

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 San Francisco CA 94109 Check if different than previously reported. (ACC)

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

5. Covering Period 10 14 2010 through 11 22 2010

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 Steven Rausch

Signature of Treasurer Electronically Filed by Steven Rausch Date 12 01 2010

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 table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

The 10/21/10 Independent Expenditure for Glen Nye is not a new IE, but rather an additional expense for the 10/4/10 IE. Please see Form 99 Filing FEC-515735 for an explanation of this late payment and the non-inclusion in the original 24-hour notice. Also, subsequently this check was lost before reaching the vendor. Therefore, we voided and re-issued this payment on 11/15/10.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 775049.98 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 368004.57 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 129280.07 | 887463.38 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 497284.64 | 1662513.36 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 155859.95 | 1321088.67 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 341424.69 | 341424.69 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 4 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 2 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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) | 111896.96 | 710578.77 |
| (ii) Unitemized | 16969.76 | 158052.43 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 128866.72 | 868631.20 |
| (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) | 128866.72 | 868631.20 |
| 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 | 12000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 413.35 | 6832.18 |
| 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)) | 129280.07 | 887463.38 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 129280.07 | 887463.38 |

DETAILED SUMMARY PAGE

of Disbursements

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..... | 16340.70 | 66292.82 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 16340.70 | 66292.82 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 21500.00 | 750670.00 |
| 24. Independent Expenditure (use Schedule E) | 118019.25 | 496482.21 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 7643.64 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 7643.64 |
| 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)).. | 155859.95 | 1321088.67 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 155859.95 | 1321088.67 |

DETAILED SUMMARY PAGE
of Disbursements

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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) | 128866.72 | 868631.20 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 7643.64 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 128866.72 | 860987.56 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 16340.70 | 66292.82 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 16340.70 | 66292.82 |

**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 / 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Thomas Aaberg, Jr. | Date of Receipt MM / DD / YYYY 11 / 09 / 2010 |
| | Mailing Address 2081 Hunters Run NE | Transaction ID: 133B24C2BA32BE8458A |
| | City State Zip Code Ada MI 49301-9559 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1265.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Richard Abbott | Date of Receipt MM / DD / YYYY 10 / 30 / 2010 |
| | Mailing Address Ucsf Beckman Vision Ctr 10 Koret Way K-301 | Transaction ID: 468F9BF3FA237E2E5A0C |
| | City State Zip Code San Francisco CA 94143-0001 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Ahmed Abdelsalam | Date of Receipt MM / DD / YYYY 11 / 06 / 2010 |
| | Mailing Address 1 E Wacker Dr Ste 3150 | Transaction ID: 475ABD4D6A223C8089BC |
| | City State Zip Code Chicago IL 60601-1910 | Amount of Each Receipt this Period 83.34 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 583.38 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 633.34 |
| 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 8 / 142 |
| | <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)
Prema Abraham

Mailing Address 2800 3rd St

City State Zip Code
Rapid City SD 57701-7374

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 3802A5A88F77FCBA996

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Patrick Aiello

Mailing Address 275 W 28th St
Attn: Marlene

City State Zip Code
Yuma AZ 85364-7308

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

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

Transaction ID: 4C52A875A6D5FE12BB8B

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Arthur Allen, Jr.

Mailing Address 2100 Webster St
Pacific Eye Assoc, Ste 214

City State Zip Code
San Francisco CA 94115-2375

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 615.00

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

Transaction ID: 8B257E45A3A01F605F4

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **833.34**

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 / 142
(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)
Louis Alpern
Mailing Address 4171 N Mesa St. D-100
City El Paso State TX Zip Code 79902-1444
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 ▼ 449.00
Date of Receipt 10 / 27 / 2010
Transaction ID: 84969349-C22E-4B83-
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Peter Amaral
Mailing Address 635 Medical Pkwy
City Brenham State TX Zip Code 77833-5412
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 24 / 2010
Transaction ID: 4057AFA185FDEED85222
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Nicole Anderson-Weiss
Mailing Address 1200 John Q Hammons Dr Ste 100
City Madison State WI Zip Code 53717-1967
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 10 / 29 / 2010
Transaction ID: 0F6041C08E8BED191C2
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 640.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 10 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Angrist
Mailing Address 3810 River Rd
City Point Pleasant Bor State NJ Zip Code 08742-2054
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 ▼ 440.00
Date of Receipt 10 / 29 / 2010
Transaction ID: A069064EB8F7E7FABF7
Amount of Each Receipt this Period 75.00

B. Full Name (Last, First, Middle Initial)
Martin Arisco
Mailing Address 4301 Garth Rd Ste 100
City Baytown State TX Zip Code 77521-3157
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 ▼ 415.00
Date of Receipt 11 / 08 / 2010
Transaction ID: 63BAEF5326E7AAFC11D
Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Martin Arisco
Mailing Address 4301 Garth Rd Ste 100
City Baytown State TX Zip Code 77521-3157
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 ▼ 415.00
Date of Receipt 11 / 08 / 2010
Transaction ID: AC72C61F0102FD985BD
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 490.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A.

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

Mailing Address 1590 Darling St

City Ogden State UT Zip Code 84403-0445

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt: 10 / 28 / 2010

Transaction ID: 927297F0C6AC41BB486

Amount of Each Receipt this Period: 365.00

B.

Full Name (Last, First, Middle Initial)
Joe Arterberry

Mailing Address 224 E Broadway Ste 110

City Louisville State KY Zip Code 40202-2016

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 ▼ 333.36

Date of Receipt: 11 / 06 / 2010

Transaction ID: 47F8ACB649B52D0D4C29

Amount of Each Receipt this Period: 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1991 Park Ave W

City Ontario State OH Zip Code 44906-2233

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3365.00

Date of Receipt: 11 / 16 / 2010

Transaction ID: 76F5FB74A83AE3FC75A

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1406.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 142
(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)
E. Michael Balok

Mailing Address 4050 River Rd

City State Zip Code
East China MI 48054-2931

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: A0A0FD68E40BB3357F6

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 2900 N Fillmore St

City State Zip Code
Little Rock AR 72207-2813

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1375.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: 1A75CA835A45E6E22F2

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Gregg Bannett

Mailing Address 620 N Broad St

City State Zip Code
Woodbury NJ 08096-1795

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 49D5B571FD102A5D4493

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **1525.00**

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 / 142

(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)
Nicholas Barna

Mailing Address 1060 N Church St

City State Zip Code
Hazleton PA 18202-1444

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
1 0 / 1 5 / 2 0 1 0

Transaction ID: BFBE5196-C829-4340-

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 301 E Muhammad Ali Blvd

City State Zip Code
Louisville KY 40202-1511

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 98F49C3C-3620-4BCB-

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Arthur Basham

Mailing Address 212 Oak Meadow Dr

City State Zip Code
Los Gatos CA 95032-4407

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 ▼ 564.00

Date of Receipt

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

Transaction ID: 73F92DDF9BC50F732BA

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Baumann
Mailing Address 17560 US Highway 441
City State Zip Code
Mount Dora FL 32757-6711
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 11 / 08 / 2010
Transaction ID: 45358B95352796F4CC22
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Rick Bendel
Mailing Address 4500 San Pablo Rd S
City State Zip Code
Jacksonville FL 32224-1865
FEC ID 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 10 / 18 / 2010
Transaction ID: AA582945-EE77-4E92-
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Terry Bergstrom
Mailing Address 1000 Wall St
Wk Kellogg Eye Center, Rm 649
City State Zip Code
Ann Arbor MI 48105-1912
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00
Date of Receipt 11 / 01 / 2010
Transaction ID: 2A6721B7C1AEE6E7940
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 755.00
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 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Stanley Berke | | Date of Receipt |
| | Mailing Address 360 Merrick Rd Fl 3 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 6 / 2 0 1 0 |
| | City State Zip Code Lynbrook NY 11563-2526 | | Transaction ID: 593378543B75F3D13E9 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| | Name of Employer Self Occupation Ophthalmologist | | <input type="text"/> 199.00 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 398.00 |

| | | | |
|-----------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Daniel Bernstein | | Date of Receipt |
| | Mailing Address 451 Ruin Creek Rd Ste 204 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 1 0 |
| | City State Zip Code Henderson NC 27536-5920 | | Transaction ID: 41B75D77BA7EBF99C16 |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| | Name of Employer Self Occupation Ophthalmologist | | <input type="text"/> 365.00 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 564.00 |

| | | | |
|-----------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Abdhisv Bhavsar | | Date of Receipt |
| | Mailing Address 2105 Chestnut Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 5 / 2 0 1 0 |
| | City State Zip Code Medina MN 55340-9796 | | Transaction ID: C6FE34DB-E2DD-4C66- |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period |
| | Name of Employer Self Occupation Ophthalmologist | | <input type="text"/> 1000.00 |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> 1000.00 |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1564.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 142 |
| | <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 Blakemore | | Date of Receipt MM / DD / YYYY 11 / 11 / 2010 |
| Mailing Address 101 Mark Dr PO Box 1077 | | Transaction ID: 413B960729A8A46863C1 |
| City Edenton | State NC | Zip Code 27932-1778 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 615.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Robert Block | | Date of Receipt MM / DD / YYYY 11 / 02 / 2010 |
| Mailing Address 12 Curtis St | | Transaction ID: F7AC191B056E047CC1C |
| City Meriden | State CT | Zip Code 06450-5900 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.36 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Robert Block | | Date of Receipt MM / DD / YYYY 11 / 06 / 2010 |
| Mailing Address 12 Curtis St | | Transaction ID: 42959694A14B5BD85E49 |
| City Meriden | State CT | Zip Code 06450-5900 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 41.67 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.36 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 566.67 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 142
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
John G. Boatwright, Jr.

Mailing Address 2060 Charlie Hall Blvd
Ste 201

City Charleston State SC Zip Code 29414-6066

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: B857E1B65BBE032DD77

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Steven Bodine

Mailing Address 915 Palmer Rd
Retina Consultations

City Bronxville State NY Zip Code 10708-3304

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 ▼ 541.67

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

Transaction ID: 4D10B5F27C96BD490F78

Amount of Each Receipt this Period
41.67

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Donna Booth

Mailing Address 15 Acorn Cir
210

City Towson State MD Zip Code 21286-5713

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
1 0 / 2 6 / 2 0 1 0

Transaction ID: 1876A74A1302771641A

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **906.67**

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

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 142 |
| | <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) Carol Boren | | Date of Receipt |
| | Mailing Address 109 S Park Dr | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 1 / 2 0 1 0 |
| | City | State | Zip Code |
| | Brownwood | TX | 76801-5917 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 629B8B22E65D06FF9FF |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 365.00 |

| | | | |
|---|---|-------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Scott Bornstein | | Date of Receipt |
| | Mailing Address 9630 Kenton Ave | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 9 / 2 0 1 0 |
| | City | State | Zip Code |
| | Skokie | IL | 60076-1216 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 98360767-6F0F-4D89- |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 365.00 |

| | | | |
|---|---|-------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Alan Brackup | | Date of Receipt |
| | Mailing Address 1203 Langhorne Newtown Rd Ste 120 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 9 / 2 0 1 0 |
| | City | State | Zip Code |
| | Langhorne | PA | 19047-1211 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: BAAA6A291E54BECFBC0 |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> 50.00 |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 780.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 19 / 142
(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 Brennan

Mailing Address 1016 Kirkpatrick Rd

City Burlington State NC Zip Code 27215-9714

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 11 / 01 / 2010

Transaction ID: 7D3BEA59619E3342E9C

Amount of Each Receipt this Period 500.00

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

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt 11 / 06 / 2010

Transaction ID: 4FEB82C4AD64A1B46E8B

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Mark Brower

Mailing Address 504 Willabay Dr

City Williams Bay State WI Zip Code 53191-9627

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 26 / 2010

Transaction ID: 2DF519B94DFE4D4F013

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1083.34

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 142 |
| | <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) Beth Bruening | | Date of Receipt MM / DD / YYYY 10 / 19 / 2010 |
| Mailing Address 405 45th St | | Transaction ID: 333F04507E72C135007 |
| City Sioux City | State IA | Zip Code 51104-1072 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 500.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) G. Edward Bryant, Jr. | | Date of Receipt MM / DD / YYYY 10 / 20 / 2010 |
| Mailing Address 303 W Polk Ave | | Transaction ID: 4555BE06B93237FEB86B |
| City West Memphis | State AR | Zip Code 72301-4262 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) G. Edward Bryant, Jr. | | Date of Receipt MM / DD / YYYY 11 / 20 / 2010 |
| Mailing Address 303 W Polk Ave | | Transaction ID: 4B3883AC522E5EF346E4 |
| City West Memphis | State AR | Zip Code 72301-4262 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| 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 / 142 |
| | <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 Bueche | Date of Receipt MM / DD / YYYY 11 / 11 / 2010 |
| | Mailing Address 4126 Leeward Dr | Transaction ID: 9A32611B7F6A6049284 |
| | City State Zip Code Okemos MI 48864-4400 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Self Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Patricia Buehler | Date of Receipt MM / DD / YYYY 10 / 27 / 2010 |
| | Mailing Address 1122 NW Foxwood | Transaction ID: 64EA1E38-67E8-414C- |
| | City State Zip Code Bend OR 97701-8606 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Self Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 656.69 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Patricia Buehler | Date of Receipt MM / DD / YYYY 11 / 06 / 2010 |
| | Mailing Address 1122 NW Foxwood | Transaction ID: 4640827F19F682677096 |
| | City State Zip Code Bend OR 97701-8606 | Amount of Each Receipt this Period 41.67 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Self Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 656.69 | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 656.67 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 22 / 142
(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 Burchfield

