

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 25 2008 through 12 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 01 29 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

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	596819.06									
(c) Total Receipts (from Line 19)	64652.44	1037772.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	661471.50	1934193.73								
7. Total Disbursements (from Line 31)	-19913.99	1252808.24								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	681385.49	681385.49								
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
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

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	56416.57	900458.88
(i) Itemized (use Schedule A)	6135.42	101354.93
(ii) Unitemized	62551.99	1001813.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	62551.99	1001813.81
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	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2100.45	33458.56
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))	64652.44	1037772.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64652.44	1037772.37

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.....	2236.01	30955.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2236.01	30955.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-27500.00	753500.00
24. Independent Expenditure (use Schedule E)	0.00	438407.25
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	5350.00	29120.00
(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))	5350.00	29120.00
29. Other Disbursements.....	0.00	825.00
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))..	-19913.99	1252808.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-19913.99	1252808.24

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	62551.99	1001813.81
34. Total Contribution Refunds (from Line 28(d))	5350.00	29120.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	57201.99	972693.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2236.01	30955.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2236.01	30955.99

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

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

FOR LINE NUMBER: PAGE 6 / 59
(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)
Thomas Abell

Mailing Address 2350 Regency Road

City Lexington State KY Zip Code 40503-2351

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 04 / 2008

Transaction ID: 1OMQNL068364

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jon Adleberg

Mailing Address Suite 100
1230 Progressive Drive

City Chesapeake State VA Zip Code 23320-0203

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt 12 / 22 / 2008

Transaction ID: FK4M0D916222

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Belu Allam

Mailing Address Suite 110
6318 FM 1488 Road

City Magnolia State TX Zip Code 77354-2763

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 912.50

Date of Receipt 12 / 22 / 2008

Transaction ID: FK4M0D675825

Amount of Each Receipt this Period 182.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 912.00

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 7 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Belu Allam		Date of Receipt MM / DD / YYYY 12 / 23 / 2008
	Mailing Address Suite 110 6318 FM 1488 Road		Transaction ID: 49fdabbc5893d1cd4824
	City Magnolia	State TX	Zip Code 77354-2763
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
	Name of Employer self 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 ▼ 912.50		

B.	Full Name (Last, First, Middle Initial) Steven Andersen		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
	Mailing Address Suite B 38707 Stivers Street		Transaction ID: 9Q33SJ634938
	City Fremont	State CA	Zip Code 94536-5337
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	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 ▼ 3000.00		

C.	Full Name (Last, First, Middle Initial) Everton Arrindell		Date of Receipt MM / DD / YYYY 12 / 04 / 2008
	Mailing Address 9107 Brentmeade Boulevard		Transaction ID: 1OMQNL460635
	City Brentwood	State TN	Zip Code 37027-8525
	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		

SUBTOTAL of Receipts This Page (optional)	▶	1591.25
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 8 / 59
(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)
Joe Arterberry

Mailing Address Suite 110
224 E Broadway

City State Zip Code
Louisville KY 40202-2016

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNL364613

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

City State Zip Code
Longwood FL 32750

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2008

Transaction ID: 7Y87P5386033

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 202
160 Heritage Way

City State Zip Code
Kalispell MT 59901-3127

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNL364613

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 59
(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)
Wendall Bauman

Mailing Address 137 Primrose Place

City State Zip Code
San Antonio TX 78209-3832

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	8

Transaction ID: 1OMQNNQ648072

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

Mailing Address 1395 W Lacey Boulevard

City State Zip Code
Hanford CA 93230-5904

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 2LRDJJ397335

Amount of Each Receipt this Period
500.00

Batch Tool

C.

