

**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**

CITY

STATE

ZIP CODE

C00196246

3. IS THIS
REPORTNEW
(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

08

17

2009

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

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

A. Form/Schedule : **F3XA**
Transaction ID :

This amended report corrects Line 11a(i) Col B.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 38

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		681385.49
(b) Cash on Hand at Beginning of Reporting Period	579340.07	
(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)	613782.81	836129.12
7. Total Disbursements (from Line 31)	42608.56	264954.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	571174.25	571174.25
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 38

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	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		
(i) Itemized (use Schedule A)	32098.32	135722.44
(ii) Unitemized	1494.42	12513.60
(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

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	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	196500.00	
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	264954.87	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42608.56	264954.87	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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

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

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

FOR LINE NUMBER: PAGE 7 / 38

(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)

Quentin Allen

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

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

Transaction ID: 65073D2A4E00FDDCEE7

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Brock Bakewell

Mailing Address 5599 N Oracle Road

City

Tucson

State

AZ

Zip Code

85704-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: ETBT6Q438880

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Daniel Briceland

Mailing Address 7101 E Carefree Drive
PO Box 2960

City

Carefree

State

AZ

Zip Code

85377-2960

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 / 2 2 / 2 0 0 9

Transaction ID: ETBT6Q241288

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 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)

M. Kathleen Carriker

Mailing Address 3125 N 32nd Street Suite 100

City

Phoenix

State

AZ

Zip Code

85018-6282

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

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

Scottsdale

State

AZ

Zip Code

85250-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

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

Jersey City

State

NJ

Zip Code

07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

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: PAGE 9 / 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)

S. William Clark, III

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: 49DE8B3438532F9E490D

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYMENT
APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Catherine Cuite

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

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

Transaction ID: 9D5B8EF0952D1308CC5

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City

Metairie

State

LA

Zip Code

70002-1361

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

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: 8E6F606C2EC48C0BD80

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1516.66

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 10 / 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)

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

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

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

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

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

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

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)

☒ 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)

Scott Arnold Glesmann

Mailing Address 1800 Highway 95

City

Bullhead City

State

AZ

Zip Code

86442-6803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

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

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 9

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

Boston

State

MA

Zip Code

02114-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

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)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Peter Judson

Mailing Address 43 Woodland Street/Gothic Park

City

Hartford

State

CT

Zip Code

06105

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

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

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

Tucson

State

AZ

Zip Code

85712-1256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

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

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

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

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)

☒ 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)

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

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

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

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

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

M M / D D / Y Y Y Y
0 5 / 1 4 / 2 0 0 9

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)

☒ 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)

Eric Lichtenstein

Mailing Address 192-13 Union Turnpike

City

Fresh Meadows

State

NY

Zip Code

11366

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 / 1 6 / 2 0 0 9

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

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

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

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

Fountain Valley

State

CA

Zip Code

92708-7511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 9

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)

☒ 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 McGarey

Mailing Address 2352 N Fremont Boulevard

City

Flagstaff

State

AZ

Zip Code

86001-0958

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

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

Bozeman

State

MT

Zip Code

59715-3551

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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

Tomball

State

TX

Zip Code

77375-3333

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

M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 0 9

Transaction ID: EC96B4FDD4BD1ACFBC5

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)

☒ 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)

Carl Minning, Jr.

Mailing Address 2935 Maple Avenue

City

Zanesville

State

OH

Zip Code

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 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

Concord

State

NH

Zip Code

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 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

Bakersfield

State

CA

Zip Code

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 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: PAGE 17 / 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)

Jerry Neuwirth

Mailing Address Suite 822

85 Seymour Street

City

Hartford

State

CT

Zip Code

06106-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 95LVAP464536

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Sayjal Patel

Mailing Address Suite 105-255

6965 El Camino Real

City

Carlsbad

State

CA

Zip Code

92009-4101

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: F7LV0S364532

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Michael Raizman

Mailing Address 49 Windsor Rd

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 9

Transaction ID: D46F48F9-37EB-4493-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 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

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

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

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

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

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

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)

☒ 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)

Christian Risser

Mailing Address Suite 104

9225 N 3rd Street

City

Phoenix

State

AZ

Zip Code

85020-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 8CPWDA739896

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Lawrence Ronning

Mailing Address 6046 Whipple Avenue

City

North Canton

State

OH

Zip Code

44720-7616

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 Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: 8OI9AX433558

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Michael Ruddat

Mailing Address Suite 822

85 Seymour Street

City

Hartford

State

CT

Zip Code

06106-5527

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

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

Transaction ID: 95LVAP410063

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 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)

Nelson Sabates

Mailing Address 2300 Holmes Street

City

Kansas City

State

MO

Zip Code

64108-2634

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: 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

Kingman

State

AZ

Zip Code

86401-0628

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 / 2 2 / 2 0 0 9

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

West Palm Beach

State

FL

Zip Code

33401-4302

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: 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: PAGE 21 / 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)

David Shulman

Mailing Address Suite 127

999 E Basse Road

City

San Antonio

State

TX

Zip Code

78209-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 15B7E49136E14A55B5C

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Steven Sicher

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

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

Transaction ID: 684E5E53B6A8175428C

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Stevens

Mailing Address # 269

2870 University Avenue

City

Madison

State

WI

Zip Code

53705-3611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 95LV8Z366435

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 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)

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 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 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 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: PAGE 23 / 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)

John Sutphin

Mailing Address Suite 100

7400 State Line Road

City

Prairie Village

State

KS

Zip Code

66208-3447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 366QC5931178

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Errol Sweet

Mailing Address 2525 West Greenway Road

City

Phoenix

State

AZ

Zip Code

85023-4226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: ETBT6Q760880

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Gary Tanner

Mailing Address 109 Crosspointe Court

City

Yorktown

State

VA

Zip Code

23693-5581

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

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

Transaction ID: D653BC648316748E880

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 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

Macomb

State

MI

Zip Code

48042-1126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

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

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

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

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

Grantham

State

NH

Zip Code

03753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

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: PAGE 25 / 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)

Curtis Winkler

Mailing Address 2220 N Hunt Circle

City

Mesa

State

AZ

Zip Code

85203-2085

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 / 2 8 / 2 0 0 9

Transaction ID: 8CPWDA499458

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Thomas Wyman

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

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

Transaction ID: BBE21773F2F293F7CDF

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charles Zacks

Mailing Address Maine Eye Center, 15 Lowell St.

City

Portland

State

ME

Zip Code

04102

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

M M / D D / Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: CCEDB12C-1900-4C5C-

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: PAGE 26 / 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)

Raymond Zimmerman

Mailing Address Suite 250

500 W Thomas Road

City

Phoenix

State

AZ

Zip Code

85013-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: ETBT6Q458145

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL 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.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4586.13

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

850.00

CD interest - May09 (esti-
mate)

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 943DC24553A9DB66C91

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

404.73

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

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 280E75A3740E48A21A6

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

703.83

SUBTOTAL of Disbursements This Page (optional)

1108.56

TOTAL This Period (last page this line number only)

1108.56

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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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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) Adler for Congress	Transaction ID: 78878-2414361834526 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John H. Adler	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☒ House ☐ Senate ☐ President State: NJ District: 03	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Ben Cardin for Senate	Transaction ID: 78878-0300409197807 Date of Disbursement																				
Mailing Address PO Box 21093	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Catonsville State MD Zip Code 21228	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2012 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Benjamin L. Cardin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☐ House ☒ Senate ☐ President State: MD District:	Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Bilirakis for Congress	Transaction ID: 46932-0565759539604 Date of Disbursement																				
Mailing Address 610 S. Boulevard	<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>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gus Michael Bilirakis	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☒ House ☐ Senate ☐ President State: FL District: 09	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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) Bob Etheridge for Congress Committee	Transaction ID: 46932-6773950457573 Date of Disbursement
Mailing Address Post Office Box 28001 PO Box 28001	M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
City Raleigh State NC Zip Code 27611	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	2500.00
Candidate Name Bob Etheridge	011 Category/ Type
Office Sought: ☒ House ☐ Senate ☐ President State: NC District: 02	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Bob Filner for Congress	Transaction ID: 46932-5192834734916 Date of Disbursement
Mailing Address PO Box 121480	M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9
City Chula Vista State CA Zip Code 91912	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Contribution	1000.00
Candidate Name Bob Filner	011 Category/ Type
Office Sought: ☒ House ☐ Senate ☐ President State: CA District: 51	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Braley for Congress	Transaction ID: 78878-0583154559135 Date of Disbursement
Mailing Address PO Box 390	M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9
City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution 2010 Primary	500.00
Candidate Name Bruce L. Braley	011 Category/ Type
Office Sought: ☒ House ☐ Senate ☐ President State: IA District: 01	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

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

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 Date of Disbursement																				
Mailing Address PO Box 17813	<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>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	9		2	0	0	9												
City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>-2500.00</td> </tr> </table>	-2500.00																			
-2500.00																					
Candidate Name Eric I. Cantor	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☒ House ☐ Senate ☐ President State: VA District: 07	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 78878-4610559344291 Date of Disbursement																				
Mailing Address 236 Massachusetts Avenue NE	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Arlen Specter	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☐ House ☒ Senate ☐ President State: PA District:	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Committee To Re-Elect Linda Sanchez	Transaction ID: 78878-9806482195854 Date of Disbursement																				
Mailing Address 1212 S. Victory Blvd Suite 211	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Burbank State CA Zip Code 91502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Linda T. Sanchez	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: ☒ House ☐ Senate ☐ President State: CA District: 39	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1000.00

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)

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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) Crowley for Congress	Transaction ID: 78878-6138116717338 Date of Disbursement																				
Mailing Address 84-56 Grand Avenue	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Elmhurst State NY Zip Code 11373	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Joseph Crowley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: NY District: 07	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc.	Transaction ID: 46932-8219262957573 Date of Disbursement																				
Mailing Address PO Box 61337	<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>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Denver State CO Zip Code 80206	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Diana L. DeGette	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: CO District: 01	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: 65533-5513879656791 Date of Disbursement																				
Mailing Address 25 East Main Street, Suite 200	<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>0</td><td>5</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	6		2	0	0	9												
City Richmond State VA Zip Code 23219	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Every Republican Is Crucial (ERICPAC)	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☐ House ☐ Senate ☐ President State: District:	Disbursement For: 2009 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution																				

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

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)
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Detailed Summary Page

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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) Gary Miller for Congress	Transaction ID: 78878-3035852313041 Date of Disbursement																				
Mailing Address 721 S. Brea Canyon Road, Suite 7	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City State Zip Code Diamond Bar CA 91789	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Gary G. Miller	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: CA District: 42	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Halvorson for Congress	Transaction ID: 46932-2087823748588 Date of Disbursement																				
Mailing Address PO Box 176	<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>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City State Zip Code Crete IL 60417	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Deborah DeFrancesco Halvorson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: IL District: 11	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Kirk for Senate	Transaction ID: 78878-6697503924369 Date of Disbursement																				
Mailing Address PO Box 8	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City State Zip Code Winnetka IL 60093	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mark Steven Kirk	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☐ House ☒ Senate ☐ President State: IL District:	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				

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)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Levin for Congress	Transaction ID: 46932-2557031512260 Date of Disbursement																				
Mailing Address PO Box 37	<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>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sander M. Levin	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: MI District: 12	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.	Transaction ID: 78878-9827234148979 Date of Disbursement																				
Mailing Address PO Box 682185	<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>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	0	9												
City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution 2010 Primary	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Marsha Blackburn	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: TN District: 07	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Michael Burgess for Congress	Transaction ID: 46932-4697839617729 Date of Disbursement																				
Mailing Address PO Box 2334	<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>0</td><td>5</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	8		2	0	0	9												
City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Michael C. Burgess	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: ☒ House ☐ Senate ☐ President State: TX District: 26	Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼																				
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

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
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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

Mailing Address Post Office Box 5928

City
Winston-Salem

State
NC

Zip Code
27113

Purpose of Disbursement
2010 Primary Contribution

Candidate Name
Richard M. Burr

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: 46932-9004480242729

Date of Disbursement

05 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Zack Space for Congress Committee

Mailing Address 726 Sixteenth Street NE

City
Massillon

State
OH

Zip Code
44646

Purpose of Disbursement
Contribution 2010 Primary

Candidate Name
Zachary T. Space

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: 78878-5664483904838

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

1000.00

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**

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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 Brennan			Transaction ID: 809C390472B6D888CE1	
	Mailing Address 1016 Kirkpatrick Road			Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	
	City Burlington	State NC	Zip Code 27215-9714	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Refund of 1/19/09 contribution		010 Category/ Type		
	Candidate Name				
Office Sought: ☐ House ☐ Senate ☐ President		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State: District:					
B.	Full Name (Last, First, Middle Initial) Michael Brennan			Transaction ID: 333B19A4BD23F8F8329	
	Mailing Address 1016 Kirkpatrick Road			Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	
	City Burlington	State NC	Zip Code 27215-9714	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Refund of 2/19/09 contribution		010 Category/ Type		
	Candidate Name				
Office Sought: ☐ House ☐ Senate ☐ President		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State: District:					
C.	Full Name (Last, First, Middle Initial) Michael Brennan			Transaction ID: 8CA69AF924913932179	
	Mailing Address 1016 Kirkpatrick Road			Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 0 9	
	City Burlington	State NC	Zip Code 27215-9714	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Refund of 3/19/09 contribution		010 Category/ Type		
	Candidate Name				
Office Sought: ☐ House ☐ Senate ☐ President		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼			
State: District:					

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00