Mailing Address 2865 N Reynolds Rd
Ste 170

City Toledo State OH Zip Code 43615-2076

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 ▼ 275.00

Date of Receipt 10 / 18 / 2010
Transaction ID: 48FFB23CA90AC8779CDB
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 2865 N Reynolds Rd
Ste 170

City Toledo State OH Zip Code 43615-2076

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 ▼ 275.00

Date of Receipt 11 / 18 / 2010
Transaction ID: 47B69EFBB099CB20A7AE
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Miles Burke

Mailing Address 10475 Montgomery Rd
Ste 4F

City Cincinnati State OH Zip Code 45242-5200

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 19 / 2010
Transaction ID: E3F003C4-B787-44B6-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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 / 142
(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)
Terry Burris

Mailing Address 6950 SW Hampton St

City State Zip Code
Portland OR 97223-8329

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 63A6B8574FB52940780

Amount of Each Receipt this Period
199.00

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

Mailing Address 1555 Barrington Rd Ste 120

City State Zip Code
Hoffman Estates IL 60169-1062

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 0E6770CA29C5A6FD72D

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Charles Campbell

Mailing Address 5540 Saratoga Blvd Ste 200

City State Zip Code
Corpus Christi TX 78413-2953

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 45EBBC52B804EAA131F1

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **481.34**

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 / 142
(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 |
| | | | | | | | 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) Charles Campbell | | Date of Receipt MM / DD / YYYY 11 / 15 / 2010 |
| Mailing Address 5540 Saratoga Blvd Ste 200 | | Transaction ID: 46FFAE745A0850E228D2 |
| City Corpus Christi | State TX | Zip Code 78413-2953 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.34 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 583.38 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Keith Carter | | Date of Receipt MM / DD / YYYY 11 / 10 / 2010 |
| Mailing Address 200 Hawkins Dr | | Transaction ID: 45C7A28EB25D18B911B5 |
| City Iowa City | State IA | Zip Code 52242-1007 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.34 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.02 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) James Caudill | | Date of Receipt MM / DD / YYYY 10 / 19 / 2010 |
| Mailing Address 331 Laidley St Ste 102 | | Transaction ID: F794EFA27CAEF1FA4ED |
| City Charleston | State WV | Zip Code 25301-1605 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 500.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 666.68 |
| 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 / 142
(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)
Brent Chalmers
Mailing Address 1306 Division St
City Oregon City State OR Zip Code 97045-1523
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 ▼ 398.00
Date of Receipt 11 / 11 / 2010
Transaction ID: CE6A2188CECC10B910D
Amount of Each Receipt this Period 199.00

B. Full Name (Last, First, Middle Initial)
Jack Mabry Chapman
Mailing Address 2061 Beverly Rd
City Gainesville State GA Zip Code 30501-2034
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 ▼ 333.32
Date of Receipt 10 / 28 / 2010
Transaction ID: 44978F046708B4103A96
Amount of Each Receipt this Period 83.33
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Nancy Chen
Mailing Address 579 Farrington Hwy
City Kapolei State HI Zip Code 96707-2027
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 ▼ 564.00
Date of Receipt 10 / 27 / 2010
Transaction ID: D230C0DF-33C0-4595-
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 647.33
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 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Robert Chestler
 Mailing Address 10502 NE Wasco St
 City Portland State OR Zip Code 97220-3948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 29 / 2010
Transaction ID: 48288498F55F7A30A96C
 Amount of Each Receipt this Period 25.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Andrew Choy
 Mailing Address 4100 Long Beach Blvd Ste 108
 City Long Beach State CA Zip Code 90807-2696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00
 Date of Receipt 11 / 16 / 2010
Transaction ID: FC2BC8810D106F6EA99
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Donald Cinotti
 Mailing Address 600 Pavonia Ave Ste 6
 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 ▼ 1100.00
 Date of Receipt 10 / 18 / 2010
Transaction ID: 4D909150A6B08D555CFC
 Amount of Each Receipt this Period 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 490.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 27 / 142
(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)
Donald Cinotti

Mailing Address 600 Pavonia Ave
Ste 6

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 ▼ 1100.00

Date of Receipt 11 / 18 / 2010
Transaction ID: 4ABAA827D161715E1038
 Amount of Each Receipt this Period 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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 ▼ 4166.60

Date of Receipt 10 / 23 / 2010
Transaction ID: 4913B69F6BFB9239AAD6
 Amount of Each Receipt this Period 416.66
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Christopher Coad

Mailing Address 157 W 19th St
Chelsea Eye Assoc Llp

City New York State NY Zip Code 10011-4102

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 14 / 2010
Transaction ID: 46F0B132E491EE228B9F
 Amount of Each Receipt this Period 25.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 541.66

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 28 / 142
(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)
Christopher Coad

Mailing Address 157 W 19th St
Chelsea Eye Assoc Llp

City State Zip Code
New York NY 10011-4102

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2010

Transaction ID: 470EB83D96A1F07AE8C1

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Stephen Collins

Mailing Address 207A Fob James Dr

City State Zip Code
Valley AL 36854-5079

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 24A994E1D2A2703CD37

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Joseph Coney

Mailing Address 2816 Veron Ln

City State Zip Code
Twinsburg OH 44087-3249

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2010

Transaction ID: E4A3E897BD0ACC0F031

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **724.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 142

(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)

Mandi Conway

Mailing Address 10503 W Thunderbird Blvd

City State Zip Code
Sun City AZ 85351-3047

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: C2988FC8-06A6-48F0-

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Lori Coors

Mailing Address 7150 Greenville Ave
Ste 400

City State Zip Code
Dallas TX 75231-5186

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 349.00

Date of Receipt

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

Transaction ID: 1201732DD17AB42E655

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Russell Crain

Mailing Address 11011 Hefner Pointe Dr
Ste B

City State Zip Code
Oklahoma City OK 73120-5005

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: 4405AC6FEE132D68C0A3

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

565.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Russell Crain

Mailing Address 11011 Hefner Pointe Dr
Ste B

City Oklahoma City State OK Zip Code 73120-5005

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 42269EA5780C2E11A04A
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Terry Croyle

Mailing Address 2375 S Main St

City Moultrie State GA Zip Code 31768-6517

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 ▼ 330.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 408AAABBC6941747BBC4
Amount of Each Receipt this Period 30.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Peter Custis

Mailing Address 4405 Vandever Ave

City San Diego State CA Zip Code 92120-3315

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 15 / 2010
Transaction ID: 83544B29-6D87-4AD1-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 580.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Davenport

Mailing Address 2424 S 90th St
Ste 204

City State Zip Code
West Allis WI 53227-2455

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 46298511CE185E0879FD

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1510 Bob White Blvd

City State Zip Code
Pulaski VA 24301-4406

FEC ID 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
11 / 08 / 2010

Transaction ID: 09CDBF68DA360AF8279

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Anthony DeMarco

Mailing Address 105 Trinity Pl

City State Zip Code
Athens GA 30607-2112

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: 19412AD13E25CC8DC96

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1406.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 142

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Devaro

Mailing Address 306 Wheeler Street

City State Zip Code
Savannah GA 31405

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 398.00

Date of Receipt

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

Transaction ID: 733A33DF-358C-47AB-

Amount of Each Receipt this Period
199.00

B.

Full Name (Last, First, Middle Initial)

Ranjit Dhaliwal

Mailing Address 3520 Walton Way Ext

City State Zip Code
Augusta GA 30909-6605

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: FEDC5386-FC57-4912-

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Anna Luisa Di Lorenzo

Mailing Address 1325 PILGRIM AVE

City State Zip Code
BIRMINGHAM MI 48009

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3500.00

Date of Receipt

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

Transaction ID: E1F9EC50-3783-4C88-

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)

3699.00

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 33 / 142 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) Steven Dixon | Date of Receipt MM / DD / YYYY 10 / 19 / 2010 |
| | Mailing Address 1111 E Ocean Ave Ste 7 | Transaction ID: 4786A9A1ADC2F39B1EAF |
| | City State Zip Code Lompoc CA 93436-2501 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | Name of Employer Self Occupation Self Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) Steven Dixon | Date of Receipt MM / DD / YYYY 11 / 19 / 2010 |
| | Mailing Address 1111 E Ocean Ave Ste 7 | Transaction ID: 4F56BBA475DB21DB3C53 |
| | City State Zip Code Lompoc CA 93436-2501 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | Name of Employer Self Occupation Self Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) Nicholas Donas | Date of Receipt MM / DD / YYYY 10 / 19 / 2010 |
| | Mailing Address 18 Ashford Ave Ste 2M | Transaction ID: D8E438346BD920D378F |
| | City State Zip Code Dobbs Ferry NY 10522-1824 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Self Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 142
(check only one)

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

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

A.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) John Donovan | | Date of Receipt MM / DD / YYYY 11 / 22 / 2010 |
| Mailing Address 2023 Professional Center Dr Clay Eye Physicians and Surgeons | | Transaction ID: ADDE8FB2E4D7E9A99C2 |
| City Orange Park | State Zip Code FL 32073-4472 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 730.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) Stella Douros | | Date of Receipt MM / DD / YYYY 10 / 26 / 2010 |
| Mailing Address 7501 6th Ave | | Transaction ID: 4C4EA0345F9C08D6196 |
| City Brooklyn | State Zip Code NY 11209-3315 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) Donald Downer | | Date of Receipt MM / DD / YYYY 11 / 22 / 2010 |
| Mailing Address 2023 Professional Center Dr | | Transaction ID: B6E2AB7DCA19F2AEF0F |
| City Orange Park | State Zip Code FL 32073-4472 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 730.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1095.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 142

(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)

Patrick Droste

Mailing Address 5050 Cascade Rd SE

City State Zip Code
Grand Rapids MI 49546

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 615DF6BE-0E45-433B-

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Paul Dunn

Mailing Address 275 Harvard St

City State Zip Code
Fall River MA 02720-4125

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt

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

Transaction ID: 6B1C27CAC2996811041

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

David Durfee

Mailing Address 616 SE Manchester Pl

City State Zip Code
Portland OR 97202-9012

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: BD1302AA-2091-4C73-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 142
(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)
Shehab Ebrahim
Mailing Address 4717 Woodland Ave
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 ▼ 1100.00
Date of Receipt 10 / 17 / 2010
Transaction ID: 41B98B022C0A98B3244C
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Shehab Ebrahim
Mailing Address 4717 Woodland Ave
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 ▼ 1100.00
Date of Receipt 11 / 17 / 2010
Transaction ID: 43C3BAC44BC29C156392
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Albert Edwards
Mailing Address 1975 KIMBERLY DRIVE
City Eugene State OR Zip Code 97405
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt 11 / 06 / 2010
Transaction ID: 089A4BEB-B75D-4720-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 37 / 142
(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)
Nancy Efferson-Bonachea
Mailing Address 37 Barrington Drive
City Bedford State NH Zip Code 03110-6730
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 10 / 26 / 2010
Transaction ID: C3788E69-D516-4170-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
David Eichenbaum
Mailing Address 1211 43rd Ave N
City Saint Petersburg State FL Zip Code 33703-4435
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 ▼ 249.00
Date of Receipt 10 / 29 / 2010
Transaction ID: A1F609DA766F8D6FF00
Amount of Each Receipt this Period 199.00

C. Full Name (Last, First, Middle Initial)
K. David Epley
Mailing Address 15704 NE 144th Pl
City Kirkland State WA Zip Code 98072
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt 10 / 26 / 2010
Transaction ID: FF3E4163-8141-4808-
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 664.00
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 38 / 142 |
| | <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) Warren Fagadau | | Date of Receipt MM / DD / YYYY 10 / 16 / 2010 | | |
| | Mailing Address 6131 Luther Ln | | Transaction ID: A42E259B-1477-4BD0- | | |
| | City Dallas | State TX | Zip Code 75225 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) William Fein | | Date of Receipt MM / DD / YYYY 11 / 02 / 2010 | | |
| | Mailing Address 415 N Crescent Dr Ste 200 | | Transaction ID: D74A9DAE8026C84C38F | | |
| | City Beverly Hills | State CA | Zip Code 90210-6812 | Amount of Each Receipt this Period 199.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 564.00 | | | |

| | | | | | |
|---|--|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) James Finegan | | Date of Receipt MM / DD / YYYY 11 / 06 / 2010 | | |
| | Mailing Address 236 Roseberry St | | Transaction ID: 43B890042FF4A1FFA293 | | |
| | City Phillipsburg | State NJ | Zip Code 08865-1632 | Amount of Each Receipt this Period 83.34 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 666.72 | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1282.34 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 39 / 142
(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)
Allen Fishman

Mailing Address 9229 Queens Blvd
Ste 2I

City State Zip Code
Rego Park NY 11374-1072

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 03 / 2010

Transaction ID: 6F5090BDC79B6E4F148

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Bernard Fowler

Mailing Address 216 Engle St
Ste 201

City State Zip Code
Englewood NJ 07631-2428

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 212.87

Date of Receipt
MM / DD / YYYY
11 / 20 / 2010

Transaction ID: 4F17999361F5DEEDEECA

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1 Salem St
Apt 16

City State Zip Code
Swampscott MA 01907-1315

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 18 / 2010

Transaction ID: 011ECD5B3BECA50950B

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶ **760.41**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 142
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ronald Freeman

Mailing Address 322 Charal Lane

City Highland Park State IL Zip Code 60035

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1095.00

Date of Receipt 10 / 30 / 2010

Transaction ID: 28405464-4723-4920-

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Luther Fry

Mailing Address 310 E Walnut St

City Garden City State KS Zip Code 67846-5572

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 01 / 2010

Transaction ID: 735F39A2F0E1E34BBB5

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Roger Furlong

Mailing Address 700 W Kent Ave

City Missoula State MT Zip Code 59801-6772

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 01 / 2010

Transaction ID: B383122BFC80C101BA8

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1730.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 41 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Timothy Gard | | Date of Receipt |
| | Mailing Address 512 E Main St | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 05 / 2010 |
| | City Hillsboro | State OR | Zip Code 97123-4137 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 4E3E8EE5C68C7CBAC23B |
| | Name of Employer Self | | Occupation Ophthalmologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period <input type="text"/> 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Aggregate Year-to-Date ▼ | | <input type="text"/> 275.00 | |

| | | | |
|---|---|--|--|
| B. | Full Name (Last, First, Middle Initial) David Todd Garrett | | Date of Receipt |
| | Mailing Address 120 N Eagle Creek Dr Ste 211 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 01 / 2010 |
| | City Lexington | State KY | Zip Code 40509-1827 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 75F14D8B477326A6E31 |
| | Name of Employer Self | | Occupation Ophthalmologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period <input type="text"/> 300.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Aggregate Year-to-Date ▼ | | <input type="text"/> 300.00 | |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Thomas Gettelfinger | | Date of Receipt |
| | Mailing Address 6485 Poplar Ave | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 21 / 2010 |
| | City Memphis | State TN | Zip Code 38119-4838 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 43139D10EFE023AD1B73 |
| | Name of Employer Self | | Occupation Ophthalmologist |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Amount of Each Receipt this Period <input type="text"/> 30.41 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Aggregate Year-to-Date ▼ | | <input type="text"/> 221.64 | |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 355.41 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 42 / 142
(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)
C. Mitchell Gilbert

Mailing Address 396 old mountain road

City Farmington State CT Zip Code 06032

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2010
Transaction ID: 4572BE16-EEC3-4298-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Walter Gilbert

Mailing Address 1820 Barrs St Ste 122

City Jacksonville State FL Zip Code 32204-4755

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2010
Transaction ID: 56475575538B2B331A6
Amount of Each Receipt this Period 500.00

C. 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 ▼ 1500.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 30193D3F71FB8CA4C5B
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 142
(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)
Warren Goldblatt

Mailing Address 9 Hartswood Rd

City State Zip Code
Dover NH 03820-4337

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2010

Transaction ID: 73883FCC-4624-4949-

Amount of Each Receipt this Period
500.00

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

Mailing Address 2855 Gramercy St

City State Zip Code
Houston TX 77025-1756

FEC ID 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
10 / 18 / 2010

Transaction ID: A1DB656C-E277-4E5F-

Amount of Each Receipt this Period
250.00

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

Mailing Address 6545 Rutgers Ave

City State Zip Code
Houston TX 77005-3850

FEC ID 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
10 / 28 / 2010

Transaction ID: 4ADCB278755279CD1777

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 142
(check only one)

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

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

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

A.

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

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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 ▼ 450.00

Date of Receipt: 10 / 17 / 2010
Transaction ID: 49E5A8F2077D2D8FC329
Amount of Each Receipt this Period: 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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 ▼ 450.00

Date of Receipt: 11 / 17 / 2010
Transaction ID: 42E6B34CE0298673D32F
Amount of Each Receipt this Period: 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Joel Gottlieb

Mailing Address 66 Sunset Strip

City Succasunna State NJ Zip Code 07876-1362

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 10 / 2010
Transaction ID: 726B6B9F-8E27-4EFD-
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 45 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | | |
|-----------|--|-------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Edward Graul | | Date of Receipt MM / DD / YYYY 11 / 09 / 2010 | | |
| | Mailing Address 251 Moosa Blvd | | Transaction ID: 4A9C9E2E5F3ADE235D4B | | |
| | City Eunice | State LA | Zip Code 70535-3638 | Amount of Each Receipt this Period 41.67 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 333.36 | | |

| | | | | | |
|-----------|--|-------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Erich Groos | | Date of Receipt MM / DD / YYYY 11 / 06 / 2010 | | |
| | Mailing Address 2400 Patterson St Ste 201 | | Transaction ID: 44BE8B4199C167A310D3 | | |
| | City Nashville | State TN | Zip Code 37203-1587 | Amount of Each Receipt this Period 83.34 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 666.72 | | |

| | | | | | |
|-----------|--|-------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Maged Habib | | Date of Receipt MM / DD / YYYY 11 / 11 / 2010 | | |
| | Mailing Address 2300 S Congress Ave Ste 102 | | Transaction ID: 449DBA552DFE7E4DECD3 | | |
| | City Boynton Beach | State FL | Zip Code 33426-7400 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 325.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 150.01 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 142
(check only one)

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

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

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

A.

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

Mailing Address 9401 N Oak Trfy

City State Zip Code
Kansas City MO 64155-3393

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: 555C9557-E98A-4284-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Carroll Haines

Mailing Address 515 Thompson St Ste A

City State Zip Code
Eden NC 27288-5040

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2010

Transaction ID: 4583806C3DAE0EB1ABEA

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Lealis Hale

Mailing Address 619 Cambridge Avenue

City State Zip Code
Fort Walton Beach FL 32547

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2010

Transaction ID: F75D6FC9-BFD2-4E92-

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 47 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|-------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Donald Hall, Jr. | | Date of Receipt |
| | Mailing Address 3303 Indiana Ave | | <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 |
| | City | State | Zip Code |
| | Vicksburg | MS | 39180-4540 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 94BE9DB02332ABFDD85 |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 365.00 | <input type="text"/> 365.00 |

| | | | |
|---|---|-------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Mark Hammer | | Date of Receipt |
| | Mailing Address 602 S Macdill Ave | | <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 |
| | City | State | Zip Code |
| | Tampa | FL | 33609-4614 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 5FA9899D-0631-4598- |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 300.00 | <input type="text"/> 300.00 |

| | | | |
|---|---|-------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Mireille Hamparian | | Date of Receipt |
| | Mailing Address 2355 Roanoke Rd | | <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 |
| | City | State | Zip Code |
| | San Marino | CA | 91108-2636 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 44CDA7077C88A78F2637 |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | <input type="text"/> |
| | | <input type="text"/> 500.00 | <input type="text"/> 50.00 |

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 715.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 48 / 142
(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)
Cynthia Hampton

Mailing Address 451 Ruin Creek Rd
Ste 204

City Henderson State NC Zip Code 27536-5920

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 ▼ 866.72

Date of Receipt 11 / 03 / 2010
Transaction ID: 4041A0B0920BFC07263E
Amount of Each Receipt this Period 83.34
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1825 Graves Mill Rd

City Forest State VA Zip Code 24551-3967

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 17 / 2010
Transaction ID: E34ACB81091B225F4EB
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Clarence Harris

Mailing Address 2023 Professional Center Dr
Clay Eye Physicians and Surgeons

City Orange Park State FL Zip Code 32073-4472

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 61C25AFA0ABA39061A6
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1448.34

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

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

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

FOR LINE NUMBER: PAGE 49 / 142
(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 Harris, Jr.
 Mailing Address 1928 Alcoa Hwy
Ste 324
 City Knoxville State TN Zip Code 37920-1505
 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 ▼ 666.72
 Date of Receipt 11 / 03 / 2010
Transaction ID: 4544A2FE51A43C3166D8
 Amount of Each Receipt this Period 83.34
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Weldon Havins
 Mailing Address 88 Ancient Hills Ln
 City Henderson State NV Zip Code 89074-1750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 28 / 2010
Transaction ID: 9F8B98E023065F663A0
 Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Richard Hawkins
 Mailing Address 1729 New Hanover Medical Park Dr
 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 ▼ 550.00
 Date of Receipt 10 / 17 / 2010
Transaction ID: 4A0E9BEA264E598FE5C8
 Amount of Each Receipt this Period 50.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **183.34**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 50 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Hawkins
Mailing Address 1729 New Hanover Medical Park Dr
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 ▼ 550.00
Date of Receipt 11 / 17 / 2010
Transaction ID: 46D6B610CAB9C732E041
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
David Hayes
Mailing Address 3751 Belford St
City State Zip Code
San Diego CA 92111-4217
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.35
Date of Receipt 11 / 13 / 2010
Transaction ID: 47479ACCBF0B323E852B
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Bernhard Heersink
Mailing Address 21 Highland Ave Ste 1
City State Zip Code
Newburyport MA 01950-3873
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt 11 / 03 / 2010
Transaction ID: C8DEDE17E2A0984B7B9
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 291.67
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 142
(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 |
| | | | | | | | 17 |

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

A.

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

Mailing Address 23961 Magdalena Ste 302

City Laguna Hills State CA Zip Code 92653-3665

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 ▼ 243.28

Date of Receipt 11 / 06 / 2010

Transaction ID: 42BBA5C80B0EAD2589EC

Amount of Each Receipt this Period 30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 22 W Colt Square Dr Henry Eye Clinic

City Fayetteville State AR Zip Code 72703-2813

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010

Transaction ID: 2C13BC1AB7865DAAA1D

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 4560 S Glenview PI

City Rapid City State SD Zip Code 57702-6804

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 ▼ 564.00

Date of Receipt 11 / 05 / 2010

Transaction ID: EFC618FEA63F7F7A20F

Amount of Each Receipt this Period 199.00

SUBTOTAL of Receipts This Page (optional) ▶ **729.41**

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 52 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joe Hester
Mailing Address 2713 Chaffin Ln
City Magnolia State AR Zip Code 71753-4329
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 10 / 18 / 2010
Transaction ID: 7A8126708D24C23DD1F
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Stephen Higgins
Mailing Address 3412 W Centre Ave
City Portage State MI Zip Code 49024-4624
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 07 / 2010
Transaction ID: 9F5C9B74-1AB8-4736-
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
David Hill
Mailing Address 499 Farmington Ave
City Farmington State CT Zip Code 06032-1933
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 10 / 18 / 2010
Transaction ID: 3FA5F22B-4AD3-453B-
Amount of Each Receipt this Period 250.00

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

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

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

FOR LINE NUMBER: PAGE 53 / 142
(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 Hodges
Mailing Address 4322 Stonegarden Ln
City Newburgh State IN Zip Code 47630-3701
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 ▼ 900.00
Date of Receipt 10 / 17 / 2010
Transaction ID: 72CDAFD6-1834-4E7A-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Kenneth Hogrefe
Mailing Address 130 Center Way Guthrie Med Grove
City Corning State NY Zip Code 14830-2255
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 11 / 02 / 2010
Transaction ID: 95DD86A2E8CC3606E95
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
William Holcomb
Mailing Address Suite 410 1890 Highway 157
City Cullman State AL Zip Code 35058-0689
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 11 / 16 / 2010
Transaction ID: 99E0294D-DCCA-4043-
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 54 / 142

(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)

Nancy Holekamp

Mailing Address 1600 S Brentwood Blvd

City State Zip Code
Saint Louis MO 63144-1317

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: B18C06A1-13B2-4491-

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Richard Hopp

Mailing Address 3999 Englewood Ave Ste 101

City State Zip Code
Yakima WA 98902-6341

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D400C6DDC97F3F39E43

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Robert Hsieh

Mailing Address 6510 Kenilworth Ave Ste 1300

City State Zip Code
Riverdale MD 20737-1339

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D128A87DEAE5F553092

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

1095.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 142
(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 |
| | | | | | | | 17 |

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

A.

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

Mailing Address 3 Woodland Rd
Ste 210

City State Zip Code
Stoneham MA 02180-1711

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

Name of Employer Self Occupation
Self 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
1 1 / 1 1 / 2 0 1 0

Transaction ID: 42038286BF50F1FA9C18

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Peter Hurlbut-Miller

Mailing Address 4400 S 700 E

City State Zip Code
Salt Lake City UT 84107-3053

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: A0678F14-3150-4E83-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Marcia Hutcheon

Mailing Address 1395 Piccard Dr

City State Zip Code
Rockville MD 20850-4364

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

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

Transaction ID: 5C78A143-B078-42C5-

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **1115.66**

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 56 / 142
(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)
W. Jackson Iliff

Mailing Address 4 W Rolling Crossroads
Rear 7

City State Zip Code
Catonsville MD 21228-6278

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 40A2A02F8B3AC9B9CBF9

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 8 Medical Park Dr

City State Zip Code
Asheville NC 28803-2493

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

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

Transaction ID: 4255952D8DB18B8A6B58

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 3111 E 4th St
Apt 139

City State Zip Code
Tucson AZ 85716-4524

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 298.00

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

Transaction ID: 253AC75FC68493A9569

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **332.34**

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 57 / 142
(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)
Daniel Jewelewicz

Mailing Address 16201 S Military Trl
Delray Eye Associates

City Delray Beach State FL Zip Code 33484-6503

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 ▼ 275.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 94AD524BF6E3D686958
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Elena Jimenez

Mailing Address Calle Tapia
Ocean Park, Apt 17

City San Juan State PR Zip Code 00911-2337

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 ▼ 250.02

Date of Receipt 11 / 12 / 2010
Transaction ID: 463AB725F7147E045A2C
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Gordon Johns

Mailing Address 175 Oak Point Road

City Chehalis State WA Zip Code 98532

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 04 / 2010
Transaction ID: 598B8799-25D6-48AF-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1166.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 142
(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 Johnson

Mailing Address 401 Phalen Blvd

City State Zip Code
Saint Paul MN 55130-5302

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
349.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2010

Transaction ID: 42D78FFC15D40DE2078

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Randolph Johnston

Mailing Address 1300 E 20th St

City State Zip Code
Cheyenne WY 82001-4021

FEC ID 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
10 / 30 / 2010

Transaction ID: 4F1F833288742306C45B

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 427 S Bernard St

City State Zip Code
Spokane WA 99204-2509

FEC ID 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
10 / 16 / 2010

Transaction ID: 5F3F3FE5-21B9-4A05-

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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 59 / 142 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Jerome Jordan | | Date of Receipt |
| | Mailing Address 200 Mifflin Ave | | <input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Scranton | PA | 18503-1982 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 43BDB5C1A0AEC8E26BDF |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="291.69"/> | <input type="text" value="41.67"/> |
| BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | | |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Jerome Jordan | | Date of Receipt |
| | Mailing Address 200 Mifflin Ave | | <input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Scranton | PA | 18503-1982 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 42F4BD18873673A97574 |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="291.69"/> | <input type="text" value="41.67"/> |
| BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | | |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Bradley Jost | | Date of Receipt |
| | Mailing Address 10122 Church Road | | <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Dallas | TX | 75238 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: F3EB8E0B-4DBC-4242- |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| 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"/> | <input type="text" value="500.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="583.34"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 / 142 |
| | <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) Emilio Justo | | Date of Receipt MM / DD / YYYY 10 / 26 / 2010 | | |
| | Mailing Address 19052 N R H Johnson Blvd | | Transaction ID: 4C92A224C9D00DC1C239 | | |
| | City Sun City West | State AZ | Zip Code 85375-4401 | Amount of Each Receipt this Period 30.42 | |
| | FEC ID number of contributing federal political committee. C | | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 363.70 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Emilio Justo | | Date of Receipt MM / DD / YYYY 11 / 01 / 2010 | | |
| | Mailing Address 19052 N R H Johnson Blvd | | Transaction ID: 4171B2A14F3FB2E93AFE | | |
| | City Sun City West | State AZ | Zip Code 85375-4401 | Amount of Each Receipt this Period 41.66 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 363.70 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Stephen Kamenezky | | Date of Receipt MM / DD / YYYY 10 / 16 / 2010 | | |
| | Mailing Address 340 New Salem Dr | | Transaction ID: A62A6841-80B8-48C8- | | |
| | City Saint Louis | State MO | Zip Code 63141-8349 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 572.08 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 142
(check only one)

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

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

A.

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

Mailing Address 4699 Main St
Ste 106

City State Zip Code
Bridgeport CT 06606-1830

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
465.00

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

Transaction ID: C56ADF1756F3BE602D9

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Kenneth Kato

Mailing Address 1264 Penny Lane

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1365.00

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

Transaction ID: 6A75E75D-A803-4629-

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Sanjay Kedhar

Mailing Address 970 Kent Ave

City State Zip Code
Brooklyn NY 11205-4477

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 4C3BCF53-A009-4345-

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 142
(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)
Gerald Keener

Mailing Address 1400 N Ritter Ave
Ste 276

City Indianapolis State IN Zip Code 46219-3099

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
1 1 / 0 8 / 2 0 1 0

Transaction ID: 8E708C3442B974D1B80

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Phillip Kelly

Mailing Address PO Box 9064

City Wichita Falls State TX Zip Code 76308

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
1 0 / 1 4 / 2 0 1 0

Transaction ID: E5730F80-F024-4C9F-

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 7 Northwest Passage

City Barrington State RI Zip Code 02806

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 ▼ 398.00

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

Transaction ID: 67E1EE49-FE55-4DB6-

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► 1564.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 142
(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)
Tae Kim

Mailing Address 11829 South St
Ste 202

City Cerritos State CA Zip Code 90703-6828

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 11 / 2010
Transaction ID: D579BB74DDD033F01EB
Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 8101 E Lowry Blvd
Ste 210

City Denver State CO Zip Code 80230-7195

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 ▼ 333.36

Date of Receipt 11 / 10 / 2010
Transaction ID: 46B5A5CE08278BFAB067
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 3209 N 4th St
Ste 100

City Longview State TX Zip Code 75605-5170

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 51858C1D70AD4216169
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **791.67**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 64 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

A.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) Spero Kinnas | | Date of Receipt MM / DD / YYYY 10 / 15 / 2010 |
| Mailing Address 539 60th Pl | | Transaction ID: 95D621413319D3CA592 |
| City Burr Ridge | State Zip Code IL 60527-5187 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

B.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) James Kinyoun | | Date of Receipt MM / DD / YYYY 10 / 29 / 2010 |
| Mailing Address 325 9th Ave # 359608 | | Transaction ID: 7B72C0256B8EE2B052E |
| City Seattle | State Zip Code WA 98104-2499 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

C.

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) James Klein | | Date of Receipt MM / DD / YYYY 11 / 05 / 2010 |
| Mailing Address 21711 Greater Mack Ave | | Transaction ID: 49F3872A25DDE07B7AE1 |
| City Saint Clair Shores | State Zip Code MI 48080-2418 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 1100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 142
(check only one)

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

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

A.

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

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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 ▼ 212.94

Date of Receipt 10 / 24 / 2010

Transaction ID: 4598BB9896E770F5E090

Amount of Each Receipt this Period 30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Jerry Knauer, III

Mailing Address 2535 Riverside Ave

City Jacksonville State FL Zip Code 32204-4710

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2010

Transaction ID: 313CA07E6DD84EA263A

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Paula Ko

Mailing Address 1207 N Scott St

City Wilmington State DE Zip Code 19806-4059

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 10 / 18 / 2010

Transaction ID: 1F6940BAECA54F1C69E

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1395.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 142
(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)
Douglas Koch

Mailing Address 6565 Fannin St

City State Zip Code
Houston TX 77030-2703

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: 4A16AE9EA0E2F9AC0C6B

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Douglas Koch

Mailing Address 6565 Fannin St

City State Zip Code
Houston TX 77030-2703

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: 42DDA275DCAFC55654BF

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 2841 Boudinot Ave Ste 300

City State Zip Code
Cincinnati OH 45238-2496

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

Transaction ID: 4A91996B4415DCA18B80

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 142
(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 |
| | | | | | | | 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)
Douglas Kopp

Mailing Address 2222 W 24th St
Unit 10

City Plainview State TX Zip Code 79072-1802

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 ▼ 550.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 440088ABC3C3480A090C
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 3982 N Milwaukee Ave

City Chicago State IL Zip Code 60641-2703

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 ▼ 640.00

Date of Receipt 10 / 17 / 2010
Transaction ID: 4C37B0BFD1E38EE4AE23
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 3982 N Milwaukee Ave

City Chicago State IL Zip Code 60641-2703

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 ▼ 640.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 42B09463AEDC7778A533
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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 68 / 142
(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)
Alexandra Kostick

Mailing Address 3 Pine Cone Dr

City State Zip Code
Palm Coast FL 32137-8684

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2010

Transaction ID: 9EA3B973-9159-46A3-

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Marvin Kraushar

Mailing Address 509 E Broad St

City State Zip Code
Westfield NJ 07090-2115

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2010

Transaction ID: BEE3F771A565AD39B54

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Frank Kresca

Mailing Address 3 Mayfair Ct

City State Zip Code
Champaign IL 61821-4438

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 11837C4E73348D9E12D

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ▶ **515.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 142
(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)
Stewart Krug

Mailing Address 3219 Clifton Ave
Ste 210

City State Zip Code
Cincinnati OH 45220-3041

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 3704DA65A21FA3A8F16

Amount of Each Receipt this Period
199.00

B.

Full Name (Last, First, Middle Initial)
Barbara Kuczynski

Mailing Address 2056 Derby Road

City State Zip Code
Birmingham MI 48009

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 26 / 2010

Transaction ID: 9287A7AF-6E86-43CF-

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Ronald Kuffel

Mailing Address 5656 S Staples St

City State Zip Code
Corpus Christi TX 78411-4655

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 7C23FE6A-F7E5-4057-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1064.00**

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 70 / 142 |
| | <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 Lanoux | | Date of Receipt MM / DD / YYYY 10 / 20 / 2010 | | |
| | Mailing Address 2820 Napoleon Ave Ste 900 | | Transaction ID: 4E3D99C5639754672AEF | | |
| | City New Orleans | State LA | Zip Code 70115-8200 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | | |

| | | | | | |
|-----------|---|------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Scott Lanoux | | Date of Receipt MM / DD / YYYY 11 / 20 / 2010 | | |
| | Mailing Address 2820 Napoleon Ave Ste 900 | | Transaction ID: 453AADD1AAADF9C0A54A | | |
| | City New Orleans | State LA | Zip Code 70115-8200 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | | | |

| | | | | | |
|-----------|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Kurt Lark | | Date of Receipt MM / DD / YYYY 11 / 01 / 2010 | | |
| | Mailing Address 854 Craigmont Ln NW | | Transaction ID: 76F8210C4E87A2E39EC | | |
| | City Concord | State NC | Zip Code 28027-6442 | Amount of Each Receipt this Period 199.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 398.00 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 249.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 142
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3805A Spring St
PO Box 1677

City Racine State WI Zip Code 53405-1600

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 11 / 04 / 2010
Transaction ID: A416CE9B9292B9D7DD3
 Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Eligijus Lelis

Mailing Address 14488 Hawthorne Dr

City Lemont State IL Zip Code 60439-9126

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 ▼ 275.00

Date of Receipt 11 / 08 / 2010
Transaction ID: 496CBAC379893DBF3DD2
 Amount of Each Receipt this Period 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Rick Leoni

Mailing Address 203 Rue Louis XIV
Ste A

City Lafayette State LA Zip Code 70508-5736

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 ▼ 1130.00

Date of Receipt 11 / 11 / 2010
Transaction ID: B5B6B09F5F8AD429E22
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1390.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 / 142 |
| | <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 Levine | Date of Receipt MM / DD / YYYY 11 / 04 / 2010 |
| | Mailing Address 19271 Montgomery Village Ave Ste H2 | Transaction ID: 49BE1713C0EDC6FFF07 |
| | City State Zip Code Montgomery Village MD 20886-5029 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) David Lewis | Date of Receipt MM / DD / YYYY 10 / 25 / 2010 |
| | Mailing Address 990 Medical Dr Ste GL3 | Transaction ID: 4FA173218083749A7E7 |
| | City State Zip Code Brigham City UT 84302-3077 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) James Liang | Date of Receipt MM / DD / YYYY 11 / 05 / 2010 |
| | Mailing Address 4429 W 95th St | Transaction ID: C575F3D7-6FB5-4218- |
| | City State Zip Code Oak Lawn IL 60453-2625 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 / 142 |
| | <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) Raymond Liggio | | Date of Receipt MM / DD / YYYY 10 / 27 / 2010 |
| Mailing Address 6 Williams Terrace | | Transaction ID: 45CFC1AD-9AC5-42E2- |
| City Swampscott | State MA | Zip Code 01907 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 1000.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Sue Lim | | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 |
| Mailing Address 263 Harrington Dr | | Transaction ID: 4CD0839011E573A5FFE8 |
| City Troy | State MI | Zip Code 48098-3027 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Ophthalmologist | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Richard Lindstrom | | Date of Receipt MM / DD / YYYY 10 / 29 / 2010 |
| Mailing Address 9801 Dupont Ave S Ste 200 | | Transaction ID: FEB8911E44E195D3882 |
| City Bloomington | State MN | Zip Code 55431-3200 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1025.00 |
| 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 74 / 142 |
| | <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) Douglas Litchfield | | Date of Receipt MM / DD / YYYY 11 / 04 / 2010 | | |
| | Mailing Address 2033 W Harbor Dr | | Transaction ID: 63C50A600E651AE780E | | |
| | City Bismarck | State ND | Zip Code 58504-8913 | Amount of Each Receipt this Period 365.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 730.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Peter Lombard | | Date of Receipt MM / DD / YYYY 10 / 17 / 2010 | | |
| | Mailing Address PSC 490 | | Transaction ID: 3DAC2F12-071C-431A- | | |
| | City Fleet Post Office | State AK | Zip Code 96538-0490 | Amount of Each Receipt this Period 365.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 365.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Edward Lores | | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 | | |
| | Mailing Address 4950 S Le Jeune Rd Ste D | | Transaction ID: 440A8D186D47E1536A5C | | |
| | City Coral Gables | State FL | Zip Code 33146-2231 | Amount of Each Receipt this Period 25.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 275.00 | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 755.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 75 / 142

(check only one)

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

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

A.

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

Mailing Address 105 Central Ave

City State Zip Code
Searcy AR 72143-7329

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt

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

Transaction ID: 06B76BAA3397CFF26A4

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 3930 Hoyt Ave

City State Zip Code
Everett WA 98201-4919

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: EE7194CDA404970DD5C

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 451 Ashley Ridge Blvd

City State Zip Code
Shreveport LA 71106-7229

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: F6AF21D2-51E1-418D-

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 76 / 142
(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)
Mary Gerard Lynch

Mailing Address 3845 Club Dr NE

City Atlanta State GA Zip Code 30319-1109

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2010

Transaction ID: A7AD7F68D23E69BD1A6

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Jennifer Lyons

Mailing Address 3220 SW Sherwood Pl

City Portland State OR Zip Code 97201-1402

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 11 / 08 / 2010

Transaction ID: 7DB5E1CC746D17CB794

Amount of Each Receipt this Period 365.00

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

Mailing Address PO Box 547

City New City State NY Zip Code 10956-0547

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt 11 / 10 / 2010

Transaction ID: 472ABE34EE38CE69D15C

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 890.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 / 142 |
| | <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) Masud Malik | | Date of Receipt |
| | Mailing Address 3865 N Mulford Rd | | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Rockford | IL | 61114-5603 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 4D06AA3326FA9DA52E52 |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="500.04"/> | <input type="text" value="83.34"/> |
| BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | | |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Timothy Malone | | Date of Receipt |
| | Mailing Address 731 Walker Rd Ste F | | <input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Great Falls | VA | 22066-2834 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: 4240A7B49B2DB4085B9F |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="640.00"/> | <input type="text" value="25.00"/> |
| BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | | |

| | | | |
|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Timothy Malone | | Date of Receipt |
| | Mailing Address 731 Walker Rd Ste F | | <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2010"/> |
| | City | State | Zip Code |
| | Great Falls | VA | 22066-2834 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: D3CA1FD360F2DB51802 |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="640.00"/> | <input type="text" value="365.00"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="473.34"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 / 142 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | | |
|---|---|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Mark Mandel | | Date of Receipt MM / DD / YYYY 11 / 03 / 2010 | | |
| | Mailing Address 1237 B St | | Transaction ID: 46C2ADB9F3AC30028053 | | |
| | City Hayward | State CA | Zip Code 94541-2915 | Amount of Each Receipt this Period 83.34 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 666.72 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Richard Margolies | | Date of Receipt MM / DD / YYYY 10 / 16 / 2010 | | |
| | Mailing Address 3355 Burns Rd | | Transaction ID: 681B0B2E-465B-4F8F- | | |
| | City Palm Beach Gardens | State FL | Zip Code 33410 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) Sheron Marshall | | Date of Receipt MM / DD / YYYY 11 / 06 / 2010 | | |
| | Mailing Address 7075 Campus Dr Ste 100 | | Transaction ID: 4CF2A4A22288F2244B8D | | |
| | City Colorado Springs | State CO | Zip Code 80920-6524 | Amount of Each Receipt this Period 41.67 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 333.36 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 625.01 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 142

(check only one)

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

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

| | | | | | |
|-----------|---|-------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Stephen Martin | | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 | | |
| | Mailing Address 146 Academy St Ste D | | Transaction ID: 283B7E5A495B87EB0A0 | | |
| | City Presque Isle | State ME | Zip Code 04769-3102 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 1000.00 | | |
| | Name of Employer Self | | Occupation Ophthalmologist | | |

| | | | | | |
|-----------|--|-------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Jose Agustin Martinez | | Date of Receipt MM / DD / YYYY 10 / 15 / 2010 | | |
| | Mailing Address 801 W 38th St | | Transaction ID: 84C5681C-F131-44E7- | | |
| | City Austin | State TX | Zip Code 78705 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 750.00 | | |
| | Name of Employer Self | | Occupation Ophthalmologist | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Benjamin Mason | | Date of Receipt MM / DD / YYYY 10 / 30 / 2010 | | |
| | Mailing Address 1110 Eagle Ridge Rd | | Transaction ID: 4553B7A29CDDCC5D336D | | |
| | City Cedar Falls | State IA | Zip Code 50613-1514 | Amount of Each Receipt this Period 100.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 800.00 | | |
| | Name of Employer Self | | Occupation Ophthalmologist | | |

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| 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 80 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|---|------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) John Mason | | Date of Receipt |
| | Mailing Address 6627 11th 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 1 0 / 2 6 / 2 0 1 0 |
| | City | State | Zip Code |
| | Meridian | MS | 39305 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: F306D974-84A2-4CBC- |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | <input type="text"/> 500.00 |

| | | | |
|---|---|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Ronald May | | Date of Receipt |
| | Mailing Address 740 Waukegan Rd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 6 / 2 0 1 0 |
| | City | State | Zip Code |
| | Deerfield | IL | 60015-4472 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: OCD75D8C-CDF7-4F23- |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 365.00 | <input type="text"/> 365.00 |

| | | | |
|---|---|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Kevin McAuliffe | | Date of Receipt |
| | Mailing Address 9925 San Jose Blvd | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 8 / 2 0 1 0 |
| | City | State | Zip Code |
| | Jacksonville | FL | 32257-5851 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: BB4C9C64B8E6C81E75F |
| Name of Employer Self | | Occupation Ophthalmologist | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 365.00 | <input type="text"/> 365.00 |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1230.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: PAGE 81 / 142
(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)
Timothy McInnis

Mailing Address 300 N Willson Ave
Ste 1003

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 ▼ 225.00

Date of Receipt 11 / 14 / 2010
Transaction ID: 49B68E4A901B714DCA90
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 5959 Greenback Ln
Ste 310

City Citrus Heights State CA Zip Code 95621-4700

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 ▼ 243.28

Date of Receipt 11 / 01 / 2010
Transaction ID: 4FB5A15469017E5E3C21
Amount of Each Receipt this Period 30.41
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Alex Melamud

Mailing Address 2712 Earls Ct

City Vienna State VA Zip Code 22181-6116

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 ▼ 274.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 59505339-3C90-43CC-
Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 130.41

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 82 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Travis Meredith | | Date of Receipt |
| | Mailing Address 5151 Bioinformatics Building Cb # 7040 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0 |
| | City | State | Zip Code |
| | Chapel Hill | NC | 27599-0001 |
| | 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: 774FDC304F5E9421A48 Amount of Each Receipt this Period <input type="text"/> 365.00 |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) James Merritt | | Date of Receipt |
| | Mailing Address 8230 Walnut Hill Ln Ste 508 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 1 9 / 2 0 1 0 |
| | City | State | Zip Code |
| | Dallas | TX | 75231-4400 |
| | 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"/> 965.00 | Transaction ID: BDD1A6D8C0462183E83 Amount of Each Receipt this Period <input type="text"/> 500.00 |

| | | | |
|---|--|---|--|
| C. | Full Name (Last, First, Middle Initial) Seth Meskin | | Date of Receipt |
| | Mailing Address 385 Mountain Laurel Road | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 2 6 / 2 0 1 0 |
| | City | State | Zip Code |
| | Fairfield | CT | 06824 |
| | 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"/> 274.00 | Transaction ID: 9E9974AF-87B6-446B- Amount of Each Receipt this Period <input type="text"/> 75.00 |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 940.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 / 142 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

| | | | | | |
|-----------|---|------------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Aaron Miller | | Date of Receipt MM / DD / YYYY 10 / 23 / 2010 | | |
| | Mailing Address 13414 Medical Complex Dr Ste 4 | | Transaction ID: 444685BB91C69AC8176F | | |
| | City Tomball | State TX | Zip Code 77375-3333 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|-----------|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Adrienne Millett | | Date of Receipt MM / DD / YYYY 11 / 05 / 2010 | | |
| | Mailing Address 207 Wimberly PI | | Transaction ID: 5FC38ADBCB06249FE6E | | |
| | City Richmond | State KY | Zip Code 40475-3541 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | | |
|-----------|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Thomas Millman | | Date of Receipt MM / DD / YYYY 10 / 27 / 2010 | | |
| | Mailing Address 2980 middlebelt rd | | Transaction ID: 17C6407A-4FED-4889- | | |
| | City west bloomfield | State MI | Zip Code 48323 | Amount of Each Receipt this Period 300.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 850.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Mills

Mailing Address 1221 Madison St
Ste 1124

City State Zip Code
Seattle WA 98104-3536

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 5134FCE28665DD9DF5D

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Bernard Milstein

Mailing Address 2302 Avenue P

City State Zip Code
Galveston TX 77550-7932

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 17 / 2010

Transaction ID: 89601FA1-201E-461C-

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Amalia Miranda

Mailing Address 3435 NW 56th St
Building A # 700

City State Zip Code
Oklahoma City OK 73112-4448

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 ▼ 1100.00

Date of Receipt
MM / DD / YYYY
10 / 14 / 2010

Transaction ID: 4BEA95A197D15FC8E4C1

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **830.00**

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 85 / 142
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Amalia Miranda

Mailing Address 3435 NW 56th St
Building A # 700

City Oklahoma City State OK Zip Code 73112-4448

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 ▼ 1100.00

Date of Receipt 11 / 14 / 2010
Transaction ID: 49EB81C4DE055B14810C
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 515 Quinwood Ln N

City Plymouth State MN Zip Code 55441

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2010
Transaction ID: 0B2911A6-0521-41B9-
Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Dorothy Moore

Mailing Address 2055 Limestone Rd
Ste 102

City Wilmington State DE Zip Code 19808-5536

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 02 / 2010
Transaction ID: 4A418214D4626DB0C596
Amount of Each Receipt this Period 100.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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 86 / 142

(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)

Thomas Moore

Mailing Address 2001 Coolidge Rd

City State Zip Code
East Lansing MI 48823-1378

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: E2B5D61C-B745-4EEA-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Sanford Moretsky

Mailing Address 2125 W Indian School Rd

City State Zip Code
Phoenix AZ 85015-4908

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 418F2F19-1234-4583-

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)

Craig Morgan

Mailing Address 1611 13th Ave

City State Zip Code
Huntington WV 25701-3811

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: CB6477563F50C5ABFBF

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 142
(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) Emily Morin | | Date of Receipt MM / DD / YYYY 11 / 20 / 2010 | |
| Mailing Address 8200 Wisconsin Ave Ste 100 | | Transaction ID: 494BB4B59949820A905F | |
| City Bethesda | State MD | Zip Code 20814-3127 | Amount of Each Receipt this Period 30.41 |
| FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 212.87 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

B.

| | | | |
|---|-------------------------------|---|---|
| Full Name (Last, First, Middle Initial) Ronald Lee Morton | | Date of Receipt MM / DD / YYYY 10 / 29 / 2010 | |
| Mailing Address 1001 Tower Way Ste 150 | | Transaction ID: 4C0F8E529B17A8A364E0 | |
| City Bakersfield | State CA | Zip Code 93309-1586 | Amount of Each Receipt this Period 30.41 |
| FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 212.87 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

C.

| | | | |
|---|-------------------------------|---|--|
| Full Name (Last, First, Middle Initial) Anthony Musto | | Date of Receipt MM / DD / YYYY 10 / 26 / 2010 | |
| Mailing Address 3060 Main St Ste 101 | | Transaction ID: BA97A4AEF2E9C787B22 | |
| City Stratford | State CT | Zip Code 06614-4945 | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 531.68 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 425.82 |
| 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 88 / 142 |
| | <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) C. Blake Myers | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 |
| | Mailing Address 28 Craigwood Court | Transaction ID: 870FA2F9-BE71-41FF- |
| | City Greenville State SC Zip Code 29607 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 730.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Richard Neahring | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 |
| | Mailing Address 1309 Liberty St SE | Transaction ID: 4E0AB5D4C63D5203885A |
| | City Salem State OR Zip Code 97302-4245 | Amount of Each Receipt this Period 50.00 |
| | FEC ID number of contributing federal political committee. C | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| | Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 550.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Eric Nelson | Date of Receipt MM / DD / YYYY 11 / 02 / 2010 |
| | Mailing Address 6405 France Ave S Ste W460 | Transaction ID: 4766BC7117AD47A6370F |
| | City Edina State MN Zip Code 55435-2189 | Amount of Each Receipt this Period 25.00 |
| | FEC ID number of contributing federal political committee. C | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED |
| | Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 450.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 440.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 142
(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)
Jerry Neuwirth

Mailing Address 85 Seymour St
Ste 822

City State Zip Code
Hartford CT 06106-5527

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 5988511CC5C2C98E95C

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Khoa Nguyen

Mailing Address 2100 Forest Ave

City State Zip Code
San Jose CA 95128-1422

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
11 / 06 / 2010

Transaction ID: 56E74CA0-5E8F-4E1B-

Amount of Each Receipt this Period
75.00

C.

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

Mailing Address PO Box 581

City State Zip Code
North Falmouth MA 02556

FEC ID 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
10 / 14 / 2010

Transaction ID: 4A948555-83BB-403D-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1575.00**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 90 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | | |
|-----------|---|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Paul Olson | | Date of Receipt MM / DD / YYYY 10 / 20 / 2010 | | |
| | Mailing Address 1055 N 300 W Ste 204 | | Transaction ID: 4498948D1526752F57EA | | |
| | City Provo | State UT | Zip Code 84604-3374 | Amount of Each Receipt this Period 208.34 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.36 | | | |

| | | | | | |
|-----------|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Paul Olson | | Date of Receipt MM / DD / YYYY 11 / 20 / 2010 | | |
| | Mailing Address 1055 N 300 W Ste 204 | | Transaction ID: 4C10A88CF7EB3224534D | | |
| | City Provo | State UT | Zip Code 84604-3374 | Amount of Each Receipt this Period 208.34 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 833.36 | | | |

| | | | | | |
|-----------|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) S. Richard Ombres, Jr. | | Date of Receipt MM / DD / YYYY 10 / 28 / 2010 | | |
| | Mailing Address PO Box 190 | | Transaction ID: 482D89A51088E2FCAAB9 | | |
| | City Christiansted | State VI | Zip Code 00821-0190 | Amount of Each Receipt this Period 30.42 | |
| | FEC ID number of contributing federal political committee. C | | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 697.14 | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 447.10 |
| 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 91 / 142
(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)
S. Richard Ombres, Jr.

Mailing Address PO Box 190

City State Zip Code
Christiansted VI 00821-0190

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 697.14

Date of Receipt
MM / DD / YYYY
11 / 10 / 2010

Transaction ID: 42AAAE236BD8E0F9A872

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 194 Grandview Ln
Chenango Eye Assoc

City State Zip Code
Norwich NY 13815-3331

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 450D0A6C4C75C5F1D8D

Amount of Each Receipt this Period
199.00

C.

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

Mailing Address 1417 9th St S
Ozog Eye Care and Laser Center, St

City State Zip Code
Great Falls MT 59405-4509

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
MM / DD / YYYY
10 / 14 / 2010

Transaction ID: 42DA87AEBED963B7DA40

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **324.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 92 / 142
(check only one)

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

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

A.

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

Mailing Address 1417 9th St S
Ozog Eye Care and Laser Center, St

City State Zip Code
Great Falls MT 59405-4509

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

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

Transaction ID: 4072BAD59A432DF9EE90

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 807 Timber Ln

City State Zip Code
Sewickley PA 15143-8962

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 474.00

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

Transaction ID: 469DB6D6E06C15B75A52

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 543 Backbone Rd

City State Zip Code
Sewickley PA 15143-1486

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 474.00

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

Transaction ID: 48F1AB5BDBE2EB94A7FF

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **91.67**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 142
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Millicent Palmer

Mailing Address 4101 Woolworth Ave
Ste 112

City Omaha State NE Zip Code 68105-1850

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 06 / 2010
Transaction ID: 4B5098DA3F768F881BDA

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 17560 US Highway 441

City Mount Dora State FL Zip Code 32757-6711

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 ▼ 699.00

Date of Receipt 11 / 03 / 2010
Transaction ID: 88EEC2A6CE6F0B8F6DE

Amount of Each Receipt this Period 199.00

C.

Full Name (Last, First, Middle Initial)
Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 29 / 2010
Transaction ID: B94928EDAF62F1CAFC8

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 799.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 142
(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)
Maria Patterson
Mailing Address 12690 W North Ave
City Brookfield State WI Zip Code 53005-4636
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 ▼ 474.00
Date of Receipt 10 / 20 / 2010
Transaction ID: 4353935B7D95A58870B8
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Maria Patterson
Mailing Address 12690 W North Ave
City Brookfield State WI Zip Code 53005-4636
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 ▼ 474.00
Date of Receipt 11 / 20 / 2010
Transaction ID: 4E309C63D3FB362C2749
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Russell Pecoraro
Mailing Address 2023 Professional Center Dr
City Orange Park State FL Zip Code 32073-4472
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00
Date of Receipt 11 / 22 / 2010
Transaction ID: 5B388DCA4D981E4E4D1
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 415.00
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 95 / 142
(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)
Marc Peden

Mailing Address 1600 SW Archer Rd
Box 100284, Rm M1-20

City Gainesville State FL Zip Code 32610-3003

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 ▼ 443.36

Date of Receipt 10 / 14 / 2010
Transaction ID: 4D4F8B441DE2601833DB
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Marc Peden

Mailing Address 1600 SW Archer Rd
Box 100284, Rm M1-20

City Gainesville State FL Zip Code 32610-3003

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 ▼ 443.36

Date of Receipt 11 / 10 / 2010
Transaction ID: 4B07B3101BD615CCE4E7
Amount of Each Receipt this Period 10.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Marc Peden

Mailing Address 1600 SW Archer Rd
Box 100284, Rm M1-20

City Gainesville State FL Zip Code 32610-3003

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 ▼ 443.36

Date of Receipt 11 / 14 / 2010
Transaction ID: 4FDAB4DC834D20ECE429
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 93.34

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 142

(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 Peggs

Mailing Address 1713 Merlin St

City State Zip Code
Bay City TX 77414-3129

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 59784D0BA593987808B

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ron Pelton

Mailing Address 455 E Pikes Peak Ave
Ste 309

City State Zip Code
Colorado Springs CO 80903-3674

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt

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

Transaction ID: FE7B9B2A-D4AE-4F32-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Todd Perkins

Mailing Address 2870 University Ave
Ste 206

City State Zip Code
Madison WI 53705-3611

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 398.00

Date of Receipt

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

Transaction ID: 81DC9220-EE80-4C66-

Amount of Each Receipt this Period

199.00

SUBTOTAL of Receipts This Page (optional)

814.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 142
(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)
Julie Perry

Mailing Address 999 Adams St
Ste 200

City State Zip Code
Saint Helena CA 94574-1171

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

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

Transaction ID: 48798F4E23386BFD3ED2

Amount of Each Receipt this Period
83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 700 W Kent Ave

City State Zip Code
Missoula MT 59801-6772

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 2C3A14129215A50B8E5

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Terri-Diann Pickering

Mailing Address 55 Stevenson St

City State Zip Code
San Francisco CA 94105-2936

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
398.00

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

Transaction ID: E23D3AF1C3BF1D8C63B

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **782.33**

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 98 / 142

(check only one)

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

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

| | | | | | |
|---|--|-------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Robert Scott Pinke | | Date of Receipt MM / DD / YYYY 11 / 10 / 2010 | | |
| | Mailing Address 66 Sunset Strip | | Transaction ID: EF69B856-3ECF-4226- | | |
| | City Succasunna | State NJ | Zip Code 07876-1362 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 2000.00 | | |
| Name of Employer Self | | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|--|-------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Seth David Potash | | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 | | |
| | Mailing Address 170 Maple Ave | | Transaction ID: 01AFE1321C75075F3EC | | |
| | City White Plains | State NY | Zip Code 10601-4710 | Amount of Each Receipt this Period 199.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 564.00 | | |
| Name of Employer Self | | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|--|-------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Cheryl Powell | | Date of Receipt MM / DD / YYYY 10 / 18 / 2010 | | |
| | Mailing Address 231 W Vernon Ave | | Transaction ID: D9F5034A-44FC-43C8- | | |
| | City Los Angeles | State CA | Zip Code 90037-2778 | Amount of Each Receipt this Period 375.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 375.00 | | |
| Name of Employer Self | | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1574.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 99 / 142
(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 Power

Mailing Address 4417 Pine Cove Road

City State Zip Code
Billings MT 59106

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: A48788E1-A8A8-43B8-

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 1700 Galloping Hill

City State Zip Code
Kenilworth NJ 07033

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 699.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 0E08D3AC-56B4-4AA8-

Amount of Each Receipt this Period
199.00

C.

Full Name (Last, First, Middle Initial)
C. Downey Price

Mailing Address 333 N Rivershire Dr
Ste 160

City State Zip Code
Conroe TX 77304-2711

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 13631C5FE78F6D6D44F

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1449.00**

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

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

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

FOR LINE NUMBER: PAGE 100 / 142
(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)
Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City State Zip Code
Morgantown WV 26505-3352

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 4A1EB7C589144DA6AD38

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Tushar Ranchod

Mailing Address 6436 Benvenue Ave

City State Zip Code
Oakland CA 94618

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: 5B8D6A6D-34E3-4007-

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Annette Reda

Mailing Address 885 Kempsville Rd
Ste 101

City State Zip Code
Norfolk VA 23502-3800

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2010

Transaction ID: C1477BFEB5126FABC43

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1224.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 142
(check only one)

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

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

A.

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

Mailing Address 85 Barnes Rd
Ste 102

City Wallingford State CT Zip Code 06492-1832

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
1 1 / 0 5 / 2 0 1 0

Transaction ID: 63D4C82189280401617

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 11800 Rock Landing Dr

City Newport News State VA Zip Code 23606-4206

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 ▼ 1100.00

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

Transaction ID: 423DB9AD11A9E53C6A36

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 11800 Rock Landing Dr

City Newport News State VA Zip Code 23606-4206

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 ▼ 1100.00

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

Transaction ID: 4899B34F83A9CE8CF938

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **450.00**

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

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

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

FOR LINE NUMBER: PAGE 102 / 142
(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)
Alan Rehmar

Mailing Address 262 Neil Ave
Ste 220

City Columbus State OH Zip Code 43215-7310

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 ▼ 212.87

Date of Receipt 11 / 21 / 2010
Transaction ID: 459BA599110389C61030
Amount of Each Receipt this Period 30.41
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 207 S Santa Anita Ave
Ste P25

City San Gabriel State CA Zip Code 91776-1145

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 ▼ 3170.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 4E04AB8F211089814B06
Amount of Each Receipt this Period 317.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Jesse Rigsby

Mailing Address 834 N Seminary St
Ste 103

City Galesburg State IL Zip Code 61401-2897

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 ▼ 333.36

Date of Receipt 11 / 03 / 2010
Transaction ID: 4984889C47A14BE83096
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 389.08

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 142
(check only one)

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

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

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

A.

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

Mailing Address 101A Kings Way W

City State Zip Code
Sewell NJ 08080-2233

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
212.94

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

Transaction ID: 4B90818609D98F4E350A

Amount of Each Receipt this Period
30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Joy Dixon Robinson

Mailing Address 23 Castle Haven Rd

City State Zip Code
Hampton VA 23666

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: 557BC034-A5C1-4529-

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Teresa Rosales

Mailing Address 4100 Long Beach Blvd Ste 108

City State Zip Code
Long Beach CA 90807-2696

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

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

Transaction ID: 45DBB46F68ABD83700B5

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **420.42**

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

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

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

FOR LINE NUMBER: PAGE 104 / 142
(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 Rosculet
Mailing Address 906 Windward Ct
City Neenah State WI Zip Code 54956-4276
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 ▼ 1365.00
Date of Receipt 11 / 08 / 2010
Transaction ID: FF17DB2F25148067D1F
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Paul Rosenberg
Mailing Address 1015 Ridge Rd
Ocusight Eye Care Center
City Webster State NY Zip Code 14580-2907
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 ▼ 1400.00
Date of Receipt 10 / 18 / 2010
Transaction ID: A9340566482C9A93ECC
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
J. Gregory Rosenthal
Mailing Address 2865 N Reynolds Rd
City Toledo State OH Zip Code 43615-2068
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 10 / 16 / 2010
Transaction ID: A68D67CC-EFFB-495F-
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1730.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 142
(check only one)

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

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

A.

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

Mailing Address 3820 TAMPA RD SUITE 101

City State Zip Code
PALM HARBOR FL 34684

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 220E1EB2-088F-44A8-

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 7800 W Oakland Park Blvd
Building C, Suite 206

City State Zip Code
Sunrise FL 33351-6741

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

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

Transaction ID: 4685B38A5DCDB70B839A

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 900 N Westmoreland Rd
Vision Eye Center, Ste LL84

City State Zip Code
Lake Forest IL 60045-1681

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

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

Transaction ID: A27612C2718F78C7EC6

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ▶ **729.41**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 142
(check only one)

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

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

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

A.

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

Mailing Address 207 S Chehalis St

City Aberdeen State WA Zip Code 98520-2945

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 11 / 2010
Transaction ID: 6FE85EFF535EF4AF693
Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Steven Samuelson

Mailing Address 2827 N Clarkson St

City Fremont State NE Zip Code 68025-7714

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 ▼ 275.00

Date of Receipt 10 / 22 / 2010
Transaction ID: 44C4B6B5C9ABF7ECE1A8
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Steven Samuelson

Mailing Address 2827 N Clarkson St

City Fremont State NE Zip Code 68025-7714

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 ▼ 275.00

Date of Receipt 11 / 22 / 2010
Transaction ID: 4B7C97A504F4FF54D8F6
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 415.00

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 107 / 142
(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)
Juan Sanchez

Mailing Address 10835 Hilltop Dr

City State Zip Code
New Port Richey FL 34654-2507

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: AC8DEECB-9B79-44F2-

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jeffrey Sandler

Mailing Address 4699 Main St
Ste 106

City State Zip Code
Bridgeport CT 06606-1830

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

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

Transaction ID: 1A1119F4EF0125BD5FA

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ralph Sando, Jr.

Mailing Address 101 Laurier Pl

City State Zip Code
Bryn Mawr PA 19010-2247

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: 51E5145F-AADF-4E31-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

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

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

FOR LINE NUMBER: PAGE 108 / 142
(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 Saperstein

Mailing Address 1221 Madison St

City State Zip Code
Seattle WA 98104-1384

FEC ID 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
10 / 15 / 2010

Transaction ID: CB9D3DC3-CED9-441F-

Amount of Each Receipt this Period
250.00

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

Mailing Address 7711 Louis Pasteur Dr
Ste 603

City State Zip Code
San Antonio TX 78229-3421

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 4FED9E4A27D96C4C482A

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Jean Schott

Mailing Address 2209 S Memorial Pl

City State Zip Code
Sheboygan WI 53081-3715

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
10 / 27 / 2010

Transaction ID: 300709BA-109B-4C37-

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

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

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

FOR LINE NUMBER: PAGE 109 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Gary Schraut
 Mailing Address 100 Professional Ct
 City State Zip Code
Lafayette IN 47905-5132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00
 Date of Receipt 10 / 15 / 2010
Transaction ID: 21D1174F-4CFC-4BBA-
 Amount of Each Receipt this Period 2500.00

B. Full Name (Last, First, Middle Initial)
Loren Schrenk
 Mailing Address 430 HACKMANN LANE
 City State Zip Code
CREVE COEUR MO 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 590.00
 Date of Receipt 11 / 01 / 2010
Transaction ID: D4E544ED-0070-4060-
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
A. William Schubert
 Mailing Address 1605 Reynolds Dr
 City State Zip Code
Charleston IL 61920-3152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35
 Date of Receipt 11 / 17 / 2010
Transaction ID: 4A26AFACE51F59714CFA
 Amount of Each Receipt this Period 41.67
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 2906.67
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 110 / 142
(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)
Chirag Shah

Mailing Address 3100 Princeton Pike
Building 3

City State Zip Code
Lawrenceville NJ 08648-2300

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 19 / 2010

Transaction ID: 9AA12EBF5A8B351781A

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Douglas Romney Shearer

Mailing Address 1414 W Fair Ave
Ste 347

City State Zip Code
Marquette MI 49855-5407

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 3EEECA596D6FC46B6F9

Amount of Each Receipt this Period
75.00

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

Mailing Address 1 Doctors Dr

City State Zip Code
Greenville SC 29605-4266

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2010

Transaction ID: 5463F99E78846924996

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 142
(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)
Edward Shubert

Mailing Address 17070 Red Oak Dr
Ste 405

City State Zip Code
Houston TX 77090-2616

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
11 / 08 / 2010

Transaction ID: 3336B1876514A330CC2

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 999 E Basse Rd
Ste 127

City State Zip Code
San Antonio TX 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 ▼
550.02

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2010

Transaction ID: 4415B1909C63C9EF06EF

Amount of Each Receipt this Period
83.34

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 999 E Basse Rd
Ste 127

City State Zip Code
San Antonio TX 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 ▼
550.02

Date of Receipt
M M / D D / Y Y Y Y
11 / 22 / 2010

Transaction ID: 446FBFFBFFF41A2DE269

Amount of Each Receipt this Period
83.34

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **531.68**

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 112 / 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | |
|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Joseph Sidikaro | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 |
| | Mailing Address 435 N Roxbury Dr Ste 410 | Transaction ID: E22EB30DCA69BB2FA01 |
| | City State Zip Code Beverly Hills CA 90210-5006 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Alan Silbert | Date of Receipt MM / DD / YYYY 10 / 26 / 2010 |
| | Mailing Address 2850 fairway drive | Transaction ID: E2E6280F-EB75-406E- |
| | City State Zip Code hollywood FL 33021 | Amount of Each Receipt this Period 365.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Daniel Smith | Date of Receipt MM / DD / YYYY 10 / 29 / 2010 |
| | Mailing Address 110 Pepper Hill Way | Transaction ID: B7F8E2F4409BC6060A6 |
| | City State Zip Code Aiken SC 29801-2818 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Self Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 142
(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)
Kevin Smith

Mailing Address 408 S Main St

City Greenville State PA Zip Code 16125

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 10 / 15 / 2010

Transaction ID: 13DD2D61-6A76-4A86-

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Scott So

Mailing Address 2100 Webster St Ste 214

City San Francisco State CA Zip Code 94115-2375

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 ▼ 1100.00

Date of Receipt 10 / 19 / 2010

Transaction ID: 401A9EA196B15FC4FC75

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Scott So

Mailing Address 2100 Webster St Ste 214

City San Francisco State CA Zip Code 94115-2375

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 ▼ 1100.00

Date of Receipt 11 / 19 / 2010

Transaction ID: 48EA8AC2C91ED9C8557D

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 114 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | |
|---|--|---|---|
| A. | Full Name (Last, First, Middle Initial) Alfred Solish | | Date of Receipt |
| | Mailing Address 630 S Raymond Ave Unit 230 | | <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 11 / 11 / 2010 |
| | City | State | Zip Code |
| | Pasadena | CA | 91105-3283 |
| | 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"/> 275.00 | |
| | | | Transaction ID: 4F6198B8A55CD2FDF7EB |
| | | | Amount of Each Receipt this Period <input type="text"/> 25.00 |
| | | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) Samuel Solish | | Date of Receipt |
| | Mailing Address 18 Stagecoach Road | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 10 / 16 / 2010 |
| | City | State | Zip Code |
| | Falmouth | ME | 04105 |
| | 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: 367885D3-7328-498A- |
| | | | Amount of Each Receipt this Period <input type="text"/> 365.00 |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) Gerald Spindel | | Date of Receipt |
| | Mailing Address 6 Tsienneto Rd Ste 101 | | <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 10 / 24 / 2010 |
| | City | State | Zip Code |
| | Derry | NH | 03038-1584 |
| | 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"/> 291.69 | |
| | | | Transaction ID: 4891A8BA5C0C830F4E49 |
| | | | Amount of Each Receipt this Period <input type="text"/> 41.67 |
| | | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |

| | |
|--|-----------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 431.67 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 142

(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)

Sydney Stapleton

Mailing Address 1726 Metromedical Dr

City State Zip Code
Fayetteville NC 28304-3861

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

MM / DD / YYYY
11 / 17 / 2010

Transaction ID: B7651D377BD5F4FD257

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City State Zip Code
Mount Kisco NY 10549-2217

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

MM / DD / YYYY
11 / 13 / 2010

Transaction ID: 4467BA16FF4830A25C4B

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Wells Stewart

Mailing Address 177 Parkwood Dr

City State Zip Code
Elkin NC 28621-2429

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 ▼ 291.69

Date of Receipt

MM / DD / YYYY
10 / 29 / 2010

Transaction ID: 42F4856FEEEE2AAE030B0

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

341.67

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 116 / 142
(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)
Donald Stone

Mailing Address 748 Tuscany Way

City State Zip Code
Edmond OK 73034-6786

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 4029A08D5D955CB77290

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 303 E Park Ave

City State Zip Code
Long Beach NY 11561-3600

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

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

Transaction ID: 404E4B192EA1F75B70A

Amount of Each Receipt this Period
365.00

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

Mailing Address 303 E Park Ave

City State Zip Code
Long Beach NY 11561-3600

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

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

Transaction ID: 4EE890AAB37A6EE267C8

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **440.00**

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 117 / 142
(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)
Theodore Stransky

Mailing Address 350 W Columbia St
Ste 250

City Evansville State IN Zip Code 47710-1782

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 ▼ 412.50

Date of Receipt 11 / 01 / 2010
Transaction ID: B89FE5E5E7AECE01530

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Domenic Strazzulla

Mailing Address 500 Congress St
Ste 1A1

City Quincy State MA Zip Code 02169-0917

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2010
Transaction ID: D84A4C64C9A2E2E6297

Amount of Each Receipt this Period 500.00

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

Mailing Address 708 S 1st St

City McAllen State TX Zip Code 78501

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 ▼ 564.00

Date of Receipt 10 / 26 / 2010
Transaction ID: A476E532-57B0-4E6D-

Amount of Each Receipt this Period 199.00

SUBTOTAL of Receipts This Page (optional) ► 799.00

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 118 / 142
(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 Suelflow

Mailing Address 612 bay cliffs road

City State Zip Code
gulf breeze FL 32561

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 0F0C9708-C844-41A6-

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Shigemi Sugiki

Mailing Address 1380 Lusitana St
Ste 714

City State Zip Code
Honolulu HI 96813-2443

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

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

Transaction ID: 1D20BED1EFC0F65CC63

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Stephanie Sugin

Mailing Address 1201 W Main St
Ste 100

City State Zip Code
Waterbury CT 06708-3105

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1005.00

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

Transaction ID: 468EB03A6831B4E45B91

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1390.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 142
(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)
Vincent Sutton

Mailing Address PO Box 6068

City Lincoln State NE Zip Code 68506-0068

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 01 / 2010
Transaction ID: 335F771EA06311C48CA
Amount of Each Receipt this Period 365.00

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

Mailing Address 21827 76th Ave W Ste 102

City Edmonds State WA Zip Code 98026-7981

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 ▼ 416.70

Date of Receipt 11 / 10 / 2010
Transaction ID: 44DF8B4961A3293F12AB
Amount of Each Receipt this Period 83.34
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Gary Tanner

Mailing Address 10 Jacobs Ln

City Newport News State VA Zip Code 23606-2815

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 10 / 29 / 2010
Transaction ID: 4DA99F9CA1992B673940
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 498.34

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 120 / 142
(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 Tedford

Mailing Address 5 BIRCHWOOD CT

City State Zip Code
WASHINGTONVILLE NY 10992

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 597.00

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

Transaction ID: C041B0AB-DAFE-400B-

Amount of Each Receipt this Period
199.00

B.

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

Mailing Address 5 Birchwood Ct

City State Zip Code
Washingtonville NY 10992

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 597.00

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

Transaction ID: 827E57C8-A4CC-44C7-

Amount of Each Receipt this Period
199.00

C.

Full Name (Last, First, Middle Initial)
Steven Thom

Mailing Address 4640 Timberline Dr S

City State Zip Code
Fargo ND 58104-6654

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: 0069AB83-AFF4-4F1C-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **898.00**

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 121 / 142
(check only one)

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

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

A.

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

Mailing Address 3519 Friendsville Rd

City State Zip Code
Wooster OH 44691-1241

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2010

Transaction ID: B79ED0DAB44E95C0994

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 867 Brookhaven Springs Ct NE

City State Zip Code
Atlanta GA 30342-3551

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 11 / 2010

Transaction ID: 08FF578F7EC464CAFC9

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1600 S Brentwood Blvd

City State Zip Code
Saint Louis MO 63144-1317

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2010

Transaction ID: 2F3365EE-43F2-44DE-

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 / 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Steven Thomas | | Date of Receipt MM / DD / YYYY 11 / 19 / 2010 |
| | Mailing Address 632 Morrison Springs Rd Ste 301 | | Transaction ID: 0365CCF04CE15EB6395 |
| | City Chattanooga | State TN | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| | 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 ▼ 490.00 | |

| | | | |
|---|--|------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Tom Tooma | | Date of Receipt MM / DD / YYYY 11 / 04 / 2010 |
| | Mailing Address 3501 Jamboree Rd | | Transaction ID: C52C9070-7EDF-4326- |
| | City Newport Beach | State CA | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| | 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 ▼ 500.00 | |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Trexler Topping | | Date of Receipt MM / DD / YYYY 10 / 15 / 2010 |
| | Mailing Address 50 Staniford St | | Transaction ID: D20079BD-33FD-4778- |
| | City Boston | State MA | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| | 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 ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1625.00 |
| 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 123 / 142
(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)
Randall Tozer

Mailing Address 9811 N 95th St
Ste 101

City State Zip Code
Scottsdale AZ 85258-4527

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 ▼ 980.02

Date of Receipt

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

Transaction ID: B4D8A8CAE9D6AB0E163

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 9811 N 95th St
Ste 101

City State Zip Code
Scottsdale AZ 85258-4527

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 ▼ 980.02

Date of Receipt

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

Transaction ID: 48D691C2C3927181D93B

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Kevin Treacy

Mailing Address 645 Ridgewood Rd

City State Zip Code
Duluth MN 55804-1856

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 564.00

Date of Receipt

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

Transaction ID: CC6851F9-9D88-4A3A-

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ▶

605.67

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

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

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

FOR LINE NUMBER: PAGE 124 / 142
(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)
Sebastian Troia
Mailing Address 515 N 98th St
City Omaha State NE Zip Code 68114-2368
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 10 / 16 / 2010
Transaction ID: C1D51B66-A50F-446E-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Roger Turbin
Mailing Address 230 Beaufort Ave
City Livingston State NJ Zip Code 07039-1709
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 ▼ 265.00
Date of Receipt 10 / 16 / 2010
Transaction ID: 3D3D4ABF-C0EF-4527-
Amount of Each Receipt this Period 265.00

C. Full Name (Last, First, Middle Initial)
Paul Turgeon
Mailing Address 800 McKinley Ave NW
City Canton State OH Zip Code 44703
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 10 / 16 / 2010
Transaction ID: 6F356E1A-D386-4939-
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 930.00
TOTAL This Period (last page this line number only) ►

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 125 / 142 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | | |
|-----------|---|-------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) William Francis Varr | | Date of Receipt MM / DD / YYYY 11 / 03 / 2010 | | |
| | Mailing Address 220 Toll Gate Rd | | Transaction ID: 55B872309756933A35D | | |
| | City Warwick | State RI | Zip Code 02886-4418 | Amount of Each Receipt this Period 365.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 365.00 | | |
| | Name of Employer Self Occupation Ophthalmologist | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) M. Teresa Vives | | Date of Receipt MM / DD / YYYY 10 / 25 / 2010 | | |
| | Mailing Address 200 Henry Clay Ave | | Transaction ID: 770742E0EA115537A68 | | |
| | City New Orleans | State LA | Zip Code 70118-5720 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 1000.00 | | |
| | Name of Employer Self Occupation Ophthalmologist | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | | | |
|-----------|---|-------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) W. Lee Wan | | Date of Receipt MM / DD / YYYY 10 / 28 / 2010 | | |
| | Mailing Address 115 Cleveland Court | | Transaction ID: 9BD088AA-664A-4EF4- | | |
| | City Ventura | State CA | Zip Code 93003 | Amount of Each Receipt this Period 365.00 | |
| | FEC ID number of contributing federal political committee. C | | Aggregate Year-to-Date 730.00 | | |
| | Name of Employer Self Occupation Ophthalmologist | | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

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

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

FOR LINE NUMBER: PAGE 126 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 18 Old Stone Xing

City State Zip Code
West Hartford CT 06117-1859

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 4C8597278B0EDCBDE642

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 18 Old Stone Xing

City State Zip Code
West Hartford CT 06117-1859

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

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

Transaction ID: 43CD94793A1DF416ADF9

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Floyd Warren

Mailing Address 530 1st Ave Ste 3-B

City State Zip Code
New York NY 10016-6402

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

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

Transaction ID: 4901B5E38F3C36572D5B

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **130.41**

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 127 / 142 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

| | | | | | |
|-----------|--|-------------------------------|---|---|--|
| A. | Full Name (Last, First, Middle Initial) Floyd Warren | | Date of Receipt MM / DD / YYYY 11 / 14 / 2010 | | |
| | Mailing Address 530 1st Ave Ste 3-B | | Transaction ID: 475A8FA5793330254482 | | |
| | City New York | State NY | Zip Code 10016-6402 | Amount of Each Receipt this Period 30.41 | |
| | FEC ID number of contributing federal political committee. C | | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 243.28 | | |

| | | | | | |
|-----------|--|-------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Aaron Weingeist | | Date of Receipt MM / DD / YYYY 11 / 05 / 2010 | | |
| | Mailing Address 3934 S Americus St | | Transaction ID: 4DBB968D9BDD5B6CCB25 | | |
| | City Seattle | State WA | Zip Code 98118-1640 | Amount of Each Receipt this Period 50.00 | |
| | FEC ID number of contributing federal political committee. C | | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 550.00 | | |

| | | | | | |
|-----------|--|-------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Tay Weinman | | Date of Receipt MM / DD / YYYY 11 / 11 / 2010 | | |
| | Mailing Address 571 W 7th St | | Transaction ID: 995FFA6A7A0D028053E | | |
| | City San Pedro | State CA | Zip Code 90731-3115 | Amount of Each Receipt this Period 365.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | Aggregate Year-to-Date 365.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 445.41 |
| 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 128 / 142
(check only one)

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

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

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Barry Welch | | Date of Receipt MM / DD / YYYY 10 / 29 / 2010 |
| Mailing Address 424 Yellowstone Ave Ste 110 | | Transaction ID: 4007B1E96E9B166F5093 |
| City Cody | State WY | Zip Code 82414-9309 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 83.34 |
| Name of Employer Self | Occupation Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 583.38 | |

B.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Daniel Welch | | Date of Receipt MM / DD / YYYY 11 / 08 / 2010 |
| Mailing Address 407 Avenue K SE | | Transaction ID: 30FD379BB0C1F37D7C0 |
| City Winter Haven | State FL | Zip Code 33880-4126 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| 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 ▼ 2000.00 | |

C.

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) Craig Wells | | Date of Receipt MM / DD / YYYY 10 / 26 / 2010 |
| Mailing Address 9006 NE 20th Street | | Transaction ID: 27765CDC-3B09-4847- |
| City Clyde Hill | State WA | Zip Code 98004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 1000.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1583.34 |
| 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 129 / 142
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Andrew Westfall
Mailing Address 2450 12th St SE
City Salem State OR Zip Code 97302-2152
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 ▼ 2300.00
Date of Receipt 11 / 03 / 2010
Transaction ID: 3E5FF514A614EC8A4CF
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Amy Wexler
Mailing Address 509 S Lenola Rd Ste 11
City Moorestown State NJ Zip Code 08057-1556
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00
Date of Receipt 10 / 17 / 2010
Transaction ID: 4025B6B5EC759B61CB7A
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Amy Wexler
Mailing Address 509 S Lenola Rd Ste 11
City Moorestown State NJ Zip Code 08057-1556
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00
Date of Receipt 11 / 03 / 2010
Transaction ID: 06C5AE3F0193B259BC5
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 890.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 142
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Amy Wexler

Mailing Address 509 S Lenola Rd
Ste 11

City Moorestown State NJ Zip Code 08057-1556

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt 11 / 17 / 2010
Transaction ID: 4DC39D18922B128D0F01

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2399 Baker Rd SW

City New Philadelphia State OH Zip Code 44663-7104

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 02 / 2010
Transaction ID: F8DD88C1906EF2CCBE9

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Martin Whitaker

Mailing Address 21 Crescent St

City Norway State ME Zip Code 04268

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 ▼ 274.00

Date of Receipt 10 / 26 / 2010
Transaction ID: 9BABB79B-C43D-409B-

Amount of Each Receipt this Period 75.00

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

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

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

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

FOR LINE NUMBER: PAGE 131 / 142
(check only one)

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

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

| | | | | | |
|---|---|------------------------------------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) John Wilcox, Jr. | | Date of Receipt MM / DD / YYYY 11 / 22 / 2010 | | |
| | Mailing Address 2763 Holly Point Rd E | | Transaction ID: 9CE160EA3CEAF975190 | | |
| | City Orange Park | State FL | Zip Code 32073-5636 | Amount of Each Receipt this Period 365.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 730.00 | | | |

| | | | | | |
|---|---|-------------------------------------|---|---|--|
| B. | Full Name (Last, First, Middle Initial) Joseph Wilhelm | | Date of Receipt MM / DD / YYYY 10 / 15 / 2010 | | |
| | Mailing Address 702 W Lake Lansing Rd | | Transaction ID: 996B9380-DF29-4AFA- | | |
| | City East Lansing | State MI | Zip Code 48823-8526 | Amount of Each Receipt this Period 1000.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1900.00 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Robert Wirthlin | | Date of Receipt MM / DD / YYYY 10 / 15 / 2010 | | |
| | Mailing Address 1709 S Upper Terrace Rd | | Transaction ID: AD4CE73D-CD40-4174- | | |
| | City Spokane | State WA | Zip Code 99203-3558 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Self | Occupation Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |

| | | |
|--|---|---------|
| 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 132 / 142
(check only one)

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

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

A.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Lyn Yakubov | | Date of Receipt MM / DD / YYYY 10 / 17 / 2010 |
| Mailing Address 10 Dutton Dr Eye Care Assoc Inc | | Transaction ID: 4FF8A909C8D5C76EA229 |
| City Youngstown | State OH | Zip Code 44502-1818 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 25.00 |
| Name of Employer Self | Occupation Ophthamologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

B.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Kenneth Younger | | Date of Receipt MM / DD / YYYY 11 / 11 / 2010 |
| Mailing Address 300 N Willson Ave Ste 1003 | | Transaction ID: 05407D11B6CBE616FED |
| City Bozeman | State MT | Zip Code 59715-3551 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self | Occupation Ophthamologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

C.

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) Chi-Wah (Rudy) Yung | | Date of Receipt MM / DD / YYYY 11 / 05 / 2010 |
| Mailing Address 5124 Green Braes East Dr | | Transaction ID: 1668D98F-C83A-4064- |
| City Indianapolis | State IN | Zip Code 46234-2915 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer Self | Occupation Ophthamologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 755.00 |
| 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 133 / 142
(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)
Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City State Zip Code
Winston Salem NC 27103-5663

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 741.69

Date of Receipt
MM / DD / YYYY
10 / 20 / 2010

Transaction ID: 418589B1B8D8DBB4B6B3

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 2025 Frontis Plaza Blvd
Ste 100

City State Zip Code
Winston Salem NC 27103-5663

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 741.69

Date of Receipt
MM / DD / YYYY
11 / 20 / 2010

Transaction ID: 4C64AFCDA31F90B0F892

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 133 Transylvania Rd

City State Zip Code
Woodbury CT 06798-3325

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2010

Transaction ID: 2A8D6EB4-3F0D-4B3A-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **583.34**

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 134 / 142
(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)
Harry Zink

Mailing Address 3519 Friendsville Rd

City State Zip Code
Wooster OH 44691-1241

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1083.64

Date of Receipt
MM / DD / YYYY
11 / 01 / 2010

Transaction ID: 486CBB9B1AED25F10B50

Amount of Each Receipt this Period
83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 83.33 |
| TOTAL This Period (last page this line number only) | ▶ | 111896.96 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 135 / 142
(check only one)

| | | | |
|------------------------------|------------------------------|------------------------------|--|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" 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)
Tracy Baltz

Mailing Address 2900 N Fillmore St

City State Zip Code
Little Rock AR 72207-2813

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

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

Transaction ID: 9A0EECA79A95042523D

Amount of Each Receipt this Period
375.00

AAO funds deposited into PAC by mistake

B.

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 ▼ 1602.18

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

Transaction ID: 10994E747BD09941B31

Amount of Each Receipt this Period
13.35

CD interest - Oct 2010

C.

Full Name (Last, First, Middle Initial)
Leonard Feiss

Mailing Address Bp 70142

City State Zip Code
Beaune Cedex 21204

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 4EE0B3212DA6861E90C7

Amount of Each Receipt this Period
25.00

PAC Admin

| | | |
|--|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 413.35 |
| TOTAL This Period (last page this line number only) | ▶ | 413.35 |

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) SNR Denton US LLP | Transaction ID: V30724-7047082781791 |
| | Mailing Address Dept 7247-6670 | Date of Disbursement MM / DD / YYYY 11 / 01 / 2010 |
| | City Philadelphia State PA Zip Code 19170-6670 | Amount of Each Disbursement this Period 15000.00 |
| | Purpose of Disbursement Professional law services Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. | Transaction ID: 1B7799C29EBAA7814C3 |
| | Mailing Address PO Box 63020 | Date of Disbursement MM / DD / YYYY 10 / 31 / 2010 |
| | City San Francisco State CA Zip Code 94163 | Amount of Each Disbursement this Period 659.32 |
| | Purpose of Disbursement Bank charges - Oct 2010 Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. | Transaction ID: 9AB3B7F94451296DF5E |
| | Mailing Address PO Box 63020 | Date of Disbursement MM / DD / YYYY 10 / 31 / 2010 |
| | City San Francisco State CA Zip Code 94163 | Amount of Each Disbursement this Period 681.38 |
| | Purpose of Disbursement AMEX discount - Oct 2010 Candidate Name | 001 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 16340.70 |
| TOTAL This Period (last page this line number only) | 16340.70 |

**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 137 / 142

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

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

| | | | |
|-----------|---|--|--|
| A. | Full Name (Last, First, Middle Initial) Bilirakis for Congress | Transaction ID: 57515-8564416766166 | |
| | Mailing Address PO Box 606 | Date of Disbursement 10 / 15 / 2010 | |
| | City Tarpon Springs State FL Zip Code 34688 | Amount of Each Disbursement this Period 5000.00 | |
| | Purpose of Disbursement 2010 General Candidate Name Gus Michael Bilirakis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | |
| B. | Full Name (Last, First, Middle Initial) Djou for Hawaii | Transaction ID: 31522-2859308123588 | |
| | Mailing Address PO Box 235280 | Date of Disbursement 10 / 26 / 2010 | |
| | City Honolulu State HI Zip Code 96823 | Amount of Each Disbursement this Period 2500.00 | |
| | Purpose of Disbursement Contribution 2010 General Candidate Name Charles Djou Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type | |
| C. | Full Name (Last, First, Middle Initial) Friends of Rich Nugent | Transaction ID: 84496-1472589373588 | |
| | Mailing Address PO Box 15668 | Date of Disbursement 11 / 19 / 2010 | |
| | City Brooksville State FL Zip Code 34604 | Amount of Each Disbursement this Period 2500.00 | |
| | Purpose of Disbursement Contribution 2010 Debt Reirement Candidate Name Richard B Nugent Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special | 011 Category/ Type | |

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Hoosiers for Rokita, Inc. <hr/> Mailing Address 7643 East U.S. 36 <hr/> City Avon State IN Zip Code 46123 <hr/> Purpose of Disbursement Contribution 2010 General Candidate Name Todd Rokita <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 73791-3543207049369 Date of Disbursement 10 / 17 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 |
| | 011 Category/ Type |
| B. Full Name (Last, First, Middle Initial) Issa for Congress <hr/> Mailing Address PO Box 760 <hr/> City Vista State CA Zip Code 92085 <hr/> Purpose of Disbursement Contribution 2010 General Candidate Name Darrell Issa <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 49 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 49581-0127069354057 Date of Disbursement 10 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 1500.00 |
| | 011 Category/ Type |
| C. Full Name (Last, First, Middle Initial) Kirk for Senate <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution 2010 Special Candidate Name Mark Steven Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special | Transaction ID: 95671-0573083758354 Date of Disbursement 10 / 16 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00 |
| | 011 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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 139 / 142

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) McCollum for Congress Mailing Address PO Box 14131 City St. Paul State MN Zip Code 55114 Purpose of Disbursement Contribution 2010 General Candidate Name Betty McCollum Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 57515-6115533709526 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1000.00 Category/Type 011 |
| B. Full Name (Last, First, Middle Initial) McConnell Senate Committee '14 Mailing Address PO Box 1496 City Louisville State KY Zip Code 40201 Purpose of Disbursement Contribution 2014 Primary Candidate Name Mitch McConnell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 84403-31751650571823 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 1 0 |
| | Amount of Each Disbursement this Period -1000.00 Category/Type 011 |

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

21500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
DMI

Mailing Address
1145 W Collins Ave

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Orange | CA | 92867 |

| | |
|--|---------------|
| Purpose of Expenditure Direct Mailings for D Schweikert | Category/Type |
|--|---------------|

Name of Federal Candidate supported or Opposed by expenditure:
David Schweikert

| | |
|--|----------|
| Calendar Year-To-Date Per Election for Office Sought | 35292.00 |
|--|----------|

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

Amount
35292.00

Transaction ID: V87780-3582879900932

Office Sought: House State: AZ
 Senate District: 05
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Mullen & Company

Mailing Address
1101 Pennsylvania Ave. NW
Fifth Floor

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20004 |

| | |
|--|---------------|
| Purpose of Expenditure Cable/Radio Media Buys for 10/4 IE | Category/Type |
|--|---------------|

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Glenn C. Nye

| | |
|--|----------|
| Calendar Year-To-Date Per Election for Office Sought | 71253.21 |
|--|----------|

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

Amount
6777.25

Transaction ID: V57662-7916986346244

Office Sought: House State: VA
 Senate District: 02
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2010

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 42069.25 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | _____ |
| (c) TOTAL Independent Expenditures | _____ |

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

Steven Rausch
Signature

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

Full Name (Last, First, Middle, Initial) of Payee
Let's Get To Work Productions' Inc.

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

Mailing Address
4603 Eaton Place

Amount
75950.00

City State Zip Code
Alexandria VA 22310

Transaction ID: V29445-2158166766166

Purpose of Expenditure
Media buy, production - Hayworth IE

Category/Type

Office Sought: House State: NY
 Senate District: 19
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Nan S. Hayworth

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
235357.00

Disbursement For: Primary General
 Other (specify) : _____
2010

Full Name (Last, First, Middle, Initial) of Payee
Mullen & Company

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

Mailing Address
1101 Pennsylvania Ave. NW
Fifth Floor

Amount
-6777.25

City State Zip Code
Washington DC 20004

Transaction ID: V70451-1291162371635

Purpose of Expenditure
void ck reported on 10/21/10 - lost

Category/Type

Office Sought: House State: VA
 Senate District: 02
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Glenn C. Nye

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought
71253.21

Disbursement For: Primary General
 Other (specify) : _____
2010

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 69172.75 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | |

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

Steven Rausch
Signature

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

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) | | FEC IDENTIFICATION NUMBER C C00196246 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | | |
| Full Name (Last, First, Middle, Initial) of Payee Mullen & Company | | Date M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 1 0 | |
| Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor | | Amount 6777.25 | |
| City State Zip Code Washington DC 20004 | | Transaction ID: V70451-5912896990776 | |
| Purpose of Expenditure re-issue 10/21 ck for Cable/Radio media bu- ys | | Office Sought: <input checked="" type="checkbox"/> House State: VA <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> Presidential | |
| Name of Federal Candidate supported or Opposed by expenditure: Rep. Glenn C. Nye | | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010 | |
| | | 71253.21 | |

| | |
|--|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 6777.25 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 118019.25 |

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

Steven Rausch
Signature

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