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
1	2	/	0	4	/	2	0	0	8

Transaction ID: 1OMQNNQ133753

Amount of Each Receipt this Period
135.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶

1135.00

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 / 59
(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)
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 ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNNQ777927

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Adam Bloom

Mailing Address Precision Eye Care
1700 E Jericho Turnpike

City State Zip Code
Huntington NY 11743

FEC ID 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
1 2 / 1 1 / 2 0 0 8

Transaction ID: D8PU2R284570

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Louis Blumenfeld

Mailing Address Suite 111
225 W State Road 434

City State Zip Code
Longwood FL 32750-4980

FEC ID 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
1 2 / 1 2 / 2 0 0 8

Transaction ID: 655G64855503

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1030.00**

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 11 / 59
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rodger Bodoia

Mailing Address 215 Lilly Road Northeast

City Olympia State WA Zip Code 98506-5030

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 23 / 2008

Transaction ID: 0610730

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Evelyne Bouchard-Kindy

Mailing Address 120 Burdick Expressway E

City Minot State ND Zip Code 58701-4434

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 04 / 2008

Transaction ID: 10MQNQ221146

Amount of Each Receipt this Period 300.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Beth Bruening

Mailing Address 405 W 45th Street

City Sioux City State IA Zip Code 51104-1072

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 04 / 2008

Transaction ID: 10MQNQ003338

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**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 59
(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 Bullock

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226-3330

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2008
Transaction ID: 7Y87P5107297
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address Suite 120
1555 N Barrington Road

City Hoffman Estates State IL Zip Code 60169-1062

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 12 / 04 / 2008
Transaction ID: 1OMQNP852748
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Roger Carlson

Mailing Address Redwood Eye Center
2852 Redwood Parkway

City Vallejo State CA Zip Code 94591

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2008
Transaction ID: 1OMQNP822588
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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 59

(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)

Mark Cichowski

Mailing Address PO Box 1227

City State Zip Code
Coupeville WA 98239-1227

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 0865601

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Charles Colombo

Mailing Address Suite 180
1701 South Boulevard E

City State Zip Code
Rochester Hills MI 48307-6115

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 615.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNY175492

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

John Colombo

Mailing Address 22835 Kelly Road

City State Zip Code
Eastpointe MI 48021-2073

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D8PU2R785684

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 14 / 59

(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)

Nazareth Darakjian

Mailing Address 2595 E Washington Boulevard Suite

City State Zip Code
Pasadena CA 91107-1409

FEC ID 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
12 / 09 / 2008

Transaction ID: D9R7WE827518

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Daniel Day

Mailing Address 8401 Golden Valley Road #330

City State Zip Code
Golden Valley MN 55427-4488

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

MM / DD / YYYY
12 / 09 / 2008

Transaction ID: D9R7WE652584

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address Suite B
2877 Crooks Road

City State Zip Code
Troy MI 48084-4717

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 10MQNL224647

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2300.00

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 15 / 59
(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)
Andrew Doan

Mailing Address 45510 Peacock Place

City State Zip Code
Temecula CA 92592-4830

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

Name of Employer self Occupation
self ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNL256210

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 1230 Centre West Drive

City State Zip Code
Springfield IL 62704-2173

FEC ID 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
12 / 31 / 2008

Transaction ID: 49daa0b4fa673a770867

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 985 Matlock Road

City State Zip Code
Bowling Green KY 42104-7408

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNL650193

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **1100.00**

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 / 59
(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 Keith Emmel

Mailing Address 1260 Silas Deane Highway

City State Zip Code
Wethersfield CT 06109-4362

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNY827262

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Matthew Farber

Mailing Address Suite 300
7900 W Jefferson Boulevard

City State Zip Code
Fort Wayne IN 46804-4128

FEC ID 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
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNQ466750

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C.

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

Mailing Address 405 International Drive

City State Zip Code
Williamsville NY 14221-5725

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNY325757

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 17 / 59
	<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 Francis		Date of Receipt
	Mailing Address Suite 4804 1450 San Pablo Street		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Los Angeles	CA	90033-4500
	FEC ID number of contributing federal political committee.		Transaction ID: 1OMQNNQ233938
	C		Amount of Each Receipt this Period
		500.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Robert Fry		Date of Receipt
	Mailing Address 217 Old York Road		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dillsburg	PA	17019-9318
	FEC ID number of contributing federal political committee.		Transaction ID: D8PU2R127527
	C		Amount of Each Receipt this Period
		100.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Geoffrey Garrett		Date of Receipt
	Mailing Address 1455 E Bert Kouns Loop		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Shreveport	LA	71105-5634
	FEC ID number of contributing federal political committee.		Transaction ID: 0506868
	C		Amount of Each Receipt this Period
		365.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="730.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="965.00"/>
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 18 / 59
(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 Gessler

Mailing Address 1229 E Seminole Street

City State Zip Code
Springfield MO 65804-2227

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: DALOOL771855

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Morris Glassman

Mailing Address 1940 Commerce Street

City State Zip Code
Yorktown Heights NY 10598-4428

FEC ID 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
12 / 04 / 2008

Transaction ID: 1OMQNL185311

Amount of Each Receipt this Period
150.00

Batch Tool - PAC

C.

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

Mailing Address Suite 111
225 W State Road 434

City State Zip Code
Longwood FL 32750-4980

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2008

Transaction ID: 7Y87P5315358

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1515.00**

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 / 59
(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 Goldstein

Mailing Address Suite 170
2801 W Kinnickinnic Parkway

City State Zip Code
Milwaukee WI 53215-3678

FEC ID 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
12 / 02 / 2008

Transaction ID: DALOOL146151

Amount of Each Receipt this Period
150.00

Batch Tool - PAC

B.

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

Mailing Address 6545 Rutgers

City State Zip Code
Houston TX 77005

FEC ID 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
11 / 29 / 2008

Transaction ID: 5593D9FF-C56D-4A2D-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Lynn Gordon

Mailing Address 100 Stein Plaza

City State Zip Code
Los Angeles CA 90095-7065

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 956.25

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: 655G64272568

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 59		
	<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) Debra Graham		Date of Receipt MM / DD / YYYY 12 / 04 / 2008		
	Mailing Address 3585 Broadway Street		Transaction ID: 1OMQNNQ253133		
	City North Bend	State OR	Zip Code 97459-1251	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) John Haley		Date of Receipt MM / DD / YYYY 12 / 04 / 2008		
	Mailing Address Suite B 1626 Forest Lane S		Transaction ID: 1OMQNL753104		
	City Garland	State TX	Zip Code 75042-7943	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 2000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt MM / DD / YYYY 12 / 01 / 2008		
	Mailing Address Suite 204 451 Ruin Creek Road		Transaction ID: 41e38b55d2411b9c5058		
	City Henderson	State NC	Zip Code 27536-5920	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1390.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 59
(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) Mark Hatton		Date of Receipt MM / DD / YYYY 11 / 28 / 2008
Mailing Address 50 Staniford Street		Transaction ID: 47a38841895e6d3ba426
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Mark Hatton		Date of Receipt MM / DD / YYYY 12 / 28 / 2008
Mailing Address 50 Staniford Street		Transaction ID: 473bac227680600c5b1c
City Boston	State MA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.

Full Name (Last, First, Middle Initial) Richard Hawkins		Date of Receipt MM / DD / YYYY 12 / 17 / 2008
Mailing Address 1729 New Hanover Medical Park Driv		Transaction ID: 44b6b8124a1719bdb716
City Wilmington	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 59
(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) Luis Hernandez		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
Mailing Address Torre San Pablo 902 68 Calle Santa Cruz		Transaction ID: DALOOL083231
City Bayamon	State PR	Zip Code 00961-7032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
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 ▼ 700.00	

B.

Full Name (Last, First, Middle Initial) John Hines		Date of Receipt MM / DD / YYYY 12 / 19 / 2008
Mailing Address PO Box 1789		Transaction ID: 7Y87P5734409
City Roanoke	State VA	Zip Code 24008-1789
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) Gary Hirshfield		Date of Receipt MM / DD / YYYY 12 / 08 / 2008
Mailing Address Suite 102 4231 Colden Street		Transaction ID: 9Q33SJ939188
City Flushing	State NY	Zip Code 11355-3981
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 ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 59
(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)
Elizabeth Hodapp

Mailing Address 245 E Rivo Alto Drive

City Miami Beach State FL Zip Code 33139-1267

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 12 / 04 / 2008

Transaction ID: 1OMQNL894497

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jack Holladay

Mailing Address 5108 Braeburn Drive

City Bellaire State TX Zip Code 77401-4902

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 11 / 2008

Transaction ID: D8PU2R356035

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

C. 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 ▼ 3749.94

Date of Receipt 12 / 11 / 2008

Transaction ID: 42f799f863198c55c76f

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1781.66

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 24 / 59
(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)
Eric Johnson

Mailing Address 204B Allendale Road

City Chestnut Hill State MA Zip Code 02467-3200

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 ▼ 615.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNL341110

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address 110 Med Tech Pkwy

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 ▼ 600.00

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

Transaction ID: FK4M0I473156

Amount of Each Receipt this Period
100.00

Batch Tool - PAC

C.

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

Mailing Address Suite 106
4699 Main Street

City Bridgeport State CT Zip Code 06606-1830

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNL543777

Amount of Each Receipt this Period
100.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 59
(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 Kennedy

Mailing Address 1675 Providence Avenue

City State Zip Code
Schenectady NY 12309-3919

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2008

Transaction ID: D8PU2R271154

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 7550 E 2nd Street

City State Zip Code
Scottsdale AZ 85251-4504

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2008

Transaction ID: 2LRDGJ724192

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Craig King

Mailing Address Suite 100
3209 N 4th Street

City State Zip Code
Longview TX 75605-5170

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2008

Transaction ID: 9Q33SJ881329

Amount of Each Receipt this Period
200.00

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 26 / 59
(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)
Stephen Kondash

Mailing Address Suite 300
2841 Boudinot Avenue

City State Zip Code
Cincinnati OH 45238-2496

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: 655G64153168

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 5323 Harry Hines Boulevard

City State Zip Code
Dallas TX 75390-7208

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: DALOOL124444

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 2
2101 Westown Parkway

City State Zip Code
West Des Moines IA 50265-1542

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 23 / 2008

Transaction ID: 0252482

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 27 / 59
(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 Lapenta

Mailing Address 322 Dewey Street

City Bennington State VT Zip Code 05201-2225

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 04 / 2008
Transaction ID: 1OMQNNQ073170
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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

Mailing Address Houston Eye Associates
2855 Gramercy Street

City Houston State TX Zip Code 77025

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2008
Transaction ID: D8PU2R572316
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 349 Folly Road

City Charleston State SC Zip Code 29412-2508

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 12 / 04 / 2008
Transaction ID: 1OMQNNQ724748
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 28 / 59
(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)
Jason Levine

Mailing Address 5790 N Camino De La Sombra

City Tucson State AZ Zip Code 85718-3919

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 12 / 04 / 2008

Transaction ID: 4110b514e5587000015a

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2725 E 29th Street

City Bryan State TX Zip Code 77802-2504

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 12 / 23 / 2008

Transaction ID: 0672490

Amount of Each Receipt this Period 25.00

Batch Tool - PAC

C.

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

Mailing Address Suite D
4950 Southwest Lejeune Road

City Coral Gables State FL Zip Code 33146-2231

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 12 / 12 / 2008

Transaction ID: 655G64181872

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **375.00**

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 / 59

(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)

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 ▼ 2000.00

Date of Receipt

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

Transaction ID: 9Q33SJ774128

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Michael Lund

Mailing Address Suite A
2325 Aberdeen Boulevard

City State Zip Code
Gastonia NC 28054-0642

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: DALOOL166043

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jonathan Macy

Mailing Address 8635 W 3rd Street Suite 360W

City State Zip Code
Los Angeles CA 90048-6149

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 655G64326886

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 30 / 59
(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)
Tom Maddox

Mailing Address 2845 Farrell Crescent

City Owensboro State KY Zip Code 42303-1393

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 12 / 12 / 2008

Transaction ID: 655G64621264

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

B.

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

Mailing Address 2224 Alaqua Drive

City Longwood State FL Zip Code 32779-3100

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt MM / DD / YYYY 12 / 04 / 2008

Transaction ID: 1OMQNO88645

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Vasilis Makris

Mailing Address 3300 W Purdue Avenue

City Muncie State IN Zip Code 47304-6355

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY 12 / 02 / 2008

Transaction ID: DALOOL475268

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 31 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 4120 Del Prado Boulevard

City State Zip Code
Cape Coral FL 33904-7165

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNNQ695286

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Raul Masvidal

Mailing Address 250 Southwest Le Jeune Road

City State Zip Code
Miami FL 33134-1755

FEC ID 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
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNNQ472393

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 53 Avenue of Champions

City State Zip Code
Nicholasville KY 40356-9720

FEC ID 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
11 / 25 / 2008

Transaction ID: 2LRDGGJ094423

Amount of Each Receipt this Period
200.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **930.00**

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 / 59
(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)
Peter McCanna

Mailing Address 1025 Regent Street

City Madison State WI Zip Code 53715-1248

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 04 / 2008

Transaction ID: 1OMQNP809223

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

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

Mailing Address Suite 405
7710 Mercy Road

City Omaha State NE Zip Code 68124-2346

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2008

Transaction ID: FK4M0D396566

Amount of Each Receipt this Period 150.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Nick McLane

Mailing Address Suite 330
317 Saint Francis Drive

City Greenville State SC Zip Code 29601-3914

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 25 / 2008

Transaction ID: 2LRDGI625836

Amount of Each Receipt this Period 365.00

Batch Tool

SUBTOTAL of Receipts This Page (optional) ▶ **880.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 59

(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)

Dale Meyer

Mailing Address Suite 302
1220 New Scotland Road

City State Zip Code
Slingerlands NY 12159-9386

FEC ID 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
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNNQ392342

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Mark Michels

Mailing Address Suite 220
3399 Pga Boulevard

City State Zip Code
Palm Beach Gardens FL 33410-2804

FEC ID 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
1 1 / 2 5 / 2 0 0 8

Transaction ID: 2LRDGJ615157

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Donald Miller

Mailing Address 1 Medical Center Drive

City State Zip Code
Lebanon NH 03756-1000

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 8

Transaction ID: 0665785

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

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: PAGE 34 / 59

(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 Miller

Mailing Address 245 Windham Hill Road

City State Zip Code
Knoxville TN 37934-4546

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D8PU2R242748

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Richard Mills

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 ▼ 730.00

Date of Receipt

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

Transaction ID: FK4M0M841550

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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 ▼ 2000.00

Date of Receipt

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

Transaction ID: DAL00L464448

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 35 / 59
(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)
Brice Nicholson
Mailing Address 460 McGrew Loop
City State Zip Code
Aiea HI 96701-4241
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation ophthalmology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 12 / 04 / 2008
Transaction ID: 1OMQNL802417
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
T Michael Nork
Mailing Address 17 Hickory Hollow Dr
City State Zip Code
Madison WI 53705
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00
Date of Receipt 12 / 25 / 2008
Transaction ID: C424E045-E8A7-4070-
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Richard Parrish
Mailing Address Room 450L
900 Northwest 17th Street
City State Zip Code
Miami FL 33136-1119
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 12 / 23 / 2008
Transaction ID: 0770536
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 36 / 59
(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) Rodolfo Perez		Date of Receipt MM / DD / YYYY 12 / 02 / 2008
Mailing Address Thurmond Eye Associates 1519 East Sixth		Transaction ID: DALOOL741684
City Weslaco	State TX	Zip Code 78596
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 ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Lawrence Piazza		Date of Receipt MM / DD / YYYY 12 / 04 / 2008
Mailing Address PO Box 1539		Transaction ID: 1OMQNL881155
City Blue Hill	State ME	Zip Code 04614-1539
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 ▼ 865.00	

C.

Full Name (Last, First, Middle Initial) William Plauche		Date of Receipt MM / DD / YYYY 12 / 04 / 2008
Mailing Address 1303 N Travis Street		Transaction ID: 1OMQNL881155
City Sherman	State TX	Zip Code 75092-5138
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)	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 37 / 59
(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)
Theresa Poindexter

Mailing Address 1395 W Lacey Boulevard

City Hanford State CA Zip Code 93230-5904

FEC 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 11 / 25 / 2008

Transaction ID: 2LRDGJ832228

Amount of Each Receipt this Period 500.00

Batch Tool

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

Mailing Address Houston Eye Associates
2855 Gramercy

City Houston State TX Zip Code 77025

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 02 / 2008

Transaction ID: DALOOL739053

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

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

Mailing Address 1750 Pine Street

City Abilene State TX Zip Code 79601-3044

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 12 / 23 / 2008

Transaction ID: 0824319

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 38 / 59
(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)
Aron Rose

Mailing Address Suite 5B
40 Temple Street

City State Zip Code
New Haven CT 06510-2715

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNNQ234208

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Susan Ruyle

Mailing Address 207 S Chehalis

City State Zip Code
Aberdeen WA 98520-2945

FEC ID 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
11 / 25 / 2008

Transaction ID: 2LRDGJ319565

Amount of Each Receipt this Period
365.00

Batch Tool

C.

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

Mailing Address 101 Laurier Place

City State Zip Code
Bryn Mawr PA 19010-2247

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2008

Transaction ID: 655G64721726

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: (check only one)	PAGE 39 / 59
	<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) Delia Sang		Date of Receipt
	Mailing Address 73 Chatham Street		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Brookline	MA	02446-5451
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 48e3a8ecd5ebd98d828b Amount of Each Receipt this Period <input type="text" value="416.66"/> PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="3749.94"/>	

B.	Full Name (Last, First, Middle Initial) Bradley Seely		Date of Receipt
	Mailing Address Suite 120 341 Medical Loop		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Roseburg	OR	97471-5546
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 10MQNQ857988 Amount of Each Receipt this Period <input type="text" value="365.00"/> Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="365.00"/>	

C.	Full Name (Last, First, Middle Initial) Sanjay Shirish Shah		Date of Receipt
	Mailing Address 1650 First Avenue Northeast		<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Cedar Rapids	IA	52402-5431
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 10GBVW440778 Amount of Each Receipt this Period <input type="text" value="300.00"/> Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1081.66"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 59
(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)
Hayne Sheffield

Mailing Address Suite 4
13414 Medical Comp Drive

City State Zip Code
Tomball TX 77375-3333

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 02 / 2008

Transaction ID: DALOOL538864

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address Suite A3
32123 1st Avenue S

City State Zip Code
Federal Way WA 98003-5720

FEC ID 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
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNG546253

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Bradford Shingleton

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNY394806

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 41 / 59
	<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 Silverstone		Date of Receipt MM / DD / YYYY 12 / 13 / 2008
	Mailing Address 13 ISLAND VIEW AVE		Transaction ID: 5C5ED2B6-3784-4E0B-
	City BRANFORD	State CT	Zip Code 06405
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Alan Solinsky		Date of Receipt MM / DD / YYYY 12 / 04 / 2008
	Mailing Address 1013 Farmington Avenue		Transaction ID: 10MQNQ766516
	City West Hartford	State CT	Zip Code 06107-2181
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 465.00	Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Alfred Solish		Date of Receipt MM / DD / YYYY 12 / 04 / 2008
	Mailing Address Unit 230 630 S Raymond Avenue		Transaction ID: 10MQNQ419244
	City Pasadena	State CA	Zip Code 91105-3283
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	Batch Tool - PAC

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 42 / 59
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 69 South Moger Avenue

City State Zip Code
Mount Kisco NY 10549

FEC ID 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
M M / D D / Y Y Y Y
1 2 / 1 3 / 2 0 0 8

Transaction ID: 57589986-7CFD-42C9-

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lucian Szmyd

Mailing Address Suite 200 East
155 Borthwick Avenue

City State Zip Code
Portsmouth NH 03801-7156

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNNQ013465

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Rashid Taher

Mailing Address 184 Northeast 168th Street

City State Zip Code
North Miami Beach FL 33162-3412

FEC ID 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
1 1 / 3 0 / 2 0 0 8

Transaction ID: 452ca63f57a9882a82e8

Amount of Each Receipt this Period
125.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **740.00**

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 / 59
(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)
Frank Terrell

Mailing Address PO Box 1317

City State Zip Code
Stephenville TX 76401-0013

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNY890768

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1600 S Brentwood Suite 800

City State Zip Code
St. Louis MO 63144-1317

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNP542145

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Trexler Topping

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNL537837

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 44 / 59
(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 Trent

Mailing Address 3190 Churn Creek Road

City State Zip Code
Redding CA 96002-2122

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: DALOOL681421

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 741 Los Miradores Drive

City State Zip Code
El Paso TX 79912-3451

FEC ID 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 Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNL456998

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Russell Van Gelder

Mailing Address 7525 Mercer Terrace Dr

City State Zip Code
Mercer Island WA 98040

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 8

Transaction ID: 95AF4AE7-7B53-4A50-

Amount of Each Receipt this Period
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: PAGE 45 / 59
(check only one)

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

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

A.

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

Mailing Address 910 E Willow Grove Avenue

City State Zip Code
Wyndmoor PA 19038-7910

FEC ID 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 Y
1 2 / 0 9 / 2 0 0 8

Transaction ID: D9R7WE522674

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

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

Mailing Address Suite 100
1174 Castro Street

City State Zip Code
Mountain View CA 94040-2572

FEC ID 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 Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: 7Y87P5345747

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address 21 Park Place

City State Zip Code
Appleton WI 54914-8872

FEC ID 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 Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 10MQNQ924167

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **2365.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 59
(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 ▼ 600.00

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

Transaction ID: DALOOL469611

Amount of Each Receipt this Period
50.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Kevin Lee Waltz

Mailing Address Suite 240
8103 Clearvista Parkway

City State Zip Code
Indianapolis IN 46256-4697

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNNQ336073

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Yujen Wang

Mailing Address Suite 103
2859 State Street

City State Zip Code
Medford OR 97504-8495

FEC ID 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
1 2 / 2 3 / 2 0 0 8

Transaction ID: 4d6ab30117e83915a8b5

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas Peter Ward	Date of Receipt MM / DD / YYYY 11 / 29 / 2008
	Mailing Address 18 Old Stone Crossing	Transaction ID: 415aa11c704543861e02
	City State Zip Code West Hartford CT 06117-1859	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Thomas Peter Ward	Date of Receipt MM / DD / YYYY 12 / 30 / 2008
	Mailing Address 18 Old Stone Crossing	Transaction ID: 4199817c4ee417185d70
	City State Zip Code West Hartford CT 06117-1859	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

C.	Full Name (Last, First, Middle Initial) Floyd Warren	Date of Receipt MM / DD / YYYY 12 / 04 / 2008
	Mailing Address 530 First Avenue Suite 3-B	Transaction ID: 10MQNQ593018
	City State Zip Code New York NY 10016-6402	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 ▼ 730.00	

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 59
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Joseph Weinstein

Mailing Address 4212 Hempstead Turnpike

City State Zip Code
Bethpage NY 11714-5723

FEC ID 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
12 / 04 / 2008

Transaction ID: 1OMQNNQ148721

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Suite 280
721 Sheridan Avenue

City State Zip Code
Cody WY 82414-3439

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1365.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNNQ646517

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 3375 Southwest Terwilliger Bouleva

City State Zip Code
Portland OR 97239-4146

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 04 / 2008

Transaction ID: 1OMQNNL332435

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 49 / 59
(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)
Chauncey Witcraft

Mailing Address 310 Second Avenue Southwest

City State Zip Code
Miami OK 74354-6743

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 2 3 / 2 0 0 8

Transaction ID: 0552325

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1655 E Greenville Street

City State Zip Code
Anderson SC 29621-2062

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 2 / 0 4 / 2 0 0 8

Transaction ID: 1OMQNNQ807820

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **730.00**

TOTAL This Period (last page this line number only) ► **56416.57**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 59
(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)
Bank of America

Mailing Address 101 S Marengo Avenue
3rd Floor

City Pasadena State CA Zip Code 91101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6238.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8

Transaction ID: 2ab0a04ea5679eb77cc

Amount of Each Receipt this Period
936.99

CD interest - Nov08

B. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 101 S Marengo Avenue
3rd Floor

City Pasadena State CA Zip Code 91101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 6238.36

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 8

Transaction ID: c1bf88b14889dc96b0a

Amount of Each Receipt this Period
972.07

CD interest - Dec08

C. Full Name (Last, First, Middle Initial)
Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 14138.20

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 8

Transaction ID: f41cd1a67715e2017d8

Amount of Each Receipt this Period
101.61

Bank interest 11/08

SUBTOTAL of Receipts This Page (optional) ► **2010.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 59
(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)
Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City State Zip Code
San Francisco CA 94163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14138.20

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 8

Transaction ID: d78cebfabdd50a7ed2a

Amount of Each Receipt this Period
89.78

Bank interest 12/08

SUBTOTAL of Receipts This Page (optional)	▶	89.78
TOTAL This Period (last page this line number only)	▶	2100.45

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>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 11/08</p> <p>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: 5ae277080b912a5cc01</p> <p>Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 679.07</p> <p>001 Category/Type</p>
<p>B.</p> <p>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 AMEX discount 11/08</p> <p>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: be8e496fac1f5b7be93</p> <p>Date of Disbursement 11 / 30 / 2008</p> <p>Amount of Each Disbursement this Period 403.29</p> <p>001 Category/Type</p>
<p>C.</p> <p>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 12/08</p> <p>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: 740ee22cdbff1ba783</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 827.78</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1910.14

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 53 / 59

<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 12/08

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 53570ff70d8ba31cbab

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

325.87

SUBTOTAL of Disbursements This Page (optional)

325.87

TOTAL This Period (last page this line number only)

2236.01

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Bilirakis for Congress	Transaction ID: 75357-84995669126511
	Mailing Address 610 S. Boulevard	Date of Disbursement 12 / 31 / 2008
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement 8/5/08 check voided	011 Category/ Type
	Candidate Name Gus Michael Bilirakis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 09	

B.	Full Name (Last, First, Middle Initial) Colorado Democratic Party	Transaction ID: 44925-70718020200730
	Mailing Address 777 Santa Fe Drive	Date of Disbursement 12 / 31 / 2008
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement 10/3/08 check voided	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Donna Edwards for Congress	Transaction ID: 44925-45603579282761
	Mailing Address PO Box 441153	Date of Disbursement 12 / 31 / 2008
	City Fort Washington State MD Zip Code 20749	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement 8/27/08 check voided	011 Category/ Type
	Candidate Name Donna Fern Edwards	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MD District: 04	

SUBTOTAL of Disbursements This Page (optional)	-11000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Jay Rockefeller</p> <p>Mailing Address PO Box 1909</p> <p>City Charleston State WV Zip Code 25327</p> <p>Purpose of Disbursement 8/27/08 check voided</p> <p>Candidate Name John D. Rockefeller, IV</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 75357-13364809751510</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 8/27/08 check voided</p> <p>Candidate Name Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 44925-26823061704635</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Sessions Senate Committee Inc</p> <p>Mailing Address PO Box 4278</p> <p>City Montgomery State AL Zip Code 36103</p> <p>Purpose of Disbursement 6/23/08 check voided</p> <p>Candidate Name Jeff Sessions</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 75357-05598086118698</p> <p>Date of Disbursement 12 / 31 / 2008</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

-9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 59

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jay Love for Congress Mailing Address 1020 Monticello Court, Suite 205 City Montgomery State AL Zip Code 36117 Purpose of Disbursement 6/6/08 check voided Candidate Name Jay Love, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 75357-50892275571823 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period -5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Voice for Freedom Mailing Address 2814 Spring Road Ste. 103 City Atlanta State GA Zip Code 30339 Purpose of Disbursement 10/3/08 check voided Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 44925-17069643735885 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period -2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

-7500.00

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

-27500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Robert Behar <hr/> Mailing Address 2610 E Allegheny Avenue <hr/> City Philadelphia State PA Zip Code 19134-5104 Purpose of Disbursement Refund of contribution per Dr request Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 52335-23191469907760 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00 Category/Type: 010
B. Full Name (Last, First, Middle Initial) Stanley Berke <hr/> Mailing Address Floor 3 360 Merrick Road <hr/> City Lynbrook State NY Zip Code 11563-2526 Purpose of Disbursement Refund of 7/14/08 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 85628-71090334653855 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00 Category/Type: 010
C. Full Name (Last, First, Middle Initial) Andrew Gillies <hr/> Mailing Address Suite 120 980 Washington Street <hr/> City Dedham State MA Zip Code 02026-6704 Purpose of Disbursement Refund of excessive contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91453-31194704771042 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2250.00 Category/Type: 010

SUBTOTAL of Disbursements This Page (optional) ▶

2850.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 59

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Tom Maddox

Transaction ID: 77475-73464602231980

Date of Disbursement

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

Mailing Address 2845 Farrell Crescent

City Owensboro State KY Zip Code 42303-1393

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
refund due to excessive contribution

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

5350.00

Image# 29932018386

Form/Schedule: **F3X**

Transaction ID:
