

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2009 through 05 31 2009

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 06 19 2009

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

Office Use Only									
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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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		681385.49
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	576840.07									
(c) Total Receipts (from Line 19) .....	34442.74	154743.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	611282.81	836129.12								
7. Total Disbursements (from Line 31) .....	42608.56	267454.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	568674.25	568674.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	32098.32	114654.12
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1494.42	33581.92
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	33592.74	148236.04
(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) .....	33592.74	148236.04
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	850.00	6507.59
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)) .....	34442.74	154743.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	34442.74	154743.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1108.56	5638.37
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1108.56	5638.37
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	199000.00
24. Independent Expenditure (use Schedule E) .....	0.00	58704.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	3000.00	4112.50
(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)) .....	3000.00	4112.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42608.56	267454.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42608.56	267454.87

**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) .....	33592.74	148236.04
34. Total Contribution Refunds (from Line 28(d)) .....	3000.00	4112.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30592.74	144123.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1108.56	5638.37
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1108.56	5638.37

Form/Schedule : **F3X**

Transaction ID :

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Quentin Allen	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 8921 N Wood Sage Road	<b>Transaction ID:</b> 65073d2a4e00fddcee7
	City Peoria State IL Zip Code 61615-7822	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brock Bakewell	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 5599 N Oracle Road	<b>Transaction ID:</b> ETBT6Q438880
	City Tucson State AZ Zip Code 85704-3821	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	Batch Tool - PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Briceland	Date of Receipt MM / DD / YYYY 05 / 22 / 2009
	Mailing Address 7101 E Carefree Drive PO Box 2960	<b>Transaction ID:</b> ETBT6Q241288
	City Carefree State AZ Zip Code 85377-2960	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1865.00
<b>TOTAL</b> This Period (last page this line 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 / 38  
(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)  
M. Kathleen Carriker

Mailing Address 3125 N 32nd Street Suite 100

City State Zip Code  
Phoenix AZ 85018-6282

FEC ID 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 05 / 28 / 2009  
**Transaction ID:** 8CPWDA266266

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

Mailing Address 6390 N Cattle Track Road

City State Zip Code  
Scottsdale AZ 85250-4610

FEC ID 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 05 / 21 / 2009  
**Transaction ID:** BPLWI5673102

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

Mailing Address 600 Pavonia Avenue  
6th Floor

City State Zip Code  
Jersey City NJ 07306-2932

FEC ID 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 05 / 18 / 2009  
**Transaction ID:** cfc8c12734b0000050a

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 9 / 38
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) S. William Clark, III		Date of Receipt MM / DD / YYYY 05 / 23 / 2009		
	Mailing Address 502 Isabella St		<b>Transaction ID:</b> 49de8b3438532f9e490d		
	City Waycross	State GA	Zip Code 31501-3638	Amount of Each Receipt this Period 416.66	
	FEC ID number of contributing federal political committee. <b>C</b>		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 833.32		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Catherine Cuite		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 8921 N Wood Sage Road		<b>Transaction ID:</b> 9d5b8ef0952d1308cc5		
	City Peoria	State IL	Zip Code 61615-7822	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Shehab Ebrahim		Date of Receipt MM / DD / YYYY 05 / 01 / 2009		
	Mailing Address 4717 Woodland Avenue		<b>Transaction ID:</b> 8e6f606c2ec48c0bd80		
	City Metairie	State LA	Zip Code 70002-1361	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1516.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 38  
(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)  
William Ehlers

Mailing Address 125 Secret Lake Road

City Avon State CT Zip Code 06001-3465

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2009

**Transaction ID:** F7LV00705946

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Ofer Eytan

Mailing Address 2525 W Greenway Road Suite 120

City Phoenix State AZ Zip Code 85023-4280

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 22 / 2009

**Transaction ID:** ETBT6Q265310

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**C.**

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

Mailing Address 416 North Bedford #300

City Beverly Hills State CA Zip Code 90210-4309

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2009

**Transaction ID:** F7LV0S120124

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... 3000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 38  
(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)  
Scott Arnold Glesmann

Mailing Address 1800 Highway 95

City State Zip Code  
Bullhead City AZ 86442-6803

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2009

Transaction ID: 8CPWDA152121

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**B.**

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

Mailing Address 1729 New Hanover Medical Park Driv

City State Zip Code  
Wilmington NC 28403-5345

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 17 / 2009

Transaction ID: a90f282b54e27c97027

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address Suite 600  
50 Staniford Street

City State Zip Code  
Boston MA 02114-2539

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2009

Transaction ID: b412ff1b827c463e07f

Amount of Each Receipt this Period  
416.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1466.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 38  
(check only one)

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

**A.**

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

Mailing Address 43 Woodland Street/Gothic Park

City State Zip Code  
Hartford CT 06105

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2009

**Transaction ID:** 95LVAP748119

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Laurence Kaye

Mailing Address 4709 E Camp Lowell

City State Zip Code  
Tucson AZ 85712-1256

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

**Transaction ID:** ETBT6Q943468

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Yannis Kolettis

Mailing Address 8921 N Wood Sage Road

City State Zip Code  
Peoria IL 61615-7822

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2009

**Transaction ID:** 7e46762f7e84bca377d

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38  
(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)  
Pete Lagouros

Mailing Address 8921 N Wood Sage Road

City Peoria State IL Zip Code 61615-7822

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2009

Transaction ID: 070e74cba68d248ae26

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City Tucson State AZ Zip Code 85718-3919

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2009

Transaction ID: b9a69a4571b9039916e

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jason Levine

Mailing Address 5790 N Camino De La Sombra

City Tucson State AZ Zip Code 85718-3919

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2009

Transaction ID: 3c566066dbd37156acd

Amount of Each Receipt this Period 100.00

**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 14 / 38  
(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)  
Eric Lichtenstein

Mailing Address 192-13 Union Turnpike

City State Zip Code  
Fresh Meadows NY 11366

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2009

**Transaction ID:** EAF4D43C-E76F-4A2D-

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8921 N Wood Sage Road

City State Zip Code  
Peoria IL 61615-7822

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2009

**Transaction ID:** 5170c490a8de564d5a2

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mick Manzi

Mailing Address Suite 214  
11100 Warner Avenue

City State Zip Code  
Fountain Valley CA 92708-7511

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2009

**Transaction ID:** BPLWI5689491

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 38

(check only one)

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

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

**A.**

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

Mailing Address 2352 N Fremont Boulevard

City State Zip Code  
Flagstaff AZ 86001-0958

FEC ID 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 05 / 22 / 2009

**Transaction ID:** ETBT6Q946813

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

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

Mailing Address Suite 1003  
300 N Willson Avenue

City State Zip Code  
Bozeman MT 59715-3551

FEC ID 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 05 / 08 / 2009

**Transaction ID:** 95LV8Z258152

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**C.**

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

Mailing Address Suite 4  
13414 Medical Complex Drive

City State Zip Code  
Tomball TX 77375-3333

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 23 / 2009

**Transaction ID:** ec96b4fdd4bd1acfb5

Amount of Each Receipt this Period 50.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 38

(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)

Carl Minning, Jr.

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  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 9

Transaction ID: 95LVAP787673

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Christie Morse

Mailing Address Suite 1600  
248 Pleasant Street

City State Zip Code  
Concord NH 03301-2588

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: F7LV0S524456

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Ronald Lee Morton

Mailing Address 1001 Tower Way Suite 150

City State Zip Code  
Bakersfield CA 93309-1586

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 9

Transaction ID: 95LV8Z513575

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

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

1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 38
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Neuwirth		Date of Receipt
	Mailing Address Suite 822 85 Seymour Street		<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hartford	CT	06106-5527
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 95LVAP464536
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period <input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Batch Tool - PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Sayjal Patel		Date of Receipt
	Mailing Address Suite 105-255 6965 El Camino Real		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Carlsbad	CA	92009-4101
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> F7LV0S364532
Name of Employer self		Occupation ophthalmologist	Amount of Each Receipt this Period <input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Batch Tool - PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Raizman		Date of Receipt
	Mailing Address 49 Windsor Rd		<input type="text" value="05"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Wellesley	MA	02481
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> D46F48F9-37EB-4493-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period <input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 / 38  
(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)  
Jean Ramsey

Mailing Address Floor 2  
850 Harrison Avenue

City Boston State MA Zip Code 02118-4001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 08 / 2009  
Transaction ID: 95LV8Z566744  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Tushina Reddy

Mailing Address Suite 100  
3016 W Charleston Boulevard

City Las Vegas State NV Zip Code 89102-1973

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 22 / 2009  
Transaction ID: ETBT6Q374221  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

Mailing Address 8921 N Wood Sage Road

City Peoria State IL Zip Code 61615-7822

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2009  
Transaction ID: 5e97ebe7b0bcbb4e494  
Amount of Each Receipt this Period 1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 38
	(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Christian Risser		Date of Receipt
	Mailing Address Suite 104 9225 N 3rd Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 8 / 2 0 0 9
	City	State	Zip Code
	Phoenix	AZ	85020-2455
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 365.00	Transaction ID: 8CPWDA739896 Amount of Each Receipt this Period <input type="text"/> 365.00 Batch Tool - PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Ronning		Date of Receipt
	Mailing Address 6046 Whipple Avenue		<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 0 5 / 1 5 / 2 0 0 9
	City	State	Zip Code
	North Canton	OH	44720-7616
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	Transaction ID: 8O19AX433558 Amount of Each Receipt this Period <input type="text"/> 300.00 Batch Tool - PAC

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Ruddat		Date of Receipt
	Mailing Address Suite 822 85 Seymour Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 7 / 2 0 0 9
	City	State	Zip Code
	Hartford	CT	06106-5527
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 250.00	Transaction ID: 95LVAP410063 Amount of Each Receipt this Period <input type="text"/> 250.00 Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 915.00
<b>TOTAL</b> 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 20 / 38  
(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)  
Nelson Sabates

Mailing Address 2300 Holmes Street

City State Zip Code  
Kansas City MO 64108-2634

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2009

Transaction ID: F7LV1T269826

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**B.**

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

Mailing Address 3375 Southern Vista Drive

City State Zip Code  
Kingman AZ 86401-0628

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2009

Transaction ID: ETBT6Q515610

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.**

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

Mailing Address Suite 1001  
400 N Flagler Drive

City State Zip Code  
West Palm Beach FL 33401-4302

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2009

Transaction ID: F7LV0S528437

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 38
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Shulman	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address Suite 127 999 E Basse Road	<b>Transaction ID:</b> 15b7e49136e14a55b5c
	City San Antonio State TX Zip Code 78209-1802	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Sicher	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address 8921 N Wood Sage Road	<b>Transaction ID:</b> 684e5e53b6a8175428c
	City Peoria State IL Zip Code 61615-7822	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Stevens	Date of Receipt MM / DD / YYYY 05 / 08 / 2009
	Mailing Address # 269 2870 University Avenue	<b>Transaction ID:</b> 95LV8Z366435
	City Madison State WI Zip Code 53705-3611	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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	Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1465.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Stewart

Mailing Address Mayo Clinic

4500 San Pablo Road

City

Jacksonville

State

FL

Zip Code

32224

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Transaction ID: 95LVA7752957

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Marion Joseph Stoj

Mailing Address 43 Woodland Street

City

Hartford

State

CT

Zip Code

06105-2363

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	0	9

Transaction ID: 95LVAP280823

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Stephen Sullivan

Mailing Address 51 State Road

City

North Dartmouth

State

MA

Zip Code

02747-3319

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	9

Transaction ID: F7LV1T676844

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

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

2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 38
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) John Sutphin		Date of Receipt
	Mailing Address Suite 100 7400 State Line Road		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Prairie Village	KS	66208-3447
	FEC ID number of contributing federal political committee.		Transaction ID: 366QC5931178
	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>B.</b>	Full Name (Last, First, Middle Initial) Errol Sweet		Date of Receipt
	Mailing Address 2525 West Greenway Road		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85023-4226
	FEC ID number of contributing federal political committee.		Transaction ID: ETBT6Q760880
	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	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Tanner		Date of Receipt
	Mailing Address 109 Crosspointe Court		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Yorktown	VA	23693-5581
	FEC ID number of contributing federal political committee.		Transaction ID: d653bc648316748e880
	C		Amount of Each Receipt this Period
		50.00	
Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>915.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 38  
(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)  
Lawrence Ulanski

Mailing Address 16903 Sandstone Circle

City State Zip Code  
Macomb MI 48042-1126

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 01 / 2009

**Transaction ID:** 7EPJEU340274

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Jean Vahey

Mailing Address 8921 N Wood Sage Road

City State Zip Code  
Peoria IL 61615-7822

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 08 / 2009

**Transaction ID:** c0a41657f89c845e727

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 538

City State Zip Code  
Grantham NH 03753

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2009

**Transaction ID:** B3F150A5-2609-49F4-

Amount of Each Receipt this Period  
365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 38
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Curtis Winkler		Date of Receipt
	Mailing Address 2220 N Hunt Circle		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mesa	AZ	85203-2085
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 8CPWDA499458
		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="500.00"/>	Amount of Each Receipt this Period
			<input type="text" value="500.00"/>

Batch Tool - PAC

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Wyman		Date of Receipt
	Mailing Address 8921 N Wood Sage Road		<input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Peoria	IL	61615-7822
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation	Transaction ID: bbe21773f2f293f7cdf
		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="1000.00"/>	Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles Zacks		Date of Receipt
	Mailing Address Maine Eye Center, 15 Lowell St.		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Portland	ME	04102
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation	Transaction ID: CCEDB12C-1900-4C5C-
		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="730.00"/>	Amount of Each Receipt this Period
			<input type="text" value="365.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1865.00"/>
<b>TOTAL</b> 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 26 / 38	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Raymond Zimmerman		Date of Receipt		
	Mailing Address Suite 250 500 W Thomas Road		M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 9		
	City Phoenix	State AZ	Zip Code 85013-4215	<b>Transaction ID:</b> ETBT6Q458145	
	FEC ID number of contributing federal political committee. <b>C</b>		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>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	32098.32

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 38  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

A.

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

Mailing Address 101 S Marengo Avenue  
3rd Floor

City State Zip Code  
Pasadena CA 91101

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: e99eb0fdf9726480939

Amount of Each Receipt this Period

CD interest - May09 (estimate)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="850.00"/>

**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 28 / 38

<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 5/09

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 943dc24553a9db66c91

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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 - 5/09

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 280e75a3740e48a21a6

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name John H. Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 78878-2414361834526</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ben Cardin for Senate</p> <p>Mailing Address PO Box 21093</p> <p>City Catonsville State MD Zip Code 21228</p> <p>Purpose of Disbursement Contribution 2012 Primary</p> <p>Candidate Name Benjamin L. Cardin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 78878-0300409197807</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bilirakis for Congress</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Gus Michael Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 46932-0565759539604</p> <p>Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Bob Etheridge for Congress Committee</p> <p>Mailing Address Post Office Box 28001 PO Box 28001</p> <p>City Raleigh State NC Zip Code 27611</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Bob Etheridge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 46932-6773950457573</p> <p>Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bob Filner for Congress</p> <p>Mailing Address PO Box 121480</p> <p>City Chula Vista State CA Zip Code 91912</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Bob Filner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 51</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 46932-5192834734916</p> <p>Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Braley for Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Bruce L. Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IA District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 78878-0583154559135</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 38

<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) Cantor for Congress	Transaction ID: 22659-98435610532761
	Mailing Address PO Box 17813	Date of Disbursement MM / DD / YYYY 05 / 19 / 2009
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement Contribution 2010 Primary Candidate Name Eric I. Cantor	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 78878-4610559344291
	Mailing Address 203 Maryland Ave NE	Date of Disbursement MM / DD / YYYY 05 / 11 / 2009
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution 2010 Primary Candidate Name Arlen Specter	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	Transaction ID: 78878-9806482195854
	Mailing Address 1212 S. Victory Blvd Suite 211	Date of Disbursement MM / DD / YYYY 05 / 11 / 2009
	City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution 2010 Primary Candidate Name Linda T. Sanchez	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 39	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 38

<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Crowley for Congress Mailing Address 84-56 Grand Avenue City Elmhurst State NY Zip Code 11373 Purpose of Disbursement Contribution 2010 Primary Candidate Name Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 78878-6138116717338 Date of Disbursement 05 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc. Mailing Address PO Box 61337 City Denver State CO Zip Code 80206 Purpose of Disbursement 2010 Primary Contribution Candidate Name Diana L. DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 46932-8219262957573 Date of Disbursement 05 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) Mailing Address 25 East Main Street, Suite 200 City Richmond State VA Zip Code 23219 Purpose of Disbursement Contribution Candidate Name Every Republican Is Crucial (ERICPAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 65533-5513879656791 Date of Disbursement 05 / 26 / 2009
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement Contribution 2010 Primary Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 78878-1612970232963 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite Mailing Address PO Box 865 City Brooksville State FL Zip Code 34605 Purpose of Disbursement Contribution 2010 Primary Candidate Name Virginia Brown-Waite Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 78878-2603113055229 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer Mailing Address 509 Madison Ave Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement 2010 Primary Contribution Candidate Name Charles E. Schumer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 46932-3034631609916 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Miller for Congress <hr/> Mailing Address 721 S. Brea Canyon Road, Suite 7 <hr/> City Diamond Bar State CA Zip Code 91789 Purpose of Disbursement Contribution 2010 Primary Candidate Name Gary G. Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 42	Transaction ID: 78878-3035852313041 Date of Disbursement 05 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Halvorson for Congress <hr/> Mailing Address PO Box 176 <hr/> City Crete State IL Zip Code 60417 Purpose of Disbursement 2010 Primary Contribution Candidate Name Deborah DeFrancesco Halvorson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 11	Transaction ID: 46932-2087823748588 Date of Disbursement 05 / 28 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Kirk for Congress <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution 2010 Primary Candidate Name Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 10	Transaction ID: 78878-6697503924369 Date of Disbursement 05 / 11 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Levin for Congress  Mailing Address PO Box 37  City Roseville State MI Zip Code 48066  Purpose of Disbursement 2010 Primary Contribution Candidate Name Sander M. Levin  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 46932-2557031512260 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.  Mailing Address PO Box 682185  City Franklin State TN Zip Code 37068  Purpose of Disbursement Contribution 2010 Primary Candidate Name Marsha Blackburn  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 78878-9827234148979 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Burgess for Congress  Mailing Address PO Box 2334  City Denton State TX Zip Code 76202  Purpose of Disbursement 2010 Primary Contribution Candidate Name Michael C. Burgess  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 46932-4697839617729 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mike Pence Committee</p> <p>Mailing Address PO Box 408</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Mike Pence</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 06</p>	<p><b>Transaction ID:</b> 78878-8958093523979</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nadler for Congress</p> <p>Mailing Address Village Station, PO Box 40</p> <p>City New York State NY Zip Code 10014</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Jerrold Nadler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District: 08</p>	<p><b>Transaction ID:</b> 78878-7024194598198</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement Contribution 2010 PRIMARY</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NJ District: 06</p>	<p><b>Transaction ID:</b> 65533-0261499285697</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Richard Burr Committee; the	Transaction ID: 46932-9004480242729
	Mailing Address Post Office Box 5928	Date of Disbursement 05 / 28 / 2009
	City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2010 Primary Contribution	011 Category/ Type
	Candidate Name Richard M. Burr	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Zack Space for Congress Committee	Transaction ID: 78878-5664483904838
	Mailing Address 726 Sixteenth Street NE	Date of Disbursement 05 / 11 / 2009
	City Massillon State OH Zip Code 44646	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution 2010 Primary	011 Category/ Type
	Candidate Name Zachary T. Space	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3500.00

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

38500.00

# 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)

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Brennan <hr/> Mailing Address 1016 Kirkpatrick Road <hr/> City Burlington State NC Zip Code 27215-9714 <hr/> Purpose of Disbursement Refund of 1/19/09 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 809c390472b6d888ce1 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Brennan <hr/> Mailing Address 1016 Kirkpatrick Road <hr/> City Burlington State NC Zip Code 27215-9714 <hr/> Purpose of Disbursement Refund of 2/19/09 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 333b19a4bd23f8f8329 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Brennan <hr/> Mailing Address 1016 Kirkpatrick Road <hr/> City Burlington State NC Zip Code 27215-9714 <hr/> Purpose of Disbursement Refund of 3/19/09 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8ca69af924913932179 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	3000.00