Bismarck ND 58504-5675

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
07 / 24 / 2008

Transaction ID: CRIDE4674604

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Manfred Von Fricken

Mailing Address Suite 300
8505 Arlington Boulevard

City State Zip Code
Fairfax VA 22031-4630

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
07 / 07 / 2008

Transaction ID: 2YEIVL972214

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 109 / 120
(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)
Daniel Wachtel

Mailing Address 515 Church Street

City Bound Brook State NJ Zip Code 08805-1743

FEC 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 07 / 01 / 2008

Transaction ID: 6ABJ6A609592

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

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

Mailing Address Angelina Eye Center
2801 S John Redditt Dr. Suite B

City Lufkin State TX Zip Code 75904-5666

FEC 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 07 / 10 / 2008

Transaction ID: DW2NCF509683

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

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

Mailing Address Building F, Suite B
3920 Bee Ridge Road

City Sarasota State FL Zip Code 34233-1207

FEC 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 07 / 07 / 2008

Transaction ID: 2YEIVL929677

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1095.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 120
(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)
William Thomas Walton

Mailing Address 13919 Bluff Wind

City State Zip Code
San Antonio TX 78216-7923

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2008

Transaction ID: 6ABJ6A558875

Amount of Each Receipt this Period
50.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ted Chau-Po Wei

Mailing Address Suite 305
616 N Garfield Avenue

City State Zip Code
Monterey Park CA 91754-1101

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
07 / 14 / 2008

Transaction ID: 6SRXU3437914

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 407 Avenue K Southeast

City State Zip Code
Winter Haven FL 33880-4126

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 15 / 2008

Transaction ID: DW207G661013

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 120
(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)
Kent Lewis Wellish

Mailing Address 2110 E Flamingo Road
Suite 210

City Las Vegas State NV Zip Code 89119-5193

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2008

Transaction ID: 2YEIVL432543

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 28 / 2008

Transaction ID: CRIDF3124446

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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

Mailing Address 2399 Baker Road Southwest

City New Philadelphia State OH Zip Code 44663-7104

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 01 / 2008

Transaction ID: 2G8EOF732654

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 112 / 120
(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)
William White

Mailing Address Suite 405
1004 Carondelet Drive

City State Zip Code
Kansas City MO 64114-4801

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: 2YEIVL452103

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Jeffrey Whitman

Mailing Address Suite 400
2801 Lemmon Avenue

City State Zip Code
Dallas TX 75204-2399

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: CRIDE4745265

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

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

Mailing Address 16954 Highland Road

City State Zip Code
Baton Rouge LA 70810-5805

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: DW207G411936

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 113 / 120
(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)
Robert Wirthlin

Mailing Address 1709 S Upper Terrace Road

City State Zip Code
Spokane WA 99203-3558

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
07 / 08 / 2008

Transaction ID: 6SRY0S892406

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Eugene Wolchok

Mailing Address Suite A2
3636 University Boulevard S

City State Zip Code
Jacksonville FL 32216-4210

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
07 / 07 / 2008

Transaction ID: 2YEIVL817336

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Byron M Wong

Mailing Address Suite 423
1481 S King Street

City State Zip Code
Honolulu HI 96814-2600

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
07 / 24 / 2008

Transaction ID: CRIDE4128363

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 114 / 120
(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 Wong

Mailing Address 255 E Weber Avenue

City State Zip Code
Stockton CA 95202-2706

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
07 / 18 / 2008

Transaction ID: 0689425

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Vernon K Wong

Mailing Address Suite 423
1481 S King Street

City State Zip Code
Honolulu HI 96814-2600

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
07 / 24 / 2008

Transaction ID: CRIDE4796105

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Suite 100
14540 Prairie Lakes Boulevard

City State Zip Code
Noblesville IN 46060-4370

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 10 / 2008

Transaction ID: DW2NCF171938

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 115 / 120
(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 Zeiter

Mailing Address 255 E Weber Avenue

City State Zip Code
Stockton CA 95202-2706

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
07 / 18 / 2008

Transaction ID: 0652251

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

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

Mailing Address 255 E Weber Avenue

City State Zip Code
Stockton CA 95202-2706

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
07 / 18 / 2008

Transaction ID: 0246432

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Carol Ziel

Mailing Address Suite 100
2025 Frontis Plaza Boulevard

City State Zip Code
Winston Salem NC 27103-5663

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y
07 / 10 / 2008

Transaction ID: DW2NCF761552

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 116 / 120	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Paul Zimmerman		Date of Receipt	
Mailing Address 2800 3rd Street		M M / D D / Y Y Y Y 07 / 24 / 2008	
City	State	Zip Code	Transaction ID: CRIDE4020347
Rapid City	SD	57701-7374	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		365.00	
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	365.00	

SUBTOTAL of Receipts This Page (optional)	▶	365.00
TOTAL This Period (last page this line number only)	▶	164602.57

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 120
(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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" 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) Wells Fargo Bank N.A.		Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2008		
	Mailing Address PO Box 63020		Transaction ID: 7d5458a48452013e4a1		
	City San Francisco	State CA	Zip Code 94163	Amount of Each Receipt this Period 1494.07	
	FEC ID number of contributing federal political committee. C		Bank interest 7/08		
	Name of Employer	Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 11600.51			

SUBTOTAL of Receipts This Page (optional)	▶	1494.07
TOTAL This Period (last page this line number only)	▶	1494.07

**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 118 / 120

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

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

<p>A. Full Name (Last, First, Middle Initial) AAO</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V49272-2977716326713</p> <p>Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 9615.00</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Surgical Scope Fund</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94120</p> <p>Purpose of Disbursement Contribution s/b SSF not PAC Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V32455-1732751727104</p> <p>Date of Disbursement 07 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 1365.00</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement Bank charges 7/08 Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 12193c7f32d90d906ee</p> <p>Date of Disbursement 07 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 1285.43</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12265.43

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 119 / 120

<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.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Amex discount 7/08

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 2068184266eea0db99a

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

1201.89

SUBTOTAL of Disbursements This Page (optional)

1201.89

TOTAL This Period (last page this line number only)

13467.32

Image# 28932512432

Form/Schedule: F3X

Transaction ID:
