

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 11 04 2008 in the State of 0

5. Covering Period 10 16 2008 through 11 24 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 11 26 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	695699.10									
(c) Total Receipts (from Line 19)	92880.41	973119.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	788579.51	1869541.29								
7. Total Disbursements (from Line 31)	191760.45	1272722.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	596819.06	596819.06								
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	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

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	79483.82	844042.31
(i) Itemized (use Schedule A)	9053.42	95219.51
(ii) Unitemized	88537.24	939261.82
(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)	88537.24	939261.82
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	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1843.17	31358.11
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))	92880.41	973119.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	92880.41	973119.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	1836.45	28719.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1836.45	28719.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	26000.00	781000.00
24. Independent Expenditure (use Schedule E)	161599.00	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	1500.00	23770.00
(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))	1500.00	23770.00
29. Other Disbursements.....	825.00	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))..	191760.45	1272722.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	191760.45	1272722.23

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)	88537.24	939261.82
34. Total Contribution Refunds (from Line 28(d))	1500.00	23770.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	87037.24	915491.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1836.45	28719.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1836.45	28719.98

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 74

(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)
Ricardo Akstein

Mailing Address Suite 100
86 Upper Riverdale Road Southeast

City State Zip Code
Riverdale GA 30274-2620

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 0386714

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

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

Mailing Address Suite 110
6318 FM 1488 Road

City State Zip Code
Magnolia TX 77354-2763

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 639.25

Date of Receipt

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

Transaction ID: 466d9158df77e83aa45b

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address Suite 110
6318 FM 1488 Road

City State Zip Code
Magnolia TX 77354-2763

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 639.25

Date of Receipt

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

Transaction ID: 4FYL69588273

Amount of Each Receipt this Period

183.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

774.25

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 74
	<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) Belu Allam	Date of Receipt MM / DD / YYYY 11 / 23 / 2008
	Mailing Address Suite 110 6318 FM 1488 Road	Transaction ID: 4ef4b3464ffecb1b919f
	City Magnolia State TX Zip Code 77354-2763	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 639.25	

B.	Full Name (Last, First, Middle Initial) Lawrence Anderson	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 8955 W Hackamore Drive	Transaction ID: 4090ZD332337
	City Boise State ID Zip Code 83709-1673	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) John Armstrong	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 1590 Darling Street	Transaction ID: 4TA2V0976612
	City Ogden State UT Zip Code 84403-0445	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	791.25
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 74
(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)
Jeffrey Arnoult

Mailing Address 2855 Gramercy

City State Zip Code
Houston TX 77025-1635

FEC ID 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 0 / 2 0 / 2 0 0 8

Transaction ID: 1PC8Z5464876

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Pablo Miguel Arregui

Mailing Address 605 W East Avenue

City State Zip Code
Chico CA 95926-7201

FEC ID 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 / 1 0 / 2 0 0 8

Transaction ID: 0225567

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
George Arzeno

Mailing Address PO Box 361142

City State Zip Code
San Juan PR 00936-1142

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 1OY669126568

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 74
(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) Harjit Singh Athwal		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	8													
Mailing Address Suite 1 14 Mule Road		Transaction ID: 0666872																				
City Toms River	State NJ	Zip Code 08755-5028																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>365.00</td></tr></table>	365.00																			
365.00																						
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>865.00</td></tr></table>		865.00																			
865.00																						

B.

Full Name (Last, First, Middle Initial) Mayssa Aziz-Toppino		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	7	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	0	/	2	7	/	2	0	0	8													
Mailing Address Suite A 1715 E Highway 50		Transaction ID: DUZOMP335346																				
City Clermont	State FL	Zip Code 34711-5187																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>365.00</td></tr></table>	365.00																			
365.00																						
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>565.00</td></tr></table>		565.00																			
565.00																						

C.

Full Name (Last, First, Middle Initial) Harold Ballitch		Date of Receipt <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	8													
Mailing Address 1991 Park Avenue W		Transaction ID: 0574313																				
City Mansfield	State OH	Zip Code 44906-2233																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"><tr><td>365.00</td></tr></table>	365.00																			
365.00																						
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"><tr><td>730.00</td></tr></table>		730.00																			
730.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>1095.00</td></tr></table>	1095.00
1095.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 74
(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)
Gregory Barban

Mailing Address P.O. Box 1438

City State Zip Code
New London NH 03257

FEC ID 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
10 / 31 / 2008

Transaction ID: 164736E0-B2FA-46DA-

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 5891 Craigin Bluff Court

City State Zip Code
Bettendorf IA 52722-6589

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 3RZW0Z393351

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Robert Wells Bentley

Mailing Address 1955 Northwest Northrup Street

City State Zip Code
Portland OR 97209-1614

FEC ID 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 / 10 / 2008

Transaction ID: 0371241

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 11 / 74
	<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) Stanley Berke		Date of Receipt
	Mailing Address Floor 3 360 Merrick Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Lynbrook	NY	11563-2526
	FEC ID number of contributing federal political committee.		Transaction ID: 1S4UNA732364
	C <input type="text"/>		Amount of Each Receipt this Period
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"/>	
<input type="checkbox"/> Other (specify) ▼		865.00	

B.	Full Name (Last, First, Middle Initial) L Lothaire Bluth		Date of Receipt
	Mailing Address 2610 E University Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Mesa	AZ	85213-8436
	FEC ID number of contributing federal political committee.		Transaction ID: 9MRVGF868824
	C <input type="text"/>		Amount of Each Receipt this Period
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"/>	
<input type="checkbox"/> Other (specify) ▼		2000.00	

C.	Full Name (Last, First, Middle Initial) Daniel Koffler Bregman		Date of Receipt
	Mailing Address 6049 Robin Hill Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 9 / 2 0 0 8
	City	State	Zip Code
	Nashville	TN	37203
	FEC ID number of contributing federal political committee.		Transaction ID: 800B07CC-C40C-4C70-
	C <input type="text"/>		Amount of Each Receipt this Period
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"/>	
<input type="checkbox"/> Other (specify) ▼		1108.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	1865.00
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 12 / 74
(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)
Jon Philip Brisley

Mailing Address 6522 Fairway Forest Dr.

City State Zip Code
Roanoke VA 24018

FEC ID 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
10 / 19 / 2008

Transaction ID: E57BC0C7-1226-42EC-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
G Edward Bryant

Mailing Address 303 W Polk Avenue

City State Zip Code
West Memphis AR 72301-4262

FEC ID 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 / 05 / 2008

Transaction ID: 9MRVGF982246

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address 675 N St. Clair Street Suite 15-15

City State Zip Code
Chicago IL 60611-5976

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
515.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 0542564

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: (check only one)	PAGE 13 / 74
	<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) Golden Buckland		Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 2454 E Cherry Hill Road		Transaction ID: 4TA2V0177516
	City Coeur D Alene	State ID	Zip Code 83814-6070
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Daniel Joseph Buckley		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address Room 410 1800 Sullivan Avenue		Transaction ID: 1S4UNA585975
	City Daly City	State CA	Zip Code 94015-2224
	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

C.	Full Name (Last, First, Middle Initial) Patricia Buehler		Date of Receipt MM / DD / YYYY 11 / 10 / 2008
	Mailing Address 1122 Northwest Foxwood Place		Transaction ID: 0008311
	City Bend	State OR	Zip Code 97701-8606
	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

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 14 / 74
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Terry Burris

Mailing Address 6950 Southwest Hampton Street

City State Zip Code
Portland OR 97223-8329

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 4O90ZD841562

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

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

Mailing Address 4033 Eastern Sky Drive

City State Zip Code
Traverse City MI 49684-7349

FEC ID 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
10 / 27 / 2008

Transaction ID: DUZON1175197

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Eugenio Candal

Mailing Address 77 Marion St Apt 207

City State Zip Code
Brookline MA 02446

FEC ID 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
10 / 24 / 2008

Transaction ID: 0CC6D719-FCE5-4E9C-

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1665.00

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 / 74
(check only one)

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

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

A.

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

Mailing Address 21 Parkside Drive

City State Zip Code
Great Neck NY 11021

FEC ID 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 1 / 0 2 / 2 0 0 8

Transaction ID: A69EC071-654C-49AB-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Carol Strain Clemons

Mailing Address Suite 300
471 Ashley Ridge Boulevard

City State Zip Code
Shreveport LA 71106-7236

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 9MRVGF021279

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Bruce Cohen

Mailing Address Suite 14F
4921 Parkview Place

City State Zip Code
St. Louis MO 63110-1032

FEC ID 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 0 / 1 6 / 2 0 0 8

Transaction ID: 1P8QO6952087

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 74

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Mary Louise Collins

Mailing Address Suite 505
6569 N Charles Street

City State Zip Code
Baltimore MD 21204-5809

FEC ID 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	/	1	0	/	2	0	0	8

Transaction ID: 0185282

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

John Cooksey

Mailing Address 1310 N 19th Street

City State Zip Code
Monroe LA 71201-5044

FEC ID 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	0	/	2	7	/	2	0	0	8

Transaction ID: DUZON1323679

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Claude Cowan

Mailing Address 1603 Van Buren Street Northwest

City State Zip Code
Washington DC 20012-2837

FEC ID 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
1	0	/	2	7	/	2	0	0	8

Transaction ID: DUZON1438347

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1665.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 74
(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)
Kathleen Cronin
 Mailing Address PO Box 356
 City Monument Beach State MA Zip Code 02553-0356
 Date of Receipt 11 / 17 / 2008
Transaction ID: 6XCMUM573459
 Amount of Each Receipt this Period 500.00
 Batch Tool - PAC
 FEC 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

B. Full Name (Last, First, Middle Initial)
Glenn Kenneth Davis
 Mailing Address 1510 Bob White Boulevard
 City Pulaski State VA Zip Code 24301-4406
 Date of Receipt 10 / 27 / 2008
Transaction ID: DUZON1857542
 Amount of Each Receipt this Period 1000.00
 Batch Tool - PAC
 FEC 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

C. Full Name (Last, First, Middle Initial)
William Deegan
 Mailing Address Retina Group of Washington
6355 Walker Lane Suite 502
 City Alexandria State VA Zip Code 22310
 Date of Receipt 11 / 17 / 2008
Transaction ID: 6XCMUM151750
 Amount of Each Receipt this Period 250.00
 Batch Tool - PAC
 FEC 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

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

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

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

FOR LINE NUMBER: PAGE 18 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 141 S Main Street

City State Zip Code
Wilkes Barre PA 18701-1607

FEC ID 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
11 / 10 / 2008

Transaction ID: 0466172

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Parul Desai

Mailing Address McAllen Retina Center
244 Lindberg Avenue

City State Zip Code
McAllen TX 78501-2920

FEC ID 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 / 10 / 2008

Transaction ID: 0494627

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 3645 S Main Street

City State Zip Code
Blacksburg VA 24060-7018

FEC ID 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
11 / 10 / 2008

Transaction ID: 3RZW0Z366244

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 74
(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 Stuart Ettenson

Mailing Address 15 Fox Ridge Road

City Armonk State NY Zip Code 10504

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2008

Transaction ID: F675E910-AE86-48FE-

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Quentin Falgoust

Mailing Address Suite N5
1101 Audubon Avenue

City Thibodaux State LA Zip Code 70301-4957

FEC 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 / 10 / 2008

Transaction ID: 0263290

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

Mailing Address 76 W Springhill Drive

City Terre Haute State IN Zip Code 47802-8767

FEC 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 10 / 22 / 2008

Transaction ID: 1OURCM635269

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: (check only one)	PAGE 20 / 74
	<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) John Flaxel		Date of Receipt MM / DD / YYYY 11 / 10 / 2008		
	Mailing Address Bay Eye Clinic 3585 Broadway		Transaction ID: 0305352		
	City North Bend	State OR	Zip Code 97459	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			

B.	Full Name (Last, First, Middle Initial) Jerry Ford		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address 2020 Fleischmann Road		Transaction ID: 6XCMUM244380		
	City Tallahassee	State FL	Zip Code 32308-4599	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Robert Fry		Date of Receipt MM / DD / YYYY 11 / 21 / 2008		
	Mailing Address 217 Old York Road		Transaction ID: 4MK3FI308611		
	City Dillsburg	State PA	Zip Code 17019-9318	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00			

SUBTOTAL of Receipts This Page (optional)	715.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 74		
	<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) Wayne Fung		Date of Receipt
	Mailing Address Suite 214 2100 Webster Street		<input type="text" value="10"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	San Francisco	CA	94115-2375
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Transaction ID: DUZON1541153 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Andrew Gillies		Date of Receipt
	Mailing Address Suite 120 980 Washington Street		<input type="text" value="11"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Dedham	MA	02026-6704
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	Transaction ID: 0548428 Amount of Each Receipt this Period <input type="text" value="2500.00"/> Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Scott Arnold Glesmann		Date of Receipt
	Mailing Address 1800 Highway 95		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bullhead City	AZ	86442-6803
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	Transaction ID: 9MRVGF795491 Amount of Each Receipt this Period <input type="text" value="1000.00"/> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 74
	<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) Marc Goldberg		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address Suite 501 2000 S Wheeling Avenue		Transaction ID: 4O90ZD722772
City Tulsa	State OK	Zip Code 74104-5642
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	

B.

Full Name (Last, First, Middle Initial) Erich Groos		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
Mailing Address Suite 201 2400 Patterson Street		Transaction ID: 4O90ZD411367
City Nashville	State TN	Zip Code 37203-1587
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 ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Curtis Hagedorn		Date of Receipt MM / DD / YYYY 10 / 27 / 2008
Mailing Address 4560 Montview Boulevard		Transaction ID: DUZOMP757847
City Denver	State CO	Zip Code 80207-3744
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: (check only one)	PAGE 23 / 74
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Donald Hall		Date of Receipt
	Mailing Address 3303 Indiana Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Vicksburg	MS	39180-4540
	FEC ID number of contributing federal political committee. C		Transaction ID: 3RZW0Z778366
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 750.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt
	Mailing Address 451 Ruin Creek Rd Ste 204		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 1 / 2 0 0 8
	City	State	Zip Code
	Henderson	NC	27536-5920
	FEC ID number of contributing federal political committee. C		Transaction ID: 4c32a16133ad02417d89
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYME- NT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 525.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) David Harris		Date of Receipt
	Mailing Address Suite 324 1928 Alcoa Highway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Knoxville	TN	37920-1505
	FEC ID number of contributing federal political committee. C		Transaction ID: 0936130
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1365.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1275.00
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 24 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) H King Hartman		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 516 Pellis Road		Transaction ID: 9MRVGF823291
	City Greensburg	State PA	Zip Code 15601-4592
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.00	

B.	Full Name (Last, First, Middle Initial) Mark Hatton		Date of Receipt MM / DD / YYYY 10 / 28 / 2008
	Mailing Address 50 Staniford Street		Transaction ID: 46418e5da5cca896ca7c
	City Boston	State MA	Zip Code 02114-2517
	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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Jean Hausheer		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 4322 N Hickory Lane		Transaction ID: 4090ZD810745
	City Kansas City	State MO	Zip Code 64116-1664
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

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

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

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

FOR LINE NUMBER: PAGE 25 / 74
(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)
Weldon Havins

Mailing Address 88 Ancient Hills Lane

City Henderson State NV Zip Code 89074-1750

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 30 / 2008

Transaction ID: 4TA2V0452543

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

Mailing Address 1729 New Hanover Medical Park Driv

City Wilmington State NC Zip Code 28403-5345

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 17 / 2008

Transaction ID: 484a8c3aa99e48580138

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 1729 New Hanover Medical Park Driv

City Wilmington State NC Zip Code 28403-5345

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 17 / 2008

Transaction ID: 4f91b45367a4e3f78f2c

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 74
(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)
Sarah Hays

Mailing Address Suite 220
1 W Lakeshore Drive

City Birmingham State AL Zip Code 35209-7271

FEC 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 11 / 08 / 2008
Transaction ID: 4bed9dffe607e37ea0f3
Amount of Each Receipt this Period 250.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Kathryn Hecker-Magee

Mailing Address 3003 Steepleton Colony Court

City Greensboro State NC Zip Code 27410-9275

FEC 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 10 / 30 / 2008
Transaction ID: 4TA2V0948768
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Bernhard Heersink

Mailing Address Suite 1
21 Highland Avenue

City Newburyport State MA Zip Code 01950-3873

FEC 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 11 / 10 / 2008
Transaction ID: 3RZW1K555560
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 74
(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)
Marnix Heersink

Mailing Address 2800 Ross Clark Circle Southwest

City Dothan State AL Zip Code 36301-2040

FEC 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 11 / 21 / 2008

Transaction ID: 4MK3FI245748

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

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

Mailing Address Suite 403
1190 N State Street

City Jackson State MS Zip Code 39202-2413

FEC 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 11 / 17 / 2008

Transaction ID: 6XCMUM553457

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
K Frederick Ho

Mailing Address 8040 N Wickham Road

City Melbourne State FL Zip Code 32940-8298

FEC 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 / 05 / 2008

Transaction ID: 4O90ZD311485

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael Hodges		Date of Receipt
	Mailing Address 4322 Stonegarden Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 6 / 2 0 0 8
	City	State	Zip Code
	Newburgh	IN	47630-3701
	FEC ID number of contributing federal political committee. C		Transaction ID: 1P8QO6148833
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Marc Holzman		Date of Receipt
	Mailing Address Suite 416 2021 K Street Northwest		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20006-1003
	FEC ID number of contributing federal political committee. C		Transaction ID: 4O90ZD171457
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 200.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt
	Mailing Address Suite 600 50 Staniford Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Boston	MA	02114-2539
	FEC ID number of contributing federal political committee. C		Transaction ID: 463e87b2cce4cd76d181
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 416.66
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3333.28	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1116.66
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 74
	<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) Donna Johnson		Date of Receipt MM / DD / YYYY 10 / 16 / 2008
	Mailing Address 7257 South Jeffrey Boulevard		Transaction ID: 1P8QO622388
	City Chicago	State IL	Zip Code 60649-3014
	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
---	------------------------------------

B.	Full Name (Last, First, Middle Initial) Jerome Jordan		Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 200 Mifflin Avenue		Transaction ID: 9MRVGF871601
	City Scranton	State PA	Zip Code 18503-1982
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Emilio Justo		Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 19052 N Rh Johnson Boulevard		Transaction ID: 4FYL69638962
	City Sun City West	State AZ	Zip Code 85375-4401
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00
---	------------------------------------

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 74
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Stephen Kamenetzky		Date of Receipt MM / DD / YYYY 11 / 10 / 2008		
	Mailing Address 340 New Salem Drive		Transaction ID: 0564224		
	City St. Louis	State MO	Zip Code 63141-8349	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Steven Katz		Date of Receipt MM / DD / YYYY 11 / 06 / 2008		
	Mailing Address 1931 Williamsbridge Rd.		Transaction ID: 1E05B402-DC3F-4293-		
	City Bronx	State NY	Zip Code 10461	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Roderick Kent		Date of Receipt MM / DD / YYYY 10 / 30 / 2008		
	Mailing Address 1814 Lincoln Way		Transaction ID: 4TA2V0278775		
	City Coeur D Alene	State ID	Zip Code 83814-2540	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional) ▶

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 / 74
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) James Kiley		Date of Receipt
	Mailing Address Suite 111 3320 Executive Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 0 8
	City Raleigh	State NC	Zip Code 27609-7445
	FEC ID number of contributing federal political committee. C		Transaction ID: 4O90ZD429866
	Name of Employer self		Occupation Ophthalmologist
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 365.00
		Amount of Each Receipt this Period <input type="text"/> 365.00	
		Batch Tool - PAC	

B.	Full Name (Last, First, Middle Initial) Tae Kim		Date of Receipt
	Mailing Address Suite 202 11829 South Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 9 / 2 0 0 8
	City Cerritos	State CA	Zip Code 90703-6828
	FEC ID number of contributing federal political committee. C		Transaction ID: 0795587
	Name of Employer self		Occupation Ophthalmologist
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 865.00
		Amount of Each Receipt this Period <input type="text"/> 500.00	
		Batch Tool - PAC	

C.	Full Name (Last, First, Middle Initial) Richard Klein		Date of Receipt
	Mailing Address 628 Cedar Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 4 / 2 0 0 8
	City Teaneck	State NJ	Zip Code 07666-1704
	FEC ID number of contributing federal political committee. C		Transaction ID: 4FYL69625634
	Name of Employer self		Occupation Ophthalmologist
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 730.00
		Amount of Each Receipt this Period <input type="text"/> 730.00	
		Batch Tool - PAC	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1595.00
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 32 / 74
(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)
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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: 4MK3FI248257

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Gregory Kosmorsky

Mailing Address 460 Lassiter Drive

City State Zip Code
Highland Heights OH 44143-3614

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 3RZW0Z578982

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C.

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

Mailing Address 807 george wythe commons

City State Zip Code
dayton OH 45459

FEC ID 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 / 01 / 2008

Transaction ID: 9F6BB962-C943-4A43-

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **815.00**

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 / 74
(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)
John Kung

Mailing Address 23 Oceanic Avenue

City Staten Island State NY Zip Code 10312-6511

FEC 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 / 05 / 2008

Transaction ID: 4O90ZD309613

Amount of Each Receipt this Period 200.00

Batch Tool - PAC

B.

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

Mailing Address Lanciano Professional Center
7703 Maple Avenue

City Pennsauken State NJ Zip Code 08109

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 11 / 10 / 2008

Transaction ID: 0851329

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

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

Mailing Address 215-41 Jamaica Avenue

City Queens Village State NY Zip Code 11428-1736

FEC 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 10 / 30 / 2008

Transaction ID: 4TA2V0450744

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **815.00**

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 / 74
(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)
Wayne Larrison

Mailing Address Suite 402A
46 Prince Street

City State Zip Code
New Haven CT 06519-1600

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 ▼ 865.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 0138627

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 4090ZD388203

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address Suite 100
1201 W Main Street

City State Zip Code
Waterbury CT 06708-3105

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2008

Transaction ID: 3RZW0Z185085

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: (check only one)	PAGE 35 / 74
	<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) Leah Levi		Date of Receipt MM / DD / YYYY 11 / 17 / 2008		
	Mailing Address Ucsd Department of Ophth Shiley Eye Center 0946		Transaction ID: 6XCMUM478998		
	City La Jolla	State CA	Zip Code 92093-0946	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) Jason Levine		Date of Receipt MM / DD / YYYY 11 / 04 / 2008		
	Mailing Address 5790 N Camino De La Sombra		Transaction ID: 489a8b6adfbdb0a425		
	City Tucson	State AZ	Zip Code 85718-3919	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Andrew Lewis		Date of Receipt MM / DD / YYYY 11 / 08 / 2008		
	Mailing Address 102 Dawn Place		Transaction ID: E0C4DBC5-4C91-49D2-		
	City Yorktown	State VA	Zip Code 23693	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 865.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 74
 (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)
Peter Liggett

Mailing Address Suite 300
2200 Whitney Avenue

City Hamden State CT Zip Code 06518-3602

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 10 / 2008
Transaction ID: 3RZW0Z821219
 Amount of Each Receipt this Period 300.00
 Batch Tool - PAC

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

Mailing Address Suite 101
30 N Union Street

City Rochester State NY Zip Code 14607-1345

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 11 / 10 / 2008
Transaction ID: 3RZW0Z001788
 Amount of Each Receipt this Period 750.00
 Batch Tool - PAC

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

Mailing Address Suite 101
30 N Union Street

City Rochester State NY Zip Code 14607-1345

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 11 / 10 / 2008
Transaction ID: 3RZW1K504755
 Amount of Each Receipt this Period 1000.00
 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 74
	<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	

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

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

A.	Full Name (Last, First, Middle Initial) Mark Lindsay		Date of Receipt
	Mailing Address 2725 E 29th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bryan	TX	77802-2504
	FEC ID number of contributing federal political committee. C		Transaction ID: 1P8QO6055620
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 275.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Mark Lindsay		Date of Receipt
	Mailing Address 2725 E 29th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bryan	TX	77802-2504
	FEC ID number of contributing federal political committee. C		Transaction ID: 4MK3FI116793
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 275.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Richard Lindstrom		Date of Receipt
	Mailing Address Suite 200 9801 Dupont Avenue S		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Bloomington	MN	55431-3200
	FEC ID number of contributing federal political committee. C		Transaction ID: 4MK3FI818853
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1050.00
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 38 / 74
(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)
Ronald Lowery
Mailing Address #10 Hospital Circle
City State Zip Code
Batesville AR 72501-7310
FEC ID 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 11 / 21 / 2008
Transaction ID: 4MK3FI322280
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Tom Maddox
Mailing Address 2845 Farrell Crescent
City State Zip Code
Owensboro KY 42303-1393
FEC ID 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 11 / 05 / 2008
Transaction ID: 4O90ZD383186
Amount of Each Receipt this Period 2500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Steven Madreperla
Mailing Address 628 Cedar Lane
City State Zip Code
Teaneck NJ 07666-1704
FEC ID 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 10 / 29 / 2008
Transaction ID: 1S4UNA641643
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 4000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 74
(check only one)

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

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

A.

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

Mailing Address 924 MAIN

City CONWAY State AR Zip Code 72032

FEC 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 11 / 03 / 2008

Transaction ID: 97075CB6-21AD-4D4D-

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address PO Box 547

City New City State NY Zip Code 10956-0547

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1095.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 4090ZD168314

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

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

Mailing Address 1110 Eagle Ridge Rd

City Cedar Falls State IA Zip Code 50613

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt 10 / 20 / 2008

Transaction ID: E325CDAD-B754-44A1-

Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 1565.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 74
(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)
Donald May

Mailing Address PO Box 1678

City Lubbock State TX Zip Code 79408-1678

FEC 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 / 10 / 2008

Transaction ID: 0121137

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Terrence McCanna

Mailing Address 2525 County Hwy I

City Chippewa Falls State WI Zip Code 54729

FEC 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 / 11 / 2008

Transaction ID: A3890536-680F-42A1-

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 30 N Emerson Avenue

City Greenwood State IN Zip Code 46143-8895

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 9MRVGF031467

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 41 / 74
(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)
James McDonald

Mailing Address 3318 N Northhills Boulevard

City Fayetteville State AR Zip Code 72703-4008

FEC 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 10 / 16 / 2008

Transaction ID: 1P8QO6241376

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Desmond McGuire

Mailing Address Suite 220
1401 N Tustin Avenue

City Santa Ana State CA Zip Code 92705-8689

FEC 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 10 / 27 / 2008

Transaction ID: DUZOMP480692

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Fred McMillan

Mailing Address Suite 503
1421 N State Street

City Jackson State MS Zip Code 39202-1658

FEC 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 11 / 05 / 2008

Transaction ID: 4O90ZD471781

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 74
(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)
J Arch McNamara

Mailing Address 280 Ridings Way

City State Zip Code
AMBLER PA 19002

FEC ID 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 0 / 2 2 / 2 0 0 8

Transaction ID: 047EE9B9-ED56-49C5-

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Suite 203
300 E Osborn Road

City State Zip Code
Phoenix AZ 85012-2396

FEC ID 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 1 / 0 5 / 2 0 0 8

Transaction ID: 4090ZD818578

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Eric Meyer

Mailing Address 478 Monarch Crest Trail

City State Zip Code
Durango CO 81301

FEC ID 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 1 / 0 4 / 2 0 0 8

Transaction ID: D20BCC45-6C67-4653-

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 74
(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)
Scott Miller

Mailing Address 7232 Engle Road

City State Zip Code
Fort Wayne IN 46804-2222

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 0540147

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Adrienne Millett

Mailing Address 238 Geri Lane

City State Zip Code
Richmond KY 40475-2304

FEC ID 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 0 / 2 2 / 2 0 0 8

Transaction ID: 10Y669594131

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

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

Mailing Address 2935 Maple Avenue

City State Zip Code
Zanesville OH 43701-1487

FEC ID 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 / 1 0 / 2 0 0 8

Transaction ID: 3RZW0Z653275

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 44 / 74
(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)
James Mitchell
 Mailing Address 3100 W 70th Street
 City Edina State MN Zip Code 55435-4227
 Date of Receipt 10 / 27 / 2008
Transaction ID: DUZOMP459686
 Amount of Each Receipt this Period 500.00
 Batch Tool - PAC
 FEC 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

B. Full Name (Last, First, Middle Initial)
Artis Montague
 Mailing Address 3rd Floor, Mc: 5353
900 Blake Wilbur Drive
 City Stanford State CA Zip Code 94305
 Date of Receipt 11 / 05 / 2008
Transaction ID: 4O90ZD527607
 Amount of Each Receipt this Period 500.00
 Batch Tool - PAC
 FEC 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

C. Full Name (Last, First, Middle Initial)
Dorothy Moore
 Mailing Address Suite 102
2055 Limestone Road
 City Wilmington State DE Zip Code 19808-5536
 Date of Receipt 11 / 21 / 2008
Transaction ID: 4MK3FI440415
 Amount of Each Receipt this Period 200.00
 Batch Tool - PAC
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 350.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00
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 / 74
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Craig Morgan

Mailing Address 1611 13th Avenue

City State Zip Code
Huntington WV 25701-3811

FEC ID 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
11 / 21 / 2008

Transaction ID: 4MK3F1638827

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

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

Mailing Address 3130 Southwest 32nd Avenue

City State Zip Code
Ocala FL 34474-4445

FEC ID 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 / 10 / 2008

Transaction ID: 0389520

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address 1814 Lincoln Way

City State Zip Code
Coeur D Alene ID 83814-2540

FEC ID 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
10 / 30 / 2008

Transaction ID: 4TA2V0904776

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 74
(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)
Daniel Nadler

Mailing Address Suite 102
111 Hazel Lane

City State Zip Code
Sewickley PA 15143-1253

FEC ID 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 0 / 2 7 / 2 0 0 8

Transaction ID: DUZON1646562

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

B.

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

Mailing Address 103 Jefferson Street

City State Zip Code
Brookville PA 15825-1142

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: 4O90ZD517540

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Karen Nixon

Mailing Address N5390 Rancho Viejo Road

City State Zip Code
Fond Du Lac WI 54937-9373

FEC ID 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 0 / 2 7 / 2 0 0 8

Transaction ID: DUZON1173877

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 74
	<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) Corey Notis	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 900 STUYVESANT AVENUE	Transaction ID: B9132C3D-FCCF-478E-
	City State Zip Code UNION NJ 07083	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) William Nunery	Date of Receipt MM / DD / YYYY 11 / 10 / 2008
	Mailing Address 7404 N Park Avenue	Transaction ID: 3RZW0Z547381
	City State Zip Code Indianapolis IN 46240-3029	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Michael O'Brien	Date of Receipt MM / DD / YYYY 11 / 17 / 2008
	Mailing Address 618 Tollgate Road	Transaction ID: 6XCMUM883014
	City State Zip Code Warwick RI 02886-2717	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 Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 74
	<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) Michael Oats		Date of Receipt
	Mailing Address PO Box 1022		<input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Sandwich	MA	02563-1022
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 1OURCM482486
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>
Batch Tool - PAC			

B.	Full Name (Last, First, Middle Initial) Terrill Olsen		Date of Receipt
	Mailing Address 3260 Northwest Mount Vintage Way		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Silverdale	WA	98383-6000
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 1P8QO6738717
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="365.00"/>
Batch Tool - PAC			

C.	Full Name (Last, First, Middle Initial) Seth Oppenheim		Date of Receipt
	Mailing Address Suite 1200 850 Enterprise Parkway		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hampton	VA	23666-6251
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 4O90ZD806691
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="365.00"/>
Batch Tool - PAC			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1730.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 49 / 74
(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)
Patrick Parden

Mailing Address 1814 Lincoln Way

City State Zip Code
Coeur D Alene ID 83814-2540

FEC ID 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
10 / 30 / 2008

Transaction ID: 4TA2V0249424

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 115
2500 Hospital Boulevard

City State Zip Code
Roswell GA 30076-4946

FEC ID 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 / 10 / 2008

Transaction ID: 0464011

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Alpa Patel

Mailing Address Apt. 3
1926 Glendon Avenue

City State Zip Code
Los Angeles CA 90025-4661

FEC ID 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
10 / 24 / 2008

Transaction ID: 4FYL69382215

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 50 / 74
(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)
J Louis Pecora
Mailing Address 605 Stonehedge Drive
City Vestal State NY Zip Code 13850-2917
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date 300.00
Date of Receipt 11 / 10 / 2008
Transaction ID: 3RZW0Z367851
Amount of Each Receipt this Period 50.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ron Pelton
Mailing Address 455 East Pikes Peak Ave # 309
City Colorado Springs State CO Zip Code 80903
FEC 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 11 / 07 / 2008
Transaction ID: 3B078D97-AEBC-4A44-
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Stephen Petty
Mailing Address Suite 155
850 E Harvard Avenue
City Denver State CO Zip Code 80210-5031
FEC 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 10 / 20 / 2008
Transaction ID: 1PC8Z5401203
Amount of Each Receipt this Period 300.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **450.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 74
(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) Padma Ponugoti		Date of Receipt MM / DD / YYYY 10 / 22 / 2008		
	Mailing Address 3587 Corsham Circle		Transaction ID: 1OURCM905623		
	City Carmel	State IN	Zip Code 46032-8212	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Jon Portis		Date of Receipt MM / DD / YYYY 11 / 13 / 2008		
	Mailing Address 710 Puuikena Drive		Transaction ID: 85ACCDE8-1CD6-4931-		
	City Honolulu	State HI	Zip Code 96821	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.00			

C.	Full Name (Last, First, Middle Initial) Arnold Prywes		Date of Receipt MM / DD / YYYY 11 / 21 / 2008		
	Mailing Address 4212 Hempstead Turnpike		Transaction ID: 4MK3FI220733		
	City Bethpage	State NY	Zip Code 11714-5723	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
Name of Employer self self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 615.00			

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 74
	<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) A Melinda Rainey		Date of Receipt MM / DD / YYYY 11 / 17 / 2008
Mailing Address 1100 Sunset Canyon Dr. S		Transaction ID: 6XCMUM335622
City Dripping Springs	State TX	Zip Code 78620
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Prabakar Rao		Date of Receipt MM / DD / YYYY 10 / 22 / 2008
Mailing Address Suite 800 1600 S Brentwood Boulevard		Transaction ID: 1OURCM646288
City St. Louis	State MO	Zip Code 63144-1317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Chad Reder		Date of Receipt MM / DD / YYYY 10 / 29 / 2008
Mailing Address Suite 101 1680 E Herndon Avenue		Transaction ID: 1S4UNA130828
City Fresno	State CA	Zip Code 93720-3384
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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 74
	<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) Alexander Glen Rico	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 2200 Northwest Myhre	Transaction ID: 4MK3FI211320
	City State Zip Code Silverdale WA 98383-7681	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 930.00	

B.	Full Name (Last, First, Middle Initial) Frank Romano	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 102 Fairview Dr. Suite H Southampton Medical Building	Transaction ID: 9MRVGF621191
	City State Zip Code Franklin VA 23851	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Barry Roper	Date of Receipt MM / DD / YYYY 10 / 24 / 2008
	Mailing Address 14837 Felbridge Way	Transaction ID: 4FYL69168227
	City State Zip Code Midlothian VA 23113-6715	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 74
	<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) John Rosculet		Date of Receipt
	Mailing Address 906 Windward Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Neenah	WI	54956-4276
	FEC ID number of contributing federal political committee. C		Transaction ID: 4O90ZD892437
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Harvey Rosenblum		Date of Receipt
	Mailing Address 220 Madison Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 2 4 / 2 0 0 8
	City	State	Zip Code
	New York	NY	10016-3422
	FEC ID number of contributing federal political committee. C		Transaction ID: 4FYL69838561
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 730.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Delia Sang		Date of Receipt
	Mailing Address 73 Chatham Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Brookline	MA	02446-5451
	FEC ID number of contributing federal political committee. C		Transaction ID: 4ddb91e8d0409673409
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 416.66
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 3333.28	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1781.66
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 55 / 74
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 49 North Street

City State Zip Code
Delmar NY 12054-1017

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 4O90ZD563314

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Joel Schuman

Mailing Address Suite 816
203 Lothrop Street

City State Zip Code
Pittsburgh PA 15213-2548

FEC ID 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
11 / 05 / 2008

Transaction ID: 4O90ZD713124

Amount of Each Receipt this Period
400.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Joel Schuman

Mailing Address Suite 816
203 Lothrop Street

City State Zip Code
Pittsburgh PA 15213-2548

FEC ID 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
11 / 05 / 2008

Transaction ID: 4O90ZD286739

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1265.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 74
(check only one)

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

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

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

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

Mailing Address 515 Sunset Ridge

City State Zip Code
Dubuque IA 52003-7762

FEC ID 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
11 / 04 / 2008

Transaction ID: 8ebab7267cb2416ad70

Amount of Each Receipt this Period
365.00

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

Mailing Address 611 Vineyard Drive

City State Zip Code
Grand Forks ND 58201-2904

FEC ID 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
10 / 22 / 2008

Transaction ID: 1OY669622754

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Neal Snebold

Mailing Address 28 mount pleasant st

City State Zip Code
winchester MA 01890

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: F3BFC061-350B-4017-

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **965.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 74
	<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) Sandra Sofinski	Date of Receipt MM / DD / YYYY 10 / 26 / 2008
	Mailing Address 9550 Fremont Avenue, Apt. L-7	Transaction ID: 307827BB-856E-457F-
	City State Zip Code Montclair CA 91763	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Sydney Stapleton	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
	Mailing Address 1726 Metromedical Drive	Transaction ID: 4MK3FI363886
	City State Zip Code Fayetteville NC 28304-3861	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Scott Strelow	Date of Receipt MM / DD / YYYY 11 / 22 / 2008
	Mailing Address 5770 Club Lane	Transaction ID: 924BB7CC-1E66-4305-
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1050.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 58 / 74
(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)
Shigemi Sugiki
 Mailing Address 1380 Lusitana Street Suite 714
 City Honolulu State HI Zip Code 96813-2443
 Date of Receipt 11 / 10 / 2008
Transaction ID: 0138986
 Amount of Each Receipt this Period 1000.00
 Batch Tool - PAC
 FEC 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

B. Full Name (Last, First, Middle Initial)
Rashid Taher
 Mailing Address 184 Northeast 168th Street
 City North Miami Beach State FL Zip Code 33162-3412
 Date of Receipt 10 / 30 / 2008
Transaction ID: 4eca97f66d66fb3502f7
 Amount of Each Receipt this Period 125.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 875.00

C. Full Name (Last, First, Middle Initial)
William Tasman
 Mailing Address 910 E Willow Grove Avenue
 City Wyndmoor State PA Zip Code 19038-7910
 Date of Receipt 11 / 10 / 2008
Transaction ID: 3RZW0Z247611
 Amount of Each Receipt this Period 365.00
 Batch Tool - PAC
 FEC 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

SUBTOTAL of Receipts This Page (optional) ► 1490.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 74
(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)
James Threatt

Mailing Address 1430 Longhorn Way

City State Zip Code
Billings MT 59105

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

Transaction ID: 52BE5C41-F9C5-47C7-

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 3100 N Macarthur Boulevard

City State Zip Code
Irving TX 75062-4451

FEC ID 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 / 0 5 / 2 0 0 8

Transaction ID: 9MRVGF455826

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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

Mailing Address 2013 Stevenson Dr.

City State Zip Code
Ames IA 50010

FEC ID 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 0 / 2 8 / 2 0 0 8

Transaction ID: 5B718F58-4ABB-4D1E-

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

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 60 / 74
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William Thomas Walton

Mailing Address 13919 Bluff Wind

City San Antonio State TX Zip Code 78216-7923

FEC 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

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

Transaction ID: 9MRVGF401427

Amount of Each Receipt this Period 50.00

Batch Tool - PAC

B.

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

Mailing Address 18 Old Stone Crossing

City West Hartford State CT Zip Code 06117-1859

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	8

Transaction ID: 4b169836540b259684db

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address Suite 104
2115 N Kansas Avenue

City Hastings State NE Zip Code 68901-2615

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: 4O90ZD156294

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 74
(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)
Charles Wesley

Mailing Address Suite 101
18051 River Avenue

City Noblesville State IN Zip Code 46062-7093

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: 4MK3FI871121

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address Suite 200
8244 E US Highway 36

City Avon State IN Zip Code 46123-9621

FEC 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
11 / 05 / 2008

Transaction ID: 4O90ZD205728

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Richard Wieder

Mailing Address Suite 100
11188 Tesson Ferry Road

City St. Louis State MO Zip Code 63123-6962

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2008

Transaction ID: DUZOMP216735

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 62 / 74
(check only one)

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

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

A.

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

Mailing Address 1404 Winesap Drive

City State Zip Code
Manasquan NJ 08736

FEC ID 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 1 / 0 5 / 2 0 0 8

Transaction ID: 471D257D-1808-4BD3-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Kai Wong

Mailing Address Mercy Medical Plaza
2323 16th Street Suite 501

City State Zip Code
Bakersfield CA 93301-3454

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 1OY669244171

Amount of Each Receipt this Period
400.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Chi-Wah (Rudy) Yung

Mailing Address 5124 Green Braes East Drive

City State Zip Code
Indianapolis IN 46234

FEC ID 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 1 / 1 9 / 2 0 0 8

Transaction ID: 32D9C0C2-603A-4D20-

Amount of Each Receipt this Period
250.00

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: PAGE 63 / 74
(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)
Ihor Zachary

Mailing Address Medical Eye Assoc Inc
7003 Pearl Road

City Middleburg Heights State OH Zip Code 44130-4941

FEC 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 10 / 24 / 2008
Transaction ID: 4FYL69664161
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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

Mailing Address Suite 202-B
130 Almshouse

City Richboro State PA Zip Code 18954-1130

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 21 / 2008
Transaction ID: 4MK3FI958617
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Kent Zocchi

Mailing Address Suite 200
9800 Life Drive

City Little Rock State AR Zip Code 72205-6243

FEC 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 10 / 27 / 2008
Transaction ID: DUZON1538528
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) ► 79483.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 74
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Giffords for Congress

Mailing Address PO Box 12886

City Tucson State AZ Zip Code 85732

FEC ID number of contributing federal political committee. **C** C00417618

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: 4374a2ec6df0b1d8e52
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

FEC ID number of contributing federal political committee. **C** C00366401

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2008
Transaction ID: 53cb0c5e93fd468127a
Amount of Each Receipt this Period: 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 / 74
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

A.

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
Mailing Address 101 S Marengo Avenue 3rd Floor		Transaction ID: 28b4f88faafe3c83034
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1442.40
Name of Employer	Occupation	CD interest - Oct08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4329.30	

B.

Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 8
Mailing Address PO Box 63020		Transaction ID: 736000871b8bff94786
City San Francisco	State CA	Zip Code 94163
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.77
Name of Employer	Occupation	Bank interest 10/08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13946.81	

SUBTOTAL of Receipts This Page (optional)	▶	1843.17
TOTAL This Period (last page this line number only)	▶	1843.17

**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 66 / 74

<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
Bank charges 10/08

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: f6868461fdc84e97b51

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

1546.00

B.

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 10/08

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: d5989db284984fe78c0

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

290.45

SUBTOTAL of Disbursements This Page (optional) ►

1836.45

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

1836.45

**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 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) Paul Tonko for Congress <hr/> Mailing Address 911 Central Avenue PO Box 221 <hr/> City Albany State NY Zip Code 12206 <hr/> Purpose of Disbursement Contribution General Candidate Name Paul David Tonko <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 06168-0279046893119 Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Shelley Moore Capito for Congress <hr/> Mailing Address PO Box 11519 <hr/> City Charleston State WV Zip Code 25339 <hr/> Purpose of Disbursement Contribution General Candidate Name Shelley Moore Capito <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 06168-2658349871635 Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) Wulsin for Congress <hr/> Mailing Address 1080 Nimitzview Dr. Suite 400 <hr/> City Cincinnati State OH Zip Code 45230 <hr/> Purpose of Disbursement Contribution General Candidate Name Victoria Wulsin <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 06168-9692651629448 Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

26000.00

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) Michael Edward Migliori	Transaction ID: 43182-01131838560104
	Mailing Address Suite 301 120 Dudley Street	Date of Disbursement MM / DD / YYYY 10 / 21 / 2008
	City Providence State RI Zip Code 02905-2429	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Michael Edward Migliori	Transaction ID: 43182-96970766782761
	Mailing Address Suite 301 120 Dudley Street	Date of Disbursement MM / DD / YYYY 10 / 21 / 2008
	City Providence State RI Zip Code 02905-2429	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Michael Edward Migliori	Transaction ID: 43182-12260073423385
	Mailing Address Suite 301 120 Dudley Street	Date of Disbursement MM / DD / YYYY 10 / 21 / 2008
	City Providence State RI Zip Code 02905-2429	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

750.00

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 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)

<p>A. Full Name (Last, First, Middle Initial) Michael Edward Migliori</p> <p>Mailing Address Suite 301 120 Dudley Street</p> <p>City Providence State RI Zip Code 02905-2429</p> <p>Purpose of Disbursement</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: 43182-31536501646042</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Michael Edward Migliori</p> <p>Mailing Address Suite 301 120 Dudley Street</p> <p>City Providence State RI Zip Code 02905-2429</p> <p>Purpose of Disbursement</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: 43182-56121462583542</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Michael Edward Migliori</p> <p>Mailing Address Suite 301 120 Dudley Street</p> <p>City Providence State RI Zip Code 02905-2429</p> <p>Purpose of Disbursement</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: 43182-17364138364792</p> <p>Date of Disbursement 10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>010 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	1500.00

**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)

PAGE 71 / 74

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Paul Neil Guerriero

Mailing Address 50 Husted Lane

City
Greenwich

State
CT

Zip Code
06830-4753

Purpose of Disbursement
Refund of receipt that is not PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 91734-38633364439011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

825.00

SUBTOTAL of Disbursements This Page (optional)

825.00

TOTAL This Period (last page this line number only)

825.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)	FEC IDENTIFICATION NUMBER C C00196246
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Jamestown Associates

Mailing Address
5 Mapleton Rd.
Suite 300

City State Zip Code
Princeton NJ 08540

Purpose of Expenditure
Broadcast and Cable buys for John Sullivan

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:
Rep. John Sullivan

Calendar Year-To-Date Per Election for Office Sought 118599.00

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

Amount
105163.00

Transaction ID: V61295-7862359881401

Office Sought: House State: OK
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

Full Name (Last, First, Middle, Initial) of Payee
Jamestown Associates

Mailing Address
5 Mapleton Rd.
Suite 300

City State Zip Code
Princeton NJ 08540

Purpose of Expenditure
IE For John Sullivan TV Production

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:
Rep. John Sullivan

Calendar Year-To-Date Per Election for Office Sought 118599.00

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

Amount
13436.00

Transaction ID: V96600-1564294695854

Office Sought: House State: OK
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	118599.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Benjamin Bank
Signature

Date M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 8

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER C C00196246	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 8	
Full Name (Last, First, Middle, Initial) of Payee Mullen & Company		Amount 43000.00	
Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor		Transaction ID: V61295-5718652606010	
City Washington	State DC	Zip Code 20004	Office Sought: <input checked="" type="checkbox"/> House State: AZ <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential
Purpose of Expenditure Radio ads for Giffords IE		Category/Type	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: Rep. Gabrielle Giffords		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		44200.00	

(a) SUBTOTAL of Itemized Independent Expenditures	43000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	161599.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Benjamin Bank Signature	Date M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 8

Image# 28993292436

Form/Schedule: **F3X**

Transaction ID:
