

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) X

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 04 01 2010 through 04 30 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 05 19 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.

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

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		774216.66
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	672602.28									
(c) Total Receipts (from Line 19)	285441.44	370767.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	958043.72	1144984.65								
7. Total Disbursements (from Line 31)	3662.13	190603.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	954381.59	954381.59								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

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)	246263.99	301539.95
(ii) Unitemized	38941.13	67320.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	285205.12	368860.08
(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)	285205.12	368860.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	236.32	1907.91
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))	285441.44	370767.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	285441.44	370767.99

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.....	2764.13	5740.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2764.13	5740.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	178500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	898.00	1363.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	898.00	1363.00
29. Other Disbursements.....	0.00	5000.00
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))..	3662.13	190603.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3662.13	190603.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	285205.12	368860.08
34. Total Contribution Refunds (from Line 28(d))	898.00	1363.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	284307.12	367497.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2764.13	5740.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2764.13	5740.06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 171
(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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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.

Mailing Address 2081 Hunters Run Northeast

City State Zip Code
Ada MI 49301-9559

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: 50640AA9FC3798F2D00

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Thomas Aaberg, Jr.

Mailing Address 2081 Hunters Run Northeast

City State Zip Code
Ada MI 49301-9559

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: 4CD093ED870CDD10AB5D

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 70 East 66th Street

City State Zip Code
New York NY 10065-6528

FEC ID 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
04 / 05 / 2010

Transaction ID: 7815BC95A4AFE489354

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **780.00**

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

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

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

FOR LINE NUMBER: PAGE 8 / 171
(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)
Jon Adleberg

Mailing Address Suite 100
1230 Progressive Drive

City State Zip Code
Chesapeake VA 23320-0203

FEC ID 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
04 / 14 / 2010

Transaction ID: E4BAB6891FDE9ADAE58

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Afzal Ahmad

Mailing Address 1700 East West Road

City State Zip Code
Calumet City IL 60409-5415

FEC ID 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
04 / 19 / 2010

Transaction ID: 70691985F00E582D22F

Amount of Each Receipt this Period
365.00

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

Mailing Address 25 Johnson Avenue

City State Zip Code
Englewood Cliffs NJ 07632-2127

FEC ID 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
04 / 05 / 2010

Transaction ID: 900AE6E771EE9736D32

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 9 / 171
(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)
Belu Allam

Mailing Address Suite 6C
800 Peakwood Drive

City Houston State TX Zip Code 77090-2903

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: FC1845E64DFF84A5C5E

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Omar Almallah

Mailing Address 20 Mule Road

City Toms River State NJ Zip Code 08755-5028

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: D096C311D63DDDFE65DD

Amount of Each Receipt this Period
199.00

C.

Full Name (Last, First, Middle Initial)
Omar Almallah

Mailing Address 20 Mule Road

City Toms River State NJ Zip Code 08755-5028

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
399.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2010

Transaction ID: 4230BAF5F2B99582575C

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **749.00**

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 / 171
(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 Alter

Mailing Address Suite 640
1875 Dempster Street

City State Zip Code
Park Ridge IL 60068-1179

FEC ID 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
04 / 08 / 2010

Transaction ID: 49894C8BE37F1944871

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Arezo Amirikia

Mailing Address 3535 Franklin Road

City State Zip Code
Bloomfield Hills MI 48302-0961

FEC ID 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
04 / 23 / 2010

Transaction ID: 211CA8A7-BC06-4E20-

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Chad Anderson

Mailing Address Suite 1
1811 W Royal Hunte Drive

City State Zip Code
Cedar City UT 84720-8274

FEC ID 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
04 / 06 / 2010

Transaction ID: 0C5F2A3863384946B33

Amount of Each Receipt this Period
1000.00

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 11 / 171
(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 Armstrong

Mailing Address 1590 Darling Street

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 ▼ 365.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 02FBC94514C3A6B916F

Amount of Each Receipt this Period 365.00

B.

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

Mailing Address 605 W East Avenue

City Chico State CA Zip Code 95926-7201

FEC 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 04 / 05 / 2010

Transaction ID: 648BDFFE9203F2E08F4

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Arlene Bagga

Mailing Address Msc10-5610
1 University of New Mexico

City Albuquerque State NM Zip Code 87131-0001

FEC 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 04 / 23 / 2010

Transaction ID: 773D9B05DCF4484BFA0

Amount of Each Receipt this Period 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 12 / 171
(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)
Arlene Bagga

Mailing Address Msc10-5610
1 University of New Mexico

City Albuquerque State NM Zip Code 87131-0001

FEC 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 04 / 27 / 2010
Transaction ID: 4C4A36F5E97982EAB61
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
N. Douglas Baker

Mailing Address Ophthalmic Surgeons and Consultant
262 Neil Avenue Suite 430

City Columbus State OH Zip Code 43215-2362

FEC 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 04 / 27 / 2010
Transaction ID: E7A0E542B976E76A4BC
Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Sterling Baker

Mailing Address Suite 101
14000 N Portland Avenue

City Oklahoma City State OK Zip Code 73134-4004

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 23 / 2010
Transaction ID: 492C72D6B55D7CA6E64
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 171
(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)
Tracy Baltz

Mailing Address 2900 N Fillmore Street

City Little Rock State AR Zip Code 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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 132BAAED689A7D4D1C9

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Francine Baran

Mailing Address 4340 Northeast 55th Street

City Seattle State WA Zip Code 98105-2233

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 ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: 9C485511DD2304C3BE7

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Laurie Gray Barber

Mailing Address Uams

City Little Rock State AR Zip Code 72205

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: CCF06647-4291-4D2B-

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 14 / 171
(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)
Charles Barr

Mailing Address 301 E Muhammad Ali Boulevard

City State Zip Code
Louisville KY 40202-1511

FEC ID 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
04 / 06 / 2010

Transaction ID: 55AA3BBA5CF2BC97A07

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Vineet Batra

Mailing Address Suite A
15051 Hesperian Boulevard

City State Zip Code
San Leandro CA 94578-3536

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 843708DB0E408A9813B

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael Belin

Mailing Address 4232 W Summer Ranch Place

City State Zip Code
Marana AZ 85658-4741

FEC ID 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
04 / 07 / 2010

Transaction ID: E019EE95C908E1D231A

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Benevento

Mailing Address 777 Tanglefoot Lane

City State Zip Code
Bettendorf IA 52722-1650

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 442B159A896C4AF8AF1

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Gregg Berdy

Mailing Address Suite 200
12990 Manchester Road

City State Zip Code
Des Peres MO 63131-1860

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: BE306C96B7D89EB81E9

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Terry Bergstrom

Mailing Address Wk Kellogg Eye Center
1000 Wall Street Room 649

City State Zip Code
Ann Arbor MI 48105-1994

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 4F5BF088887BF440ECA

Amount of Each Receipt this Period
365.00

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 16 / 171
(check only one)

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

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

A.

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

Mailing Address 9630 N Kenton Avenue

City State Zip Code
Skokie IL 60076-1216

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2010

Transaction ID: D3FFC5B638F7E575B70

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Thomas Bersani

Mailing Address 1810 Erie Boulevard East

City State Zip Code
Syracuse NY 13210-1230

FEC ID 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
04 / 02 / 2010

Transaction ID: 7C03C94948592AFD8C5

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 2821 Northup Way Suite 200

City State Zip Code
Bellevue WA 98004-1496

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: A1EC7F6233542115CFB

Amount of Each Receipt this Period
500.00

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 17 / 171
(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)
Charles Birnbach

Mailing Address 2821 Northup Way
Suite 200

City Bellevue State WA Zip Code 98004-1496

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 10 / 2010
Transaction ID: 48B5B999EBEDCAC999DB
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Wayne Bizer

Mailing Address Suite 206
7800 W Oakland Park Boulevard

City Sunrise State FL Zip Code 33351-1124

FEC 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 04 / 09 / 2010
Transaction ID: 7334969F4223F726B10
Amount of Each Receipt this Period 365.00

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

Mailing Address 101 Mark Drive
PO Box 1077

City Edenton State NC Zip Code 27932-1778

FEC 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 04 / 02 / 2010
Transaction ID: F8362F0C0CA0D3F6D1E
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 780.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 171
(check only one)

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

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

A.

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

Mailing Address 101 Mark Drive
PO Box 1077

City Edenton State NC Zip Code 27932-1778

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

Transaction ID: 476DBAFAAB44DD4C4E85

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite 201
2060 Charlie Hall Boulevard

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 ▼ 500.00

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

Transaction ID: F5CE3C20E5B5AC3D9C2

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 121 Hunter Avenue
Suite 102

City Clayton State MO Zip Code 63124-2082

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: E255E26198C6EC5DD4C

Amount of Each Receipt this Period
500.00

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: PAGE 19 / 171
(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)
Edwin Boldrey

Mailing Address 2512 Samaritan Court Suite A

City San Jose State CA Zip Code 95124-4002

FEC 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 04 / 07 / 2010
Transaction ID: FCC360E6F5D3811559F
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
H. Culver Boldt

Mailing Address 200 Hawkins Drive

City Iowa City State IA Zip Code 52242-1007

FEC 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 04 / 19 / 2010
Transaction ID: B653A5DFBB29811987F
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Julie Boss

Mailing Address 650 Linden Street Suite 5

City Big Rapids State MI Zip Code 49307-1880

FEC 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 04 / 23 / 2010
Transaction ID: E7DC594AFDF16C078F3
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter Branden

Mailing Address Suite 100
1201 W Main Street

City Waterbury State CT Zip Code 06708-3105

FEC 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 04 / 05 / 2010
Transaction ID: A561AF85DA144015D5E
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Michael Brennan

Mailing Address 1016 Kirkpatrick Road

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 ▼ 365.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 5C260016855AC724122
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Jill Brody

Mailing Address McDonough Eye Assoc
505 E Grant Street

City Macomb State IL Zip Code 61455

FEC 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 04 / 07 / 2010
Transaction ID: F1DC98F1CBE9120C445
Amount of Each Receipt this Period 500.00

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 21 / 171
(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)
Donna Dodson Brown

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226-3330

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2010
Transaction ID: FAD359B9D16D20F4E0E
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Dawn Buckingham

Mailing Address 5011 Burnet Road

City Austin State TX Zip Code 78756-2611

FEC 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 04 / 13 / 2010
Transaction ID: DC39E430463D5F575E4
Amount of Each Receipt this Period 500.00

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

Mailing Address Room 410
1800 Sullivan Avenue

City Daly City State CA Zip Code 94015-2224

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 02 / 2010
Transaction ID: E9F996737B6D8C36F4A
Amount of Each Receipt this Period 600.00

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: (check only one)	PAGE 22 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Daniel Buckley		Date of Receipt MM / DD / YYYY 04 / 05 / 2010			
	Mailing Address Room 410 1800 Sullivan Avenue		Transaction ID: 4951AF02383D00DAD1D0			
	City Daly City	State CA	Zip Code 94015-2224	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 ▼ 800.00				

B.	Full Name (Last, First, Middle Initial) Lisa Sharon Bunin		Date of Receipt MM / DD / YYYY 04 / 13 / 2010			
	Mailing Address Paragon Center 1611 Pond Road Suite 403		Transaction ID: 7972B13969FB88512BB			
	City Allentown	State PA	Zip Code 18104	Amount of Each Receipt this Period 365.00		
	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 ▼ 365.00				

C.	Full Name (Last, First, Middle Initial) Melissa Cable		Date of Receipt MM / DD / YYYY 04 / 05 / 2010			
	Mailing Address 4741 S Cochise		Transaction ID: E99026DFE9B054BAF70			
	City Independence	State MO	Zip Code 64055-6974	Amount of Each Receipt this Period 365.00		
	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 ▼ 730.00				

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

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

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

FOR LINE NUMBER: PAGE 23 / 171
(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)
Melissa Cable

Mailing Address 4741 S Cochise

City Independence State MO Zip Code 64055-6974

FEC 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 04 / 22 / 2010
Transaction ID: B26E11182722236C183
Amount of Each Receipt this Period 365.00

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

Mailing Address 1920 Pickens Street

City Columbia State SC Zip Code 29201-2632

FEC 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 04 / 28 / 2010
Transaction ID: A474675F57C95E57081
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Jose Carro Soto

Mailing Address PO Box 9924

City Arecibo State Se Zip Code 00613-9924

FEC 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 04 / 22 / 2010
Transaction ID: 2E43B7F0D16B8BE775B
Amount of Each Receipt this Period 1000.00

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: (check only one)	PAGE 24 / 171
	<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) B. Carter		Date of Receipt MM / DD / YYYY 04 / 09 / 2010		
	Mailing Address Suite 3 1101 E Jefferson Street		Transaction ID: 3AD99951B4901F4FE76		
	City Charlottesville	State VA	Zip Code 22902-5353	Amount of Each Receipt this Period 260.00	
	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 ▼ 260.00			

B.	Full Name (Last, First, Middle Initial) M. Gary Carter		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address 1867 Forsyth Street		Transaction ID: E7950DA0154AAC85FF9		
	City Macon	State GA	Zip Code 31201-1166	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) Gary Cassel		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address Ruxton Towers Suite 104 8415 Bellona Lane		Transaction ID: 46338949840B0A62930		
	City Towson	State MD	Zip Code 21204	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)	▶	1125.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 171
(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)
Craig Cassidy

Mailing Address Valley Eye Specialists
160 W University Drive #1

City State Zip Code
Mesa AZ 85201

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2041.67

Date of Receipt
MM / DD / YYYY
04 / 10 / 2010

Transaction ID: 4D469332C5205B82B231

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address Valley Eye Specialists
160 W University Drive #1

City State Zip Code
Mesa AZ 85201

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2041.67

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 4C4CAD3D4DC8F87A1AD9

Amount of Each Receipt this Period
500.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite 301
1080 Day Hill Road

City State Zip Code
Windsor CT 06095-5724

FEC ID 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
04 / 16 / 2010

Transaction ID: 44DBAB9E47F2E92A80D

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1541.67

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 26 / 171
(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)
Jennifer Cecil

Mailing Address Suite 1
2902 Ginnala Drive

City Loveland State CO Zip Code 80538-7818

FEC 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 04 / 01 / 2010
Transaction ID: CED479E1342B77C3E5D
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Denise Chamblee

Mailing Address 10 Jacobs Lane

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 ▼ 365.00

Date of Receipt 04 / 09 / 2010
Transaction ID: 6A32FEC9110674B6677
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Audrey Chan

Mailing Address 24 Olde Sheepfield Road

City Marion State MA Zip Code 02738-2137

FEC 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 04 / 08 / 2010
Transaction ID: DAF8C6D4E3F5D8AEC5F
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 171

(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)
Sidney Chang

Mailing Address Apt. 4E

City State Zip Code
St. Louis MO 63108-1350

FEC ID 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
0	4		2	2		2	0	1	0

Transaction ID: D550A775-CC44-4546-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Joseph Chappell, Jr.

Mailing Address 610 Brunson Drive

City State Zip Code
Tupelo MS 38801-4947

FEC ID 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
0	4		0	2		2	0	1	0

Transaction ID: 8851A4DD7ADDBE29A64

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 1250 South Sunset Avenue Suite 205

City State Zip Code
West Covina CA 91790-3963

FEC ID 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
0	4		0	2		2	0	1	0

Transaction ID: 8354C444FE0A59B6719

Amount of Each Receipt this Period
199.00

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: PAGE 28 / 171

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Kenneth Paul Cheng		Date of Receipt
	Mailing Address 1000 Stonewood Drive Suite 310		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City Wexford	State PA	Zip Code 15090-8386
	FEC ID number of contributing federal political committee. C		Transaction ID: 283B8800E5409F27274
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Amount of Each Receipt this Period <input type="text" value="1000.00"/>

B.	Full Name (Last, First, Middle Initial) Mabel M. Cheng		Date of Receipt
	Mailing Address 1072 Troy-Schenectady Road Suite 3		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City Latham	State NY	Zip Code 12110-1025
	FEC ID number of contributing federal political committee. C		Transaction ID: 3FCA0CDB65F7EFE804B
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Hak Chung		Date of Receipt
	Mailing Address Suite 300 3840 Peachtree Industrial Boulevard		<input type="text" value="04"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City Duluth	State GA	Zip Code 30096-5033
	FEC ID number of contributing federal political committee. C		Transaction ID: 9441C5190270D8D0EAC
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Amount of Each Receipt this Period <input type="text" value="365.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1865.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Donald Cinotti

Mailing Address 600 Pavonia Avenue
6th Floor

City State Zip Code
Jersey City NJ 07306-2932

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: 4E45844B15E45E156D02

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 Street

City State Zip Code
Waycross GA 31501-3638

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1666.64

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 448190ECDBF5ECC20D8B

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

John Clarkson

Mailing Address Suite 1560B

City State Zip Code
Miami FL 33136-2107

FEC ID 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
0 4 / 2 3 / 2 0 1 0

Transaction ID: 3A69EB94-E466-4761-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1016.66

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 30 / 171
(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)
Carol Strain Clemons

Mailing Address Suite 300
471 Ashley Ridge Boulevard

City State Zip Code
Shreveport LA 71106-7229

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: AFA26A45F81A9BE90A2

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Sander M. Zeskin Cohen

Mailing Address Suite 11
509 S Lenola Road

City State Zip Code
Moorestown NJ 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 11 / 2010

Transaction ID: 4EBAA1195717066F8E45

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Mary Louise Collins

Mailing Address Suite 505

City State Zip Code
Baltimore MD 21204-5809

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 711A4480-EC7C-479B-

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 31 / 171
(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 Collins

Mailing Address 6150 Diamond Centre Court
Building 100

City State Zip Code
Fort Myers FL 33912-4367

FEC ID 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
04 / 16 / 2010

Transaction ID: 84615585F05B51A5C74

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address Suite 220
9330 S University Boulevard

City State Zip Code
Highlands Ranch CO 80126-5049

FEC ID 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
04 / 02 / 2010

Transaction ID: 1A0F1D11F6C28070CCC

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 28 Delancey Court

City State Zip Code
Pittsford NY 14534-2700

FEC ID 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
04 / 07 / 2010

Transaction ID: B2D0D1427C67A31AE2B

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 32 / 171
(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) Kim Cooper		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address Suite 235 1720 El Camino Real		Transaction ID: 14CC9B6FADD71C14C41
City Burlingame	State Zip Code CA 94010-3213	
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) ▼		

B.

Full Name (Last, First, Middle Initial) Robert Copeland, Jr.		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address 2041 Georgia Avenue Northwest Towe		Transaction ID: 5B81E64D-9D80-42B4-
City Washington	State Zip Code DC 20060-0001	
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) Curtis Cornelius		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address 26 Calle Del Sol		Transaction ID: C693D4A92E6BD1B8D74
City Placitas	State Zip Code NM 87043-9209	
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) ▼		

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 171
 (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)
Anastasios Costarides

Mailing Address 1365B Clifton Road Northeast

City Atlanta State GA Zip Code 30322-1013

FEC 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: 04 / 22 / 2010
Transaction ID: E8BF60CC-E9D2-472D-
 Amount of Each Receipt this Period: 500.00

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

Mailing Address Building No2
2 Hamilton Health Place

City Hamilton State NJ Zip Code 08690-3563

FEC 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: 04 / 16 / 2010
Transaction ID: 1F83E9261105FB3DD41
 Amount of Each Receipt this Period: 365.00

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

Mailing Address 3615 Rocky Stream Drive

City Fort Collins State CO Zip Code 80528-7173

FEC 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: 04 / 16 / 2010
Transaction ID: AD0F38B8D7826CBD247
 Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 171
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
James Croley, III

Mailing Address 613 Del Prado Boulevard

City State Zip Code
Cape Coral FL 33990-2611

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 33E967AC1F7F398EAE

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Kimberly Crowder

Mailing Address 2365 Twin Lakes Circle

City State Zip Code
Jackson MS 39211-6758

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: C309BAEFF9DFFFCB573

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 1
842 S Cowley Street

City State Zip Code
Spokane WA 99202-1234

FEC 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
04 / 01 / 2010

Transaction ID: 384FCF5E95DEF3C309E

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 171
(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 Dagianis

Mailing Address 5 Coliseum Avenue

City State Zip Code
Nashua NH 03063-3206

FEC ID 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
04 / 26 / 2010

Transaction ID: F026E8D69A7FD5E16D7

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mary Davidian

Mailing Address Highland Ophthalmology Associates
140 Executive Drive

City State Zip Code
New Windsor NY 12553-5509

FEC ID 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
04 / 07 / 2010

Transaction ID: 4D49315371399E3F292

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 100
2 Pillsbury Street

City State Zip Code
Concord NH 03301-3549

FEC ID 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
04 / 16 / 2010

Transaction ID: 44B4772BEAA65CB1868

Amount of Each Receipt this Period
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 36 / 171
(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)
David Demartini

Mailing Address Suite 222
122 La Casa Viaduct

City Walnut Creek State CA Zip Code 94598-3014

FEC 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
04 / 21 / 2010

Transaction ID: 352DF6BE7E931C2089D

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Anna Luisa Di Lorenzo

Mailing Address Suite B
2877 Crooks Road

City Troy State MI Zip Code 48084-4717

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 03A46BCEED4B270D961

Amount of Each Receipt this Period 1000.00

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

Mailing Address PO Box 1275

City Columbus State NE Zip Code 68602-1275

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 27 / 2010

Transaction ID: F07305DB71FAD07FE45

Amount of Each Receipt this Period 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 37 / 171

(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

Mailing Address Clay Eye Physicians and Surgeons
2023 Professional Center Drive

City State Zip Code
Orange Park FL 32073-4461

FEC ID 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
0 4 / 2 3 / 2 0 1 0

Transaction ID: 3564FECE59B218DBC0C

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Donald Downer

Mailing Address 2023 Professional Center Drive

City State Zip Code
Orange Park FL 32073-4472

FEC ID 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
0 4 / 2 3 / 2 0 1 0

Transaction ID: 66023DDD393D1B83856

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

John Downing

Mailing Address 985 Matlock Road

City State Zip Code
Bowling Green KY 42104-7408

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 996A2E7F442C3EC49AF

Amount of Each Receipt this Period
500.00

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 38 / 171
(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 Downing
 Mailing Address 985 Matlock Road
 City State Zip Code
Bowling Green KY 42104-7408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00
 Date of Receipt MM / DD / YYYY
04 / 10 / 2010
Transaction ID: 4891B40EF0AC63DBB4CF
 Amount of Each Receipt this Period 50.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
John Drouilhet
 Mailing Address Suite 502
1329 Lusitana Street
 City State Zip Code
Honolulu HI 96813-2412
 FEC ID 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
04 / 14 / 2010
Transaction ID: BEBCB10B75BEF36034E
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Daniel Drysdale
 Mailing Address 3645 S Main Street
 City State Zip Code
Blacksburg VA 24060-7018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt MM / DD / YYYY
04 / 02 / 2010
Transaction ID: C08C823E9E2C4BEE2DB
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 915.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 171
(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

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 Dugan, II

Mailing Address Suite 100
1333 3rd Street

City State Zip Code
Corpus Christi TX 78404-2200

FEC ID 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
04 / 13 / 2010

Transaction ID: ACB510191C78A9676F6

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 275 Harvard Street

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2010

Transaction ID: 3CAE3F6EA19EA6B5DFF

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Alexander Eaton

Mailing Address Retina Health Center
1567 Hayley Lane Suite 101

City State Zip Code
Fort Myers FL 33907

FEC ID 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
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: CF340F2E33940C39065

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3365.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 171

(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)
Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City State Zip Code
Metairie LA 70002-1361

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	0

Transaction ID: 470CB48539708424F368

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2905 W Warner Road

City State Zip Code
Chandler AZ 85224-1674

FEC ID 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
0	4		2	1		2	0	1	0

Transaction ID: DD5961E5-91D0-47D7-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Jane Edmond

Mailing Address 6610 Auden Street

City State Zip Code
Houston TX 77005-4304

FEC ID 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

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

Transaction ID: 5681CCF05EA333044DE

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional) ▶

1400.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 171
(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 Thomas Edmonds

Mailing Address Suite 101
3235 Academy Avenue

City Portsmouth State VA Zip Code 23703-3200

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 04 / 05 / 2010
Transaction ID: 6333DE073DEF7AAB0FE
Amount of Each Receipt this Period 199.00

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

Mailing Address Suite 101
3235 Academy Avenue

City Portsmouth State VA Zip Code 23703-3200

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 04 / 11 / 2010
Transaction ID: 4Aafb14272c20b3d16a6
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Albert Edwards

Mailing Address 1550 Oak Street

City Eugene State OR Zip Code 97401-7701

FEC 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 04 / 09 / 2010
Transaction ID: B55E17D0-5A07-4F97-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1249.00

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 42 / 171
	<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) Robert Malcolm Edwards	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 1240 Colonial Commons Court	Transaction ID: 5733D1A2CE5EB5022A3
	City State Zip Code Lancaster SC 29720-2200	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	

B.	Full Name (Last, First, Middle Initial) William Ehlers	Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address 125 Secret Lake Road	Transaction ID: E9E09243EF5A3D07CC8
	City State Zip Code Avon CT 06001-3465	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Richard Eiferman	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address Suite 220 6400 Dutchmans Parkway	Transaction ID: 60120550FA4BF6C9ADB
	City State Zip Code Louisville KY 40205-3368	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 43 / 171
(check only one)

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

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

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

Mailing Address 1260 Silas Deane Highway

City Wethersfield State CT Zip Code 06109-4362

FEC 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: 04 / 16 / 2010
Transaction ID: 88DOC77A3BEAD4927B7
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Randy Ennen

Mailing Address PO Box 11605

City Fort Smith State AR Zip Code 72917-1605

FEC 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: 04 / 09 / 2010
Transaction ID: 31AB08A671678A7037D
Amount of Each Receipt this Period: 1000.00

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

Mailing Address Suite 430
11800 Northeast 128th Street

City Kirkland State WA Zip Code 98034-7299

FEC 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: 04 / 07 / 2010
Transaction ID: 8E04E3B61EF7C92F397
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 171

(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 Estes

Mailing Address 6111 Elizabethan Drive

City State Zip Code
Nashville TN 37205-1256

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: 93E8AA5F003E94CED46

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Ofer Eytan

Mailing Address 2525 W Greenway Road Suite 120

City State Zip Code
Phoenix AZ 85023-4280

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: 0D661023689E7FE6219

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Matthew Farber

Mailing Address Suite 300
7900 W Jefferson Boulevard

City State Zip Code
Fort Wayne IN 46804-4128

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 311F6FF07854052E343

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2365.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 171
(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)
Ken Farr

Mailing Address PO Box 23018

City State Zip Code
Hilton Head Island SC 29925-3018

FEC ID 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
04 / 02 / 2010

Transaction ID: 98C767101E078B06616

Amount of Each Receipt this Period
1000.00

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

Mailing Address Suite 200
415 N Crescent Drive

City State Zip Code
Beverly Hills CA 90210-6812

FEC ID 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
04 / 27 / 2010

Transaction ID: A0C62672BD78A956253

Amount of Each Receipt this Period
365.00

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

Mailing Address 160 Boston Avenue

City State Zip Code
Altamonte Springs FL 32701-4706

FEC ID 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
04 / 02 / 2010

Transaction ID: DCCD19BFB00ABCFAE9F

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 171
(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 Fier

Mailing Address 1441 E Ocean Boulevard

City State Zip Code
Stuart FL 34996-2613

FEC ID 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
04 / 09 / 2010

Transaction ID: 83C553212EE5CF36443

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Christina Flaxel

Mailing Address 3375 Southwest Tenwilliger Bouleva

City State Zip Code
Portland OR 97201

FEC ID 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
04 / 28 / 2010

Transaction ID: 94DDF2799C1ED8911E7

Amount of Each Receipt this Period
365.00

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

Mailing Address 67676 E Bay Road

City State Zip Code
North Bend OR 97459-9460

FEC ID 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
04 / 16 / 2010

Transaction ID: E935C19D9B2B7E0D553

Amount of Each Receipt this Period
500.00

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 47 / 171
(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)
Laura Fox

Mailing Address 416 North Bedford #300

City State Zip Code
Beverly Hills CA 90210-4309

FEC ID 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
04 / 21 / 2010

Transaction ID: 6FA61224-AF72-496F-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Raul Franceschi

Mailing Address Suite 707
29 Calle Washington

City State Zip Code
San Juan Se 00907-1503

FEC ID 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
04 / 02 / 2010

Transaction ID: 4CB7E0067C351D9B69C

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address Suite 4804
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

FEC ID 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
04 / 21 / 2010

Transaction ID: D467C80CF0B01FE7DD3

Amount of Each Receipt this Period
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 48 / 171
(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 Frantz
Mailing Address 11 Club Terrace
City Newport News State VA Zip Code 23606-2836
FEC 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 04 / 23 / 2010
Transaction ID: 9D43F470037B620AFE6
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
L. Neal Freeman
Mailing Address Florida Eye Associates
502 East New Haven Avenue
City Melbourne State FL Zip Code 32901
FEC 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 04 / 07 / 2010
Transaction ID: 859A641428113E6568D
Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
Ronald Freeman
Mailing Address 755 South Milwaukee Avenue
North 150
City Libertyville State IL Zip Code 60048
FEC 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 04 / 02 / 2010
Transaction ID: AF1916EC65CE587AA27
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1030.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 49 / 171
(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)
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 ▼ 730.00
Date of Receipt 04 / 10 / 2010
Transaction ID: A52F3316-35D9-45F8-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Luther Fry
Mailing Address 310 E Walnut Street
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 ▼ 1000.00
Date of Receipt 04 / 01 / 2010
Transaction ID: 1362318CB54AC426C8A
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Gretchen Fuerste
Mailing Address 20922 Country Squire Lane
City Dubuque State IA Zip Code 52001-8002
FEC 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 04 / 07 / 2010
Transaction ID: 11ED333F4D9102D3D0A
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: (check only one)	PAGE 50 / 171
	<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 Furgason		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address 2845 Farrell Crescent		Transaction ID: 42F5001C-8101-4E13-		
	City Owensboro	State KY	Zip Code 42303-1393	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self Self		Occupation Ophthalmologist		

B.	Full Name (Last, First, Middle Initial) John Garrett		Date of Receipt MM / DD / YYYY 04 / 12 / 2010		
	Mailing Address 1301 Carpenter Avenue		Transaction ID: 62D1F807C15EB8E50CB		
	City Iron Mountain	State MI	Zip Code 49801-4725	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Self Self		Occupation Ophthalmologist		

C.	Full Name (Last, First, Middle Initial) Samuel Garrett		Date of Receipt MM / DD / YYYY 04 / 29 / 2010		
	Mailing Address 1524 Shorehaven Court		Transaction ID: 5A091766B8A3157303F		
	City Virginia Beach	State VA	Zip Code 23454-1718	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 Self		Occupation Ophthalmologist		

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 51 / 171
(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)
Joel Geffin
Mailing Address 596 Tamarack Rd
City Cheshire State CT Zip Code 06410
FEC 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 04 / 28 / 2010
Transaction ID: 06F523C9-BB4A-4509-
Amount of Each Receipt this Period 300.00

B. Full Name (Last, First, Middle Initial)
Ilona Genis
Mailing Address 3039 Ocean Parkway
City Brooklyn State NY Zip Code 11235-8370
FEC 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 04 / 08 / 2010
Transaction ID: 5E2C1A0866DB58E48E4
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
William Gillum
Mailing Address 1519 E Sixth Street
City Weslaco State TX Zip Code 78596-6605
FEC 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 04 / 12 / 2010
Transaction ID: 030FA8DE256F500FBF1
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 915.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 171
	<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 Glasser		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address Suite 101 6350 Stevens Forest Road		Transaction ID: 27E8495424AFB60064F
City Columbia	State Zip Code MD 21046-3240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 929.00	

B.

Full Name (Last, First, Middle Initial) David Glasser		Date of Receipt MM / DD / YYYY 04 / 27 / 2010
Mailing Address Suite 101 6350 Stevens Forest Road		Transaction ID: 05D30282ED7502CFE7C
City Columbia	State Zip Code MD 21046-3240	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 929.00	

C.

Full Name (Last, First, Middle Initial) Ioannis Glavas		Date of Receipt MM / DD / YYYY 04 / 13 / 2010
Mailing Address 9 Newbury Street Suite 6		Transaction ID: 9E725384D8D07B397BC
City Boston	State Zip Code MA 02116-3152	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 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 53 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Scott Arnold Glesmann
Mailing Address 1800 Highway 95
City Bullhead City State AZ Zip Code 86442-6803
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 01 / 2010
Transaction ID: 892BE969A12AD13ECC0
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ravi Goel
Mailing Address 741 Route 70 W
City Cherry Hill State NJ Zip Code 08002-3527
FEC 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 04 / 21 / 2010
Transaction ID: CB77C810-C29E-4FC8-
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Sanjay Goel
Mailing Address 5824 Wild Orange Gate
City Clarksville State MD Zip Code 21029-1656
FEC 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 04 / 21 / 2010
Transaction ID: 1EA0F8B2-7BCC-4DF9-
Amount of Each Receipt this Period 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 171
(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)
Marc Goldberg

Mailing Address Suite 501
2000 S Wheeling Avenue

City State Zip Code
Tulsa OK 74104-5642

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

Transaction ID: 16E8FA0553E14949A0C

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Roy Goodart

Mailing Address 6545 S Canyon Cove Drive

City State Zip Code
Salt Lake City UT 84121-6340

FEC ID 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
0 4 / 0 5 / 2 0 1 0

Transaction ID: EC5536EB2B5E4696DE0

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 6545 Rutgers

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 ▼
400.00

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

Transaction ID: 4D5B9A102BFB4ABC3B98

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 55 / 171
(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)
Lynn Gordon

Mailing Address 100 Stein Plaza

City State Zip Code
Los Angeles CA 90095-7065

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 6D927F56-32D4-4455-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert Jay Granadier

Mailing Address Suite 555
3535 W 13 Mile Road

City State Zip Code
Royal Oak MI 48073-6770

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: A0BF65B3C9A793069A4

Amount of Each Receipt this Period
165.00

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

Mailing Address Suite 256E
800 Austin Street

City State Zip Code
Evanston IL 60202-3477

FEC ID 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
04 / 05 / 2010

Transaction ID: 6545AA912A752728132

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1030.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 171
 (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)
Paul Greenfield

Mailing Address 503 Broadway

City State Zip Code
Everett MA 02149-3603

FEC ID 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
04 / 05 / 2010

Transaction ID: F9597129F6BBBD06CAC

Amount of Each Receipt this Period
365.00

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

Mailing Address 580 Collins Drive

City State Zip Code
Merced CA 95348-3121

FEC ID 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
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 9C3BD929E351982976B

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Bruce Grossnickle

Mailing Address 2251 Dubois Drive

City State Zip Code
Warsaw IN 46580-3212

FEC ID 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
04 / 16 / 2010

Transaction ID: E9B1BFED26AE6D822CC

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **3365.00**

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 57 / 171
(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)
Michelle Guevarra
 Mailing Address 59B Nichols Road
 City Nesconset State NY Zip Code 11767-2094
 Date of Receipt 04 / 13 / 2010
Transaction ID: C30391CA38B604434C7
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 365.00

B. Full Name (Last, First, Middle Initial)
Paul Gulbas
 Mailing Address 1201 N Mesa
 City El Paso State TX Zip Code 79902-4517
 Date of Receipt 04 / 06 / 2010
Transaction ID: 7509B5356E224CD6917
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 700.00

C. Full Name (Last, First, Middle Initial)
Kamal Gupta
 Mailing Address 19335 Allen Road
 City Brownstown State MI Zip Code 48183-1003
 Date of Receipt 04 / 19 / 2010
Transaction ID: 6511C6C9C0C9C93E768
 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: Primary General 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: PAGE 58 / 171
(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)
Carter Gussler

Mailing Address Suite 140
613 23rd Street

City Ashland State KY Zip Code 41101-2876

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 36F56AD50942A3F458B

Amount of Each Receipt this Period 500.00

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

Mailing Address Suite 200
9401 N Oak Trafficway

City Kansas City State MO Zip Code 64155-3393

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 07 / 2010

Transaction ID: EBF67FDE81E745226BD

Amount of Each Receipt this Period 500.00

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

Mailing Address Suite B
1626 Forest Lane S

City Garland State TX Zip Code 75042-7943

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 41EA48B2A70215222DB

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 59 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Diana Hampton		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address Suite B 2020 E 15th Street		Transaction ID: F9F51BD532E492D1FD2		
	City Edmond	State OK	Zip Code 73013-6749	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		

B.	Full Name (Last, First, Middle Initial) Robert Harbin		Date of Receipt MM / DD / YYYY 04 / 09 / 2010		
	Mailing Address 550 Redmond Road		Transaction ID: B291453C0B2FCC3CC6F		
	City Rome	State GA	Zip Code 30165-1416	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 Harbin		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address 3225 Cumberland Boulevard Southeas Suite 900		Transaction ID: 9A96730EE2C8A57637D		
	City Atlanta	State GA	Zip Code 30339-5971	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)	▶	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 60 / 171
(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)
R. Hardberger

Mailing Address 123 N Van Buren Street

City State Zip Code
Little Rock AR 72205-3647

FEC ID 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
04 / 16 / 2010

Transaction ID: B98AAD8B0111A5BA492

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
M. Harmon

Mailing Address Levacy and Harmon Eye Center
3345 Plaza Ten Dr. Suite B

City State Zip Code
Beaumont TX 77707

FEC ID 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
04 / 12 / 2010

Transaction ID: D3F70D39827D3B36485

Amount of Each Receipt this Period
365.00

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

Mailing Address 516 Pellis Road

City State Zip Code
Greensburg PA 15601-4592

FEC ID 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
04 / 23 / 2010

Transaction ID: 58D79D23378C881AAA2

Amount of Each Receipt this Period
500.00

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 61 / 171
(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)
R. Mark Hatfield
Mailing Address PO Box 3970
City Charleston State WV Zip Code 25339-3970
FEC 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 04 / 23 / 2010
Transaction ID: 8F39FF3F08F09A9AFFC
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Christopher Haupt
Mailing Address 1501 50th Street Suite 133
City West Des Moines State IA Zip Code 50266-5920
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 ▼ 365.00
Date of Receipt 04 / 02 / 2010
Transaction ID: B71ED080A87EAAEB64A
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Jean Hausheer
Mailing Address 4322 N Hickory Lane
City Kansas City State MO Zip Code 64116-1664
FEC 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 04 / 23 / 2010
Transaction ID: A087CCD4-B22C-4798-
Amount of Each Receipt this Period 250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 171
(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)
Robert Haverly

Mailing Address Suite 301
311 W 24th Street

City Erie State PA Zip Code 16502-2666

FEC 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
04 / 09 / 2010

Transaction ID: C2700CFF819B5C51DDB

Amount of Each Receipt this Period 365.00

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

Mailing Address Geneve Eye Clinic - Suite 10
302 Randall Road

City Geneva State IL Zip Code 60134-4209

FEC 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
04 / 02 / 2010

Transaction ID: 41CCD9CABF63F973ACC

Amount of Each Receipt this Period 365.00

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

Mailing Address Suite 1
21 Highland Avenue

City Newburyport State MA Zip Code 01950-3873

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 3EC9B09969EF034F372

Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional) ► 1080.00

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 / 171
(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 Herlihy
Mailing Address 4560 S Glenview Place
City State Zip Code
Rapid City SD 57702-6804
FEC ID 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
0 4 / 1 2 / 2 0 1 0
Transaction ID: 23693FF6109C563F63E
Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Raymond Hernandez, III
Mailing Address 19292 Stone Oak Parkway
City State Zip Code
San Antonio TX 78258-3222
FEC ID 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
0 4 / 2 3 / 2 0 1 0
Transaction ID: F2E388A86DA6FCF4453
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Hertz
Mailing Address Suite 105
79 Wawecus Street
City State Zip Code
Norwich CT 06360-2173
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0
Transaction ID: 29D77F7F68F0E0B3DBA
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 64 / 171
(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)
Edward Holland

Mailing Address 10794 Saunders Lane

City State Zip Code
Union KY 41091-8030

FEC ID 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
04 / 06 / 2010

Transaction ID: DAC970D317820E01434

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
G. Baker Hubbard

Mailing Address Suite B3409
1365B Clifton Road Northeast

City State Zip Code
Atlanta GA 30322-0001

FEC ID 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
04 / 27 / 2010

Transaction ID: B15AAFD8F5A2620DB74

Amount of Each Receipt this Period 365.00

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

Mailing Address Suite 600
50 Staniford Street

City State Zip Code
Boston MA 02114-2539

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt MM / DD / YYYY
04 / 11 / 2010

Transaction ID: 4B04939A44D9C6E375D5

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1146.66

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 65 / 171
 (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)
Seaborn Hunt, III

Mailing Address Suite 201
3101 Southwest College Road

City Ocala State FL Zip Code 34474-7444

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 05 / 2010
Transaction ID: 49FF8D7808CA8F0236FF
 Amount of Each Receipt this Period 100.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Francis Hurite

Mailing Address 1835 Forbes Avenue

City Pittsburgh State PA Zip Code 15219-5835

FEC 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 04 / 23 / 2010
Transaction ID: 4F63BBB8E4BD8D41623
 Amount of Each Receipt this Period 500.00

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

Mailing Address 500 Aaron Court

City Kingston State NY Zip Code 12401-2966

FEC 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 04 / 22 / 2010
Transaction ID: 6FC8B879395FBCB21B8
 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 66 / 171

(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 Hutchins

Mailing Address 3219 Clifton Avenue
Suite 210

City State Zip Code
Cincinnati OH 45220-3041

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: B2EACC4C48A13B72BCC

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
B. Hutchinson

Mailing Address Suite 600

City State Zip Code
Boston MA 02114-2539

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 0447830A-E2F4-406C-

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 1340 S 90th Street

City State Zip Code
Omaha NE 68124-1204

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 0049661FAE0CE927FC3

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 67 / 171

(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 Isbey, Jr.

Mailing Address 8 Medical Park Drive

City State Zip Code
Asheville NC 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 ▼ 365.00

Date of Receipt

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

Transaction ID: 5E4DAA75F86567CB019

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 55 Stevenson Street

City State Zip Code
San Francisco CA 94105-2936

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 1E682566-572E-4D18-

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 4255 Carmichael Court N

City State Zip Code
Montgomery AL 36106-2875

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 2CBD29A255C30706B1B

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 68 / 171
(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) Johanna Jensen		Date of Receipt MM / DD / YYYY 04 / 07 / 2010
Mailing Address Suite A 1615 12th Avenue Road		Transaction ID: 375A81196FC5E244661
City Nampa	State Zip Code ID 83686-6184	
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) ▼		

B.

Full Name (Last, First, Middle Initial) Peter Jensen		Date of Receipt MM / DD / YYYY 04 / 07 / 2010
Mailing Address Suite A 1615 12th Avenue Road		Transaction ID: F1743E88247D325D44F
City Nampa	State Zip Code ID 83686-6184	
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) Jaime Jimenez-Agosto		Date of Receipt MM / DD / YYYY 04 / 07 / 2010
Mailing Address 1420 S 28th Avenue		Transaction ID: 8E1003AB-76C5-46FA-
City Hattiesburg	State Zip Code MS 39402-3107	
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) ▼		

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 69 / 171

(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)
Leonard Joffe

Mailing Address 4753 E Camp Lowell Drive

City State Zip Code
Tucson AZ 85712-1256

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 9D6BFBF65D2BA57E16A

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 2517 Northeast Kresky Avenue

City State Zip Code
Chehalis WA 98532-2409

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 9D9940CB64BBEED899

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 401 Phalen Boulevard

City State Zip Code
St. Paul MN 55130-5302

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 299.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 616D6FDF24DA3FC3499

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: (check only one)	PAGE 70 / 171
	<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		Date of Receipt
	Mailing Address Suite 101 10619 N Hayden 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 04 / 09 / 2010
	City	State	Zip Code
	Scottsdale	AZ	85260-8510
	FEC ID number of contributing federal political committee.		Transaction ID: D1B309EAD5034F46CDB
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

B.	Full Name (Last, First, Middle Initial) David Johnson		Date of Receipt
	Mailing Address 3711 E. 26th 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 04 / 21 / 2010
	City	State	Zip Code
	Denver	CO	80205
	FEC ID number of contributing federal political committee.		Transaction ID: 9B219790-5929-481B-
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	<input type="text"/> 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 500.00	

C.	Full Name (Last, First, Middle Initial) Randolph Johnston		Date of Receipt
	Mailing Address 1300 E 20th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 30 / 2010
	City	State	Zip Code
	Cheyenne	WY	82001-4021
	FEC ID number of contributing federal political committee.		Transaction ID: 4E58B8E58D91CAF3218A
	C <input type="text"/>		Amount of Each Receipt this Period
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 ▼	
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
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 71 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
S. Kao

Mailing Address 303 Smith Street

City Lagrange State GA Zip Code 30240-2745

FEC 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 04 / 22 / 2010
Transaction ID: B0C8A23D1A074FC64A1
 Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Henry Kaplan

Mailing Address 301 E Muhammad Ali Boulevard

City Louisville State KY Zip Code 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 ▼ 365.00

Date of Receipt 04 / 16 / 2010
Transaction ID: B6C2893440694445951
 Amount of Each Receipt this Period 365.00

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

Mailing Address Suite 106
4699 Main Street

City Bridgeport State CT Zip Code 06606-1830

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 05 / 2010
Transaction ID: CD7EE37F5A179531F67
 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 72 / 171
(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)
Martin Kaplan

Mailing Address Southdale Eye Clinic
6533 Drew Avenue S

City Edina State MN Zip Code 55435

FEC 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
04 / 05 / 2010

Transaction ID: 8CFFF84CCB112D0FB63

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 2020 Fleischmann Road

City Tallahassee State FL Zip Code 32308-4599

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 3DA925A85F981A2542B

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 3200 Morley Road

City Shaker Heights State OH Zip Code 44122-2863

FEC 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
04 / 09 / 2010

Transaction ID: C183F3441B3709000C2

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 171
(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)
Mari Keithahn

Mailing Address 3600 Amron Court

City Columbia State MO Zip Code 65202-1918

FEC 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: 04 / 13 / 2010
Transaction ID: 24D818DBE9ECBC2989E
Amount of Each Receipt this Period: 365.00

B.

Full Name (Last, First, Middle Initial)
Keith Kellum

Mailing Address 446 Corporate Drive

City Houma State LA Zip Code 70360-2461

FEC 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: 04 / 27 / 2010
Transaction ID: D8BBFD37D2F53023A80
Amount of Each Receipt this Period: 365.00

C.

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

Mailing Address # 200
10321 Lumley Road

City Raleigh State NC Zip Code 27617-8746

FEC 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: 04 / 02 / 2010
Transaction ID: A500A3F2DD6D314FCDE
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 74 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Peter Kelly
 Mailing Address 1504 N Main Street
 City Palmer State MA Zip Code 01069-1215
 Date of Receipt 04 / 16 / 2010
Transaction ID: C00C29745314DAFDDF2
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1000.00

B. Full Name (Last, First, Middle Initial)
Paul Keown
 Mailing Address 309 West 37th Street
 City Vancouver State WA Zip Code 98660-1945
 Date of Receipt 04 / 20 / 2010
Transaction ID: E7140A18FBA3C36F933
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial)
Dennis Kilpatrick
 Mailing Address 6701 E Caron Dr
 City Paradise Valley State AZ Zip Code 85253
 Date of Receipt 04 / 05 / 2010
Transaction ID: F44CA461-F1DB-4108-
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 171
(check only one)

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

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

A.

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

Mailing Address 7550 E 2nd Street

City State Zip Code
Scottsdale AZ 85251-4504

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 99A08DAD80292E97310

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 896 Oak Drive

City State Zip Code
Marion OH 43302

FEC ID 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
04 / 09 / 2010

Transaction ID: 621C0F00-9CF2-4F44-

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 21711 Greater Mack Avenue

City State Zip Code
St. Clair Shores MI 48080-2418

FEC ID 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
04 / 05 / 2010

Transaction ID: 4221992AE5AF7238A896

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 76 / 171
(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 Korey

Mailing Address 3982 North Milwaukee Avenue

City State Zip Code
Chicago IL 60641-2703

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 ▼ 465.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: EE5E259E906341B4B68

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Yanina Kostina-O'Neil

Mailing Address 55 Marion Rd

City State Zip Code
Westport CT 06880

FEC ID 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
04 / 28 / 2010

Transaction ID: 08A321B9-B2A8-4667-

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Koziol

Mailing Address 1211 S Arlington Heights Road

City State Zip Code
Arlington Heights IL 60005-3142

FEC ID 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
04 / 08 / 2010

Transaction ID: A7CAD0A52CE9FB07B0A

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 171

(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)

Marvin Kraushar

Mailing Address 509 East Broad Street

City

Westfield

State

NJ

Zip Code

07090-2115

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 7FC24FCCA56B7690D37

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Frank Kresca

Mailing Address 3 Mayfair Court

City

Champaign

State

IL

Zip Code

61821-4438

FEC 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

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

Transaction ID: 250AA27BC0146458F28

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Jan Kronish

Mailing Address 16201 South Military Trail

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 ▼

365.00

Date of Receipt

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

Transaction ID: 2A422DFF57E4654E41E

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1005.00

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 78 / 171
(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)
Kristine Kunesh-Part

Mailing Address 2601 Far Hills Avenue

City State Zip Code
Dayton OH 45419-1634

FEC ID 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
04 / 29 / 2010

Transaction ID: EC5A2421094F947CF54

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
N. Laheri

Mailing Address 26840 Point Lookout Road
PO Box 674 Santi Med Center

City State Zip Code
Leonardtown MD 20650-0674

FEC ID 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
04 / 23 / 2010

Transaction ID: 8450FBF144D28444697

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address Lanciano Professional Center

City State Zip Code
Pennsauken NJ 08109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 71474DDF-2587-49FA-

Amount of Each Receipt this Period
135.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 171
 (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)
Ralph Lanciano, Jr.

Mailing Address Lanciano Professional Center
7703 Maple Avenue

City State Zip Code
Pennsauken NJ 08109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 196F374F3F6128CB00A

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Ralph Lanciano, Jr.

Mailing Address Lanciano Professional Center
7703 Maple Avenue

City State Zip Code
Pennsauken NJ 08109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: 0C4527E29127BAE65D8

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Paul Langer

Mailing Address 6th Floor

City State Zip Code
Newark NJ 07103-2425

FEC ID 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
04 / 24 / 2010

Transaction ID: C609B865-A133-49F2-

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 80 / 171
(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)
Mary Lansing

Mailing Address Suite 100
90 Health Park Drive

City State Zip Code
Louisville CO 80027-9586

FEC ID 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
04 / 05 / 2010

Transaction ID: 7DE04FF1ACB4F67B1AD

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 9 Mulberry Lane

City State Zip Code
White Plains NY 10605-4456

FEC ID 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
04 / 07 / 2010

Transaction ID: D643A61193EEAF60CC8

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Adrian Lavina

Mailing Address 2090 Southeast Ocean Boulevard

City State Zip Code
Stuart FL 34996-3304

FEC ID 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
04 / 16 / 2010

Transaction ID: E54DC9E287AC5CE3976

Amount of Each Receipt this Period
1000.00

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 81 / 171
(check only one)

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

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

A.

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

Mailing Address Suite 405
1004 Carondelet Drive

City State Zip Code
Kansas City MO 64114-4801

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 9E5BAE4EE3438A80806

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Katherine Lee

Mailing Address 1919 N 21st

City State Zip Code
Boise ID 83702

FEC ID 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
0 4 / 1 9 / 2 0 1 0

Transaction ID: D57BAE24-054D-4FAD-

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 201
491 30th Street

City State Zip Code
Oakland CA 94609-3235

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 6F6BB67E459A081DD6B

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 171

(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)

Jay Leemaster

Mailing Address 2909 S Telephone Road

City State Zip Code
Oklahoma City OK 73160-2937

FEC ID 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
0 4 / 2 7 / 2 0 1 0

Transaction ID: F2594F0A58F868D3DEA

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Alden Leifer

Mailing Address 680 Broadway Suite 1H

City State Zip Code
Paterson NJ 07514-1422

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 ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 2813F5AE072C641C975

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Lance Lemon

Mailing Address 1586 Picadilly Drive

City State Zip Code
Haslett MI 48840-8480

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

Transaction ID: 40F282A0A07A71FE85E

Amount of Each Receipt this Period
135.00

SUBTOTAL of Receipts This Page (optional) ►

1000.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 171
(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)
Elise Leonard

Mailing Address Suite 300
8890 W Oakland Park Boulevard

City State Zip Code
Sunrise FL 33351-7224

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: B640F4B5AEF71040A7C

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite A
203 Rue Louis Xiv

City State Zip Code
Lafayette LA 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 ▼ 565.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 0

Transaction ID: 72360707298E70FFF0A

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite A
203 Rue Louis Xiv

City State Zip Code
Lafayette LA 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 ▼ 565.00

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

Transaction ID: 47B5BCD979976CD1C7FB

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 780.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 171		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Andrew Levada		Date of Receipt MM / DD / YYYY 04 / 09 / 2010		
	Mailing Address Suite 100 1201 W Main Street		Transaction ID: 6E8DD789BBDDDFBF00B9		
	City Waterbury	State CT	Zip Code 06708-3105	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) David Levine		Date of Receipt MM / DD / YYYY 04 / 06 / 2010		
	Mailing Address Suite H2 19271 Montgomery Village Avenue		Transaction ID: 559C84F9ED05797599B		
	City Montgomery Village	State MD	Zip Code 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 ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Jay Harris Levy		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 184 Northeast 168th Street		Transaction ID: 688A3D2BB9FBD029144		
	City Miami	State FL	Zip Code 33162-3412	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)	▶	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 85 / 171
(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 Lewis

Mailing Address Suite GI-3
990 S Medical Drive

City State Zip Code
Brigham City UT 84302-3077

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

Transaction ID: A11ECD4A59F76D2C11A

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Thomas Liesegang

Mailing Address 24517 Deer Trace Dr

City State Zip Code
Ponte Vedra FL 32082

FEC ID 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
0 4 / 2 9 / 2 0 1 0

Transaction ID: 3C7BA042-669B-483D-

Amount of Each Receipt this Period
199.00

C.

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

Mailing Address 144 N Main Street

City State Zip Code
Branford CT 06405-3044

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

Transaction ID: 35EAEB2E-4F6F-43F2-

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **929.00**

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 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Lin

Mailing Address Suite 100
20669 Bond Road Northeast

City Poulsbo State WA Zip Code 98370-6525

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 13 / 2010

Transaction ID: 4BFB79188BE66361B94

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Robert Lindberg

Mailing Address Suite B
752 Brookshire Drive

City Hermitage State PA Zip Code 16148-4510

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 07 / 2010

Transaction ID: 436D19C76F3DD7ABD73

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Kim Lindenmuth

Mailing Address 45 South Park Boulevard Suite 375

City Glen Ellyn State IL Zip Code 60137-6291

FEC 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
04 / 09 / 2010

Transaction ID: B7E0ECFEA7C3F64FEF8

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 171
(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) Richard Lindstrom		Date of Receipt MM / DD / YYYY 04 / 12 / 2010
Mailing Address Suite 200 9801 Dupont Avenue S		Transaction ID: 33BE6489BEC7BEADDBD
City Bloomington	State Zip Code MN 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	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Douglas Litchfield		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address 2033 W Harbor Drive		Transaction ID: 8800305198669FCB520
City Bismarck	State Zip Code ND 58504-8913	
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) Gerald Loushin		Date of Receipt MM / DD / YYYY 04 / 01 / 2010
Mailing Address 5025 Drew Avenue S		Transaction ID: A89DB1891E76239E1B6
City Minneapolis	State Zip Code MN 55410-2026	
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) ▼		

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 88 / 171

(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 Avenue

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 ▼
365.00

Date of Receipt

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

Transaction ID: D25605D5F3D7272C165

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 3930 Hoyt Avenue

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 ▼
1500.00

Date of Receipt

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

Transaction ID: 9A3EDE490FE7849D65B

Amount of Each Receipt this Period
1500.00

C.

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

Mailing Address 451 Ashley Ridge Boulevard

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 ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Transaction ID: 5D13CAA5DD0751B2952

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

2865.00

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 / 171

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mary Gerard Lynch

Mailing Address 3845 Club Drive Northeast

City State Zip Code
Atlanta GA 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 ▼ 500.00

Date of Receipt

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

Transaction ID: 829DA255B5C882859FF

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address Suite 5

City State Zip Code
Hyannis MA 02601-3109

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 5431FA67-1F40-4020-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Mathew Maccumber

Mailing Address Suite 200
2800 N Sheridan Road

City State Zip Code
Chicago IL 60657-6160

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: A2025233D4ED44615BB

Amount of Each Receipt this Period

365.00

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 90 / 171
(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)
Mathew Maccumber

Mailing Address 2800 N Sheridan Rd

City State Zip Code
Chicago IL 60657-6160

FEC ID 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
04 / 23 / 2010

Transaction ID: BFBFB583-C931-403B-

Amount of Each Receipt this Period
135.00

B.

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

Mailing Address Suite 150
150 Taylor Station Road

City State Zip Code
Columbus OH 43213-4440

FEC ID 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
04 / 09 / 2010

Transaction ID: E7B117AEE00F4C1F0A0

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Jeff Maltzman

Mailing Address 5670 N. Camino Arturo

City State Zip Code
Tucson AZ 85718

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: E2CCA595-474C-4067-

Amount of Each Receipt this Period
1200.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 171

(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)

Delia Manjoney

Mailing Address 2720 Main Street

City State Zip Code
Bridgeport CT 06606-5363

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

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

Transaction ID: B26C56D71641D49EB7B

Amount of Each Receipt this Period
2500.00

B.

Full Name (Last, First, Middle Initial)

Mark Mannis

Mailing Address Uc Davis Department of Ophthalmolo
4860 Y Street #2400

City State Zip Code
Sacramento CA 95817-2307

FEC ID 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
0 4 / 0 7 / 2 0 1 0

Transaction ID: ED7C5B91A35AA01CA95

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Thomas Margolis

Mailing Address 1500 Tilton Road

City State Zip Code
Northfield NJ 08225-1827

FEC ID 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
0 4 / 1 6 / 2 0 1 0

Transaction ID: E90822D935956407EC9

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional)

3064.00

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 92 / 171
(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)
Stephanie Jones Marioneaux

Mailing Address 1013 Eden Way N
Suite Dne

City State Zip Code
Chesapeake VA 23320-2792

FEC ID 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
04 / 22 / 2010

Transaction ID: C5C4E6C68B5E2D83FA2

Amount of Each Receipt this Period
750.00

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

Mailing Address Suite 102
125 Oakside Court

City State Zip Code
Canton GA 30114-2498

FEC ID 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
04 / 22 / 2010

Transaction ID: 75AA51C32B293915C78

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite 222
21 Woodland Street

City State Zip Code
Hartford CT 06105-4318

FEC ID 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
04 / 02 / 2010

Transaction ID: C81B3C5FE36B218A124

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1480.00**

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 93 / 171
(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 Marquardt
 Mailing Address 116 Andros Road
 City State Zip Code
 Key Largo FL 33037-5204
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 1 / 2 0 1 0
Transaction ID: 3EE60A567041BF53841
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Ophthamologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
Stephen Martin
 Mailing Address 146 Academy Street
 Suite D
 City State Zip Code
 Presque Isle ME 04769-3102
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 1 0
Transaction ID: A90CF74798CB8C2EDFE
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Ophthamologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
Jose Agustin Martinez
 Mailing Address 801 W 38th Street
 City State Zip Code
 Austin TX 78705-1167
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 1 0
Transaction ID: 8E3C40BCDDDF15E65FF2
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Ophthamologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 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 94 / 171

(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) Thomas Marvelli		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address 6273 Granbury Road		Transaction ID: B398A8055C1BDCADD81		
	City Fort Worth	State TX	Zip Code 76133-3401	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) Raul Masvidal		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address 250 Southwest Le Jeune Road		Transaction ID: E6BA73A0B25A593ADCC		
	City Miami	State FL	Zip Code 33134-1755	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) G. Philip Matthews		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 399 Melrose Drive Suite D		Transaction ID: BDDD40748BBD5E163BF		
	City Richardson	State TX	Zip Code 75080-4455	Amount of Each Receipt this Period 425.00	
	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) ► **1155.00**

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 / 171
(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)
G. Philip Matthews

Mailing Address 399 Melrose Drive
Suite D

City Richardson State TX Zip Code 75080-4455

FEC 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 04 / 22 / 2010
Transaction ID: 3C04CCEB8CCB2680242
Amount of Each Receipt this Period 75.00

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

Mailing Address 53 Avenue of Champions

City Nicholasville State KY Zip Code 40356-9720

FEC 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 04 / 09 / 2010
Transaction ID: 86BB93330BA8E4079D5
Amount of Each Receipt this Period 365.00

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

Mailing Address 2071 Lakeside Estates

City Morgantown State WV Zip Code 26508-5618

FEC 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 04 / 22 / 2010
Transaction ID: FE677357-9F1B-47C6-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 940.00

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 96 / 171
 (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)
James McDonald, II

Mailing Address 3318 N Northhills Boulevard

City Fayetteville State AR Zip Code 72703-4008

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 9674E1A62CB07ADD546
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
J. Kevin McKinney

Mailing Address 12520 SE 130th Ave

City Clackamas State OR Zip Code 97086

FEC 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: 04 / 15 / 2010
Transaction ID: D4B1328B-44FB-4830-
 Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Brian McLaughlin

Mailing Address Apt. 308
9301 N 76th Street

City Milwaukee State WI Zip Code 53223-1049

FEC 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: 04 / 22 / 2010
Transaction ID: FE02E1E04DF0FD950CD
 Amount of Each Receipt this Period: 365.00

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 97 / 171
(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 McNeill

Mailing Address 1401 Papworth Avenue

City State Zip Code
Metairie LA 70005-1750

FEC ID 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
04 / 09 / 2010

Transaction ID: 3F15298D8F600B20845

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Thomas McPhee

Mailing Address 8320 E Aster Drive

City State Zip Code
Scottsdale AZ 85260-5236

FEC ID 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
04 / 22 / 2010

Transaction ID: CAE9AA67B194C09199B

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 300 E Osborn Road
Suite 203

City State Zip Code
Phoenix AZ 85012-2396

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: 417ACE2430CB62EB3CC

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

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

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

FOR LINE NUMBER: PAGE 98 / 171
(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 Melendez
 Mailing Address 735 Grey Hawk Drive Northeast
 City State Zip Code
Rio Rancho NM 87144-4709
 Date of Receipt
MM / DD / YYYY
04 / 21 / 2010
Transaction ID: 1FCEBF6E-FD99-4EFE-
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Stephen Merfeld
 Mailing Address 1885 W Pointe Drive
 City State Zip Code
Oshkosh WI 54902-4174
 Date of Receipt
MM / DD / YYYY
04 / 20 / 2010
Transaction ID: 358C1DE354AE33517AB
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

C. Full Name (Last, First, Middle Initial)
James Merritt
 Mailing Address 8230 Walnut Hill Lane Suite 508
 City State Zip Code
Dallas TX 75231-4400
 Date of Receipt
MM / DD / YYYY
04 / 22 / 2010
Transaction ID: B70373743DAB9636268
 Amount of Each Receipt this Period
165.00
 FEC ID 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

SUBTOTAL of Receipts This Page (optional) ► 1030.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 99 / 171
(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)
Dale Meyer

Mailing Address 1220 New Scotland Road Suite 302

City Slingerlands State NY Zip Code 12159-9386

FEC 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 04 / 06 / 2010

Transaction ID: 4872A138A863966894B

Amount of Each Receipt this Period 100.00

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

Mailing Address Suite 350
3399 Pga Boulevard

City Palm Beach Gardens State FL Zip Code 33410-2831

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 11 / 2010

Transaction ID: 44D48A9617325DEA16D6

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 5740 S Kimbark Avenue

City Chicago State IL Zip Code 60637-1615

FEC 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 04 / 21 / 2010

Transaction ID: 3AAAE5E75C0732BFA64

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 100 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

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

Mailing Address 7504 Antioch Road

City State Zip Code
Overland Park KS 66204-2622

FEC ID 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
04 / 23 / 2010

Transaction ID: 1E42476642A3539AD3D

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 22 Old Short Hills Road Suite 104

City State Zip Code
Livingston NJ 07039-5605

FEC ID 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
04 / 09 / 2010

Transaction ID: 7BB5842AB5969691C73

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 1 15 Lowell Street

City State Zip Code
Portland ME 04102-2726

FEC ID 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
04 / 05 / 2010

Transaction ID: 869432EE1D5499815C0

Amount of Each Receipt this Period
365.00

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 101 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kathleen Miller

Mailing Address 800 N Prince Frederick Boulevard

City State Zip Code
Prince Frederick MD 20678-3145

FEC ID 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
04 / 16 / 2010

Transaction ID: 78B0C7E3228A983661B

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Helen Mintz-Hittner

Mailing Address 6410 Fannin Street Suite 920

City State Zip Code
Houston TX 77030-5204

FEC ID 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
04 / 07 / 2010

Transaction ID: 2B0ECECF202379A39543

Amount of Each Receipt this Period
365.00

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

Mailing Address Building A # 700 3435 Northwest 56th Street

City State Zip Code
Oklahoma City OK 73112-4448

FEC ID 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
04 / 14 / 2010

Transaction ID: 4594AB6F8C19FC0300DD

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 102 / 171
(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) Sanford Moretsky		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address 2125 West Indian School Road		Transaction ID: 6CA2EC615D8C1C3ED48		
	City Phoenix	State AZ	Zip Code 85015-4908	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self		Occupation Ophthalmologist		

B.	Full Name (Last, First, Middle Initial) Basil Morgan		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address Suite 100 4324 York Road		Transaction ID: 27B29E156D4C47C4118		
	City Baltimore	State MD	Zip Code 21212-4800	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self		Occupation Ophthalmologist		

C.	Full Name (Last, First, Middle Initial) Basil Morgan		Date of Receipt MM / DD / YYYY 04 / 27 / 2010		
	Mailing Address Suite 100 4324 York Road		Transaction ID: 6456AD45D62BE57873F		
	City Baltimore	State MD	Zip Code 21212-4800	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self		Occupation Ophthalmologist		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 103 / 171
(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)
Craig Morgan

Mailing Address 1611 13th Avenue

City State Zip Code
Huntington WV 25701-3811

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: BE14318142A43E8544E

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 2937
219 N Hammes Avenue

City State Zip Code
Joliet IL 60434-2937

FEC ID 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
04 / 20 / 2010

Transaction ID: D5940FB43BFEA3961F6

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Christie Morse

Mailing Address Suite 1600
248 Pleasant Street

City State Zip Code
Concord NH 03301-2588

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: 905065C75666D600461

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 171
(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)
Susan Mosier

Mailing Address 2900 Amherst Avenue
Suite B

City State Zip Code
Manhattan KS 66503-3050

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 5FB77AF0F571A82DF63

Amount of Each Receipt this Period

500.00

B.

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

Mailing Address 520 Bruton Circle

City State Zip Code
Kettering OH 45429-1624

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: F09DE1E65826842D22B

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
W. Stanley Muenzler

Mailing Address Suite E
4215 N Classen Boulevard

City State Zip Code
Oklahoma City OK 73118-2428

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: F1A6A2633BEAFED1061

Amount of Each Receipt this Period

365.00

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: (check only one)	PAGE 105 / 171
	<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 Munsch	Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 7406 Buckingham Court	Transaction ID: 1E233A940269832D8FE
	City State Zip Code St. Louis MO 63105	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	

B.	Full Name (Last, First, Middle Initial) Benton Murphy	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 27 Montebello Road	Transaction ID: F7F4D1C89755BB006DC
	City State Zip Code Pueblo CO 81001-1236	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Anne Nachazel	Date of Receipt MM / DD / YYYY 04 / 19 / 2010
	Mailing Address Suite A 25511 Little Mack Avenue	Transaction ID: 47A0D1DA695236284BE
	City State Zip Code St. Clair Shores MI 48081-3300	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)	▶	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 106 / 171
(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)
George Nardin

Mailing Address Suite 214
407 Uluniu Street

City State Zip Code
Kailua HI 96734-2537

FEC 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
04 / 07 / 2010

Transaction ID: CD47141E62A0981BF1B

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Eric Nelson

Mailing Address 6405 France Ave S

City State Zip Code
Edina MN 55435

FEC 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
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 292FE1A4-A182-4F9D-

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Eric Nelson

Mailing Address Suite W460
6405 France Avenue S

City State Zip Code
Edina MN 55435-2189

FEC 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
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 497186DEC210188E5F94

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 107 / 171
(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)
Marietta Nelson

Mailing Address 2800 N Tenaya Way
Suite 102

City Las Vegas State NV Zip Code 89128-1100

FEC 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 04 / 01 / 2010
Transaction ID: 48A12910C0AE13C7326
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Ngoc Nguyen

Mailing Address Suite 300
2380 Montpelier Drive

City San Jose State CA Zip Code 95116-1620

FEC 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 04 / 07 / 2010
Transaction ID: BF1F75F2980BD10D717
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Corey Notis

Mailing Address 900 Stuyvesant Avenue

City Union State NJ Zip Code 07083-6936

FEC 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 04 / 20 / 2010
Transaction ID: 684A3AB500579DF2E67
Amount of Each Receipt this Period 1000.00

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 108 / 171
(check only one)

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

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

A.

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

Mailing Address 22 Old Short Hills Road Suite 104

City Livingston State NJ Zip Code 07039-5605

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 04 / 23 / 2010

Transaction ID: 6B3214C5F6315F17BAC

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 22 Old Short Hills Road Suite 104

City Livingston State NJ Zip Code 07039-5605

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 04 / 27 / 2010

Transaction ID: DE915DF505EBFF088A8

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Michael O'Brien

Mailing Address 618 Tollgate Road

City Warwick State RI Zip Code 02886-2717

FEC 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 04 / 12 / 2010

Transaction ID: C92EB365D8EDF52348B

Amount of Each Receipt this Period 365.00

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 109 / 171
(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)
Alvaro O'Byrne

Mailing Address 4112 Maid Stone Drive

City State Zip Code
Lake Charles LA 70605-4030

FEC ID 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
04 / 27 / 2010

Transaction ID: 9E37362F0FE6860FA6F

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Sara O'Connell

Mailing Address 7504 Antioch Road

City State Zip Code
Overland Park KS 66204-2622

FEC ID 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
04 / 16 / 2010

Transaction ID: 6E6790A2F6B975EA2A1

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Philip O'Donnell

Mailing Address 1490 Pinehurst Drive

City State Zip Code
Defiance OH 43512-8670

FEC ID 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
04 / 23 / 2010

Transaction ID: C216A04B26D4CF93D82

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 171
(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 James O'Morchoe

Mailing Address 20669 Bond Road Northeast

City Poulsbo State WA Zip Code 98370-6525

FEC 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 04 / 13 / 2010
Transaction ID: 550DBC78100170F3E51
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Carolyn Oesterle

Mailing Address 2015 N Main Street

City Wheaton State IL Zip Code 60187-3152

FEC 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 04 / 27 / 2010
Transaction ID: E9D293ABA26B64D9B11
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Randall Olson

Mailing Address 65 N Mario Capecchi Drive

City Salt Lake City State UT Zip Code 84132-0005

FEC 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 04 / 07 / 2010
Transaction ID: C67A3D3C418EBAC8B33
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 171
(check only one)

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

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

A.

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

Mailing Address 178 E 71st Street

City State Zip Code
New York NY 10021-5131

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

Transaction ID: A485A628-B790-494C-

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 8103 Clearvista Parkway

City State Zip Code
Indianapolis IN 46256-5628

FEC ID 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
0 4 / 0 5 / 2 0 1 0

Transaction ID: D2FA0DED4B6892C3075

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 3929 Marquette Street

City State Zip Code
Houston TX 77005-4311

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

Transaction ID: B82C566EA61A213B427

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1115.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 171
(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 Packer

Mailing Address Suite 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
04 / 21 / 2010

Transaction ID: EAD101E4-C29D-4ACE-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Philip Paden

Mailing Address Suite 110
221 W Stewart Avenue

City State Zip Code
Medford OR 97501-3647

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2010

Transaction ID: 8DDD6E661F720B25493

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Jon Page

Mailing Address 622 Abbott Street

City State Zip Code
Salinas CA 93901-4315

FEC ID 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
04 / 16 / 2010

Transaction ID: B93B82863F431D82C6C

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 171
	<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)
Gregory Panzo

Mailing Address 17560 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 0EC92C37C3862991BF9

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
David Parke, II

Mailing Address 655 Beach Street

City State Zip Code
San Francisco CA 94109-1342

FEC ID 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
04 / 01 / 2010

Transaction ID: C08CE21C6D93A0D1A74

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address Apt. 332
88 Notch Hill Road

City State Zip Code
North Branford CT 06471-1852

FEC ID 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
04 / 09 / 2010

Transaction ID: 609D39FF7CCCCE13C5B

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 171
(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)
Sayjal Patel

Mailing Address Suite 105-255
6965 El Camino Real

City Carlsbad State CA Zip Code 92009-4101

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 8FD1797D3217556079D
Amount of Each Receipt this Period 500.00

B. 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 ▼ 1000.00

Date of Receipt 04 / 29 / 2010
Transaction ID: D7E0157AE1C8AAF9EF9
Amount of Each Receipt this Period 1000.00

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

Mailing Address 8218 Wisconsin Avenue
Suite 316

City Bethesda State MD Zip Code 20814-3107

FEC 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 04 / 01 / 2010
Transaction ID: 1F44D236D40C961A8CC
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 171

(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)
Maria Patterson

Mailing Address 12690 W North Avenue

City State Zip Code
Brookfield WI 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 ▼ 299.00

Date of Receipt

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

Transaction ID: 5043510D4D309F71A18

Amount of Each Receipt this Period
199.00

B.

Full Name (Last, First, Middle Initial)
Maria Patterson

Mailing Address 12690 W North Avenue

City State Zip Code
Brookfield WI 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 ▼ 299.00

Date of Receipt

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

Transaction ID: 43BDA9CBA5D936B2582F

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 502 East New Haven Avenue

City State Zip Code
Melbourne FL 32901-5427

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 1D12CB409F3A1B411E4

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 116 / 171
(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)
Ram Peddada

Mailing Address 307 S Jackson Street

City State Zip Code
Casper WY 82601-2908

FEC ID 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
04 / 22 / 2010

Transaction ID: E52534ED-44FD-48E1-

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Ron Pelton

Mailing Address Suite 309
455 E Pikes Peak Avenue

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: B5B457E77E8BC3D3E3B

Amount of Each Receipt this Period
365.00

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

Mailing Address 1020 W Buena Vista Road

City State Zip Code
Evansville IN 47710-5150

FEC ID 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
04 / 09 / 2010

Transaction ID: B7A13791D5775A601C9

Amount of Each Receipt this Period
500.00

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 117 / 171
(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)
Elliot Perlman
Mailing Address 150 E Manning Street
City Providence State RI Zip Code 02906-5109
FEC 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 04 / 14 / 2010
Transaction ID: FBCA49AE964284E6210
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John Peters
Mailing Address 7802 Davenport Street
City Omaha State NE Zip Code 68114-3629
FEC 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 04 / 12 / 2010
Transaction ID: 6C28C4F039042C84F6F
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
William Phelps
Mailing Address Suite 217
10611 Garland Road
City Dallas State TX Zip Code 75218-4801
FEC 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 04 / 02 / 2010
Transaction ID: 0048A03503F44B34EFA
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 118 / 171
(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)
Dante Pieramici

Mailing Address Ca Retina Consultants
515 E Micheltorena Suite C

City State Zip Code
Santa Barbara CA 93103

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: B8B9A5F88F6E0D56218

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
K. Randy Pierce

Mailing Address 5011 Burnet Road

City State Zip Code
Austin TX 78756-2611

FEC 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
04 / 02 / 2010

Transaction ID: 8C42553D52D5E67E5DE

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Gregory Pinto

Mailing Address 414 Maple Avenue, Suite 200

City State Zip Code
Saratoga Springs NY 12866-5533

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 754A73E7-1D4D-479B-

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 119 / 171
(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 Pollack
 Mailing Address 4660 Kenmore Avenue Suite 416
 City State Zip Code
 Alexandria VA 22304-1306
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 6 / 2 0 1 0
Transaction ID: 70DC555DAE9425D71AB
 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: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1400.00

B. Full Name (Last, First, Middle Initial)
Alan Pollack
 Mailing Address 4660 Kenmore Avenue Suite 416
 City State Zip Code
 Alexandria VA 22304-1306
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 1 0
Transaction ID: 4AA8B00DF0AAED5D0B0C
 Amount of Each Receipt this Period
 100.00
 FEC 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
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
John Pollack
 Mailing Address Illinois Retina Associates
 300 Barney Dr., Suite D
 City State Zip Code
 Joliet IL 60435
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 2 / 2 0 1 0
Transaction ID: 1DB927E6285354EEA7C
 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: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 365.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 120 / 171
(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)
Seth David Potash

Mailing Address 170 Maple Avenue

City State Zip Code
White Plains NY 10601-4710

FEC ID 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
04 / 23 / 2010

Transaction ID: EC77C2DC3982A52EFC3

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite 160
333 N Rivershire Drive

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2010

Transaction ID: FB99819384C2FD97B57

Amount of Each Receipt this Period
250.00

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

Mailing Address 578 Main Street

City State Zip Code
Malden MA 02148-3900

FEC ID 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
04 / 22 / 2010

Transaction ID: 741995B5-3CDD-478E-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 121 / 171
(check only one)

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

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

A.

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

Mailing Address 178 E 71st Street

City State Zip Code
New York NY 10021-5131

FEC ID 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
04 / 21 / 2010

Transaction ID: 87762B33-63B3-4D56-

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 178 E 71st Street

City State Zip Code
New York NY 10021-5131

FEC ID 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
04 / 21 / 2010

Transaction ID: D5D8AB60-B99C-417D-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Tony Pruthi

Mailing Address 403 Estrella Doro

City State Zip Code
Monterey CA 93940-7607

FEC ID 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
04 / 06 / 2010

Transaction ID: 528F2E72DFBCE4958DA

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: (check only one)	PAGE 122 / 171
	<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) Richard Quinones		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address 2640 W 183rd Street		Transaction ID: 622ABCB0-39CB-4595-
City Homewood	State Zip Code IL 60430-2914	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Jean Ramsey		Date of Receipt MM / DD / YYYY 04 / 22 / 2010
Mailing Address Floor 2 850 Harrison Avenue		Transaction ID: 2936C2DC3D4D6C38731
City Boston	State Zip Code MA 02118-4001	
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) Ann Ranelle		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
Mailing Address 119 Hidden Lake Ranch Road		Transaction ID: 4AAE07B6D43FFC218D4
City Aledo	State Zip Code TX 76008-4526	
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)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 171
(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)
Penporn Reck

Mailing Address 345 College Street Southeast
Suite C

City Lacey State WA Zip Code 98503-1014

FEC 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 04 / 07 / 2010
Transaction ID: 775BF1EB5B2C8629190
 Amount of Each Receipt this Period 500.00

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

Mailing Address 1418 Bethel Park Court Northeast

City Olympia State WA Zip Code 98506-3301

FEC 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 04 / 07 / 2010
Transaction ID: 80ECA1AEC9762DDACBA
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Annette Reda

Mailing Address Suite 101
885 Kempsville Road

City Norfolk State VA Zip Code 23502-3800

FEC 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 04 / 28 / 2010
Transaction ID: 9B4D32D9DCA54085F17
 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 171
(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)
Ashok Reddy
Mailing Address 1121 Roma Avenue Northeast
City Albuquerque State NM Zip Code 87106-4734
FEC 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 04 / 22 / 2010
Transaction ID: 3F1DB9869A652F5FCC6
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Matthew Reed
Mailing Address 11800 Rock Landing Drive
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 ▼ 400.00
Date of Receipt 04 / 14 / 2010
Transaction ID: 4B19B331E8904DB20BEC
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Kristin Reidy
Mailing Address 1909 Proctor Court
City Santa Fe State NM Zip Code 87505-4535
FEC 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 04 / 22 / 2010
Transaction ID: E027012E17B65209B86
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 125 / 171
(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)
Harvey Reiser

Mailing Address 945 Lantern Hill Road

City State Zip Code
Shavertown PA 18708-9474

FEC ID 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
0 4 / 2 3 / 2 0 1 0

Transaction ID: 6D9342BD0583EB51AF3

Amount of Each Receipt this Period
250.00

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

Mailing Address Suite P25
207 S Santa Anita Street

City State Zip Code
San Gabriel CA 91776-1145

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1268.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 4DA18B6DDB7DC8232AB4

Amount of Each Receipt this Period
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 5959 Lawndale Street

City State Zip Code
Ludington MI 49431-2921

FEC ID 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
0 4 / 2 7 / 2 0 1 0

Transaction ID: 9A84AB3DE1D79C9147C

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶ **932.00**

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 / 171
(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)
Gregory Riffle

Mailing Address Suite 110
9485 Mentor Avenue

City State Zip Code
Mentor OH 44060-8724

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 28F1B8FF2BF6F70B97F

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Philip Rizzuto

Mailing Address Suite 301

City State Zip Code
Providence RI 02905-2429

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 ▼
365.00

Date of Receipt

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

Transaction ID: E2509C40-B85A-4168-

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)
Catherine Rommel

Mailing Address 2115 Noll Drive

City State Zip Code
Lancaster PA 17603-7600

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: B4FAE9F10B4626C1F35

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 127 / 171
(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)
Barry Roper

Mailing Address 14837 Felbridge Way

City State Zip Code
Midlothian VA 23113-6715

FEC ID 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
04 / 22 / 2010

Transaction ID: 095E4DA2-D027-4FFF-

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 906 Windward Court

City State Zip Code
Neenah WI 54956-4276

FEC ID 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
04 / 23 / 2010

Transaction ID: FAC6FA1C37A8C9004FA

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Harvey Rosenblum

Mailing Address 220 Madison Avenue

City State Zip Code
New York NY 10016-3422

FEC ID 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
04 / 09 / 2010

Transaction ID: 8F823ED70A33884FF5A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 171
(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)
Brian Paul Roth

Mailing Address 1022 West Ivy

City State Zip Code
Moses Lake WA 98837-4107

FEC ID 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
04 / 13 / 2010

Transaction ID: 13BCF14DC02F0001DFB

Amount of Each Receipt this Period
1000.00

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

Mailing Address Suite 101
5 Saint Vincent Circle

City State Zip Code
Little Rock AR 72205-5415

FEC ID 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
04 / 05 / 2010

Transaction ID: A5E8ACA74474D57E20F

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Jay Rudd

Mailing Address Suite C
345 College Street Southeast

City State Zip Code
Lacey WA 98503-1014

FEC ID 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
04 / 06 / 2010

Transaction ID: D1A30AC993FDF8E6C6D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 129 / 171
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Paul Ryan, Jr.

Mailing Address Suite D
1420 Tara Hills Drive

City Pinole State CA Zip Code 94564-2530

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 3BB5D6E945CD2F64984

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address Room 5900
1450 San Pablo Street

City Los Angeles State CA Zip Code 90033-4500

FEC 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
04 / 05 / 2010

Transaction ID: 9723287D47DC1E02B71

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Sina John Sabet

Mailing Address Suite 9
5130 Duke Street

City Alexandria State VA Zip Code 22304-2955

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 49CCF7DD6C1786AFF45

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 130 / 171
(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)
Steven Safran

Mailing Address 132 Franklin Corner Rd. A-1

City State Zip Code
Lawrenceville NJ 08648-2523

FEC ID 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
04 / 16 / 2010

Transaction ID: CD8305B4E03FC1ABEB0

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
E. Ronald Salvitti

Mailing Address Southwestern Pa Eye Center
750 E Beau Street

City State Zip Code
Washington PA 15301-6661

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2010

Transaction ID: AF46366D4EE6BEF3D4C

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address Suite 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 339F08B5-F193-4776-

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 131 / 171
(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)
Bruce Robert Saran

Mailing Address Suite B200
915 Old Fern Hill Road

City State Zip Code
West Chester PA 19380-3433

FEC ID 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
04 / 02 / 2010

Transaction ID: 61545F06316848FACE7

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gary Schemmer

Mailing Address Suite 200
215 1st St. N

City State Zip Code
Winter Haven FL 33881-4507

FEC ID 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
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: E37863DAF5954E886D0

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Todd Schneiderman

Mailing Address Suite 203
9800 Levin Road Northwest

City State Zip Code
Silverdale WA 98383-7849

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 92A51101D3B0E4714A6

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 132 / 171
(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)
Todd Schneiderman

Mailing Address Suite 203
9800 Levin Road Northwest

City State Zip Code
Silverdale WA 98383-7849

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: 47D4BDF891D23581F25C

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Eye and Ear Inst, Suite 816
203 Lothrop Street

City State Zip Code
Pittsburgh PA 15213

FEC ID 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
04 / 16 / 2010

Transaction ID: 3B443DD29109D5B3F1C

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
A. Catherine Schwartz

Mailing Address 935 Bellview Road

City State Zip Code
Mc Lean VA 22102-1213

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: B638970D-E824-47CE-

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **765.00**

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 / 171
 (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 Schwartz

Mailing Address Suite 108
2650 Elm Avenue

City State Zip Code
Long Beach CA 90806-1600

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 099C609277C8980FE85

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite 400
3700 Joseph Siewick Drive

City State Zip Code
Fairfax VA 22033-1745

FEC ID 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
04 / 06 / 2010

Transaction ID: D50AE2BCF5759C26159

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Maria Cirone Scott

Mailing Address Suite 320
2002 Medical Parkway

City State Zip Code
Annapolis MD 21401-7901

FEC ID 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
04 / 06 / 2010

Transaction ID: FE173BB4A8F82AE2B23

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 171
(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 Scott

Mailing Address 515 Sunset Ridge

City State Zip Code
Dubuque IA 52003-7762

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 290CF36C1A2B7FE36D5

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite 108
19 Fontana Lane

City State Zip Code
Baltimore MD 21237-3097

FEC ID 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
04 / 05 / 2010

Transaction ID: EA83D4B668EDE7D35D8

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Bruce Segal

Mailing Address Suite 302
5258 Linton Boulevard

City State Zip Code
Delray Beach FL 33484-6530

FEC ID 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
04 / 27 / 2010

Transaction ID: 1992D77A68F80CBF87C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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

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

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

FOR LINE NUMBER: PAGE 135 / 171
(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)
Douglas Romney Shearer

Mailing Address Suite 347
1414 W Fair Avenue

City Marquette State MI Zip Code 49855-5407

FEC 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
04 / 16 / 2010

Transaction ID: 4C4E72718B6F1DEAB11

Amount of Each Receipt this Period 365.00

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

Mailing Address Suite A3
32123 1st Avenue S

City Federal Way State WA Zip Code 98003-5720

FEC 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
04 / 02 / 2010

Transaction ID: 81606D9BEEE59882D6A

Amount of Each Receipt this Period 365.00

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

Mailing Address Suite 234
2500 Grubb Road

City Wilmington State DE Zip Code 19810-4796

FEC 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
04 / 09 / 2010

Transaction ID: 8C5C9BE9ACB72A6D285

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 136 / 171
(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)
Bradford Shingleton

Mailing Address Suite 600
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 3088FAFC5330244F494

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address Suite 1001

City West Palm Beach State FL Zip Code 33401

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 89B38B88-84D3-42C4-

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
R. Michael Siatkowski

Mailing Address 608 Stanton L Young Boulevard

City Oklahoma City State OK Zip Code 73104-5014

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: E8E116843D1C181AAD5

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 171
(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 Simon

Mailing Address Suite 202
1220 New Scotland Road

City State Zip Code
Slingerlands NY 12159-9386

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: DE2C1F16E67CABF4638

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Brian Sippy

Mailing Address 700 W Kent Avenue

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 213CA20C775E602E003

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gregory Skuta

Mailing Address 608 Stanton L Young Boulevard

City State Zip Code
Oklahoma City OK 73104-5014

FEC ID 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
04 / 05 / 2010

Transaction ID: E0B4274CCE689D50699

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 138 / 171
(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)
Brian Smith

Mailing Address 138 W Avon Parkway

City Asheville State NC Zip Code 28804-1410

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 26 / 2010
Transaction ID: 5A3AC449-B273-4093-
Amount of Each Receipt this Period 400.00

B. Full Name (Last, First, Middle Initial)
Daniel Smith

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 ▼ 1000.00

Date of Receipt 04 / 29 / 2010
Transaction ID: B85B4E7DDE04E3C5BC7
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Kevin Smith

Mailing Address 408 S Main Street

City Greenville State PA Zip Code 16125-1773

FEC 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 04 / 28 / 2010
Transaction ID: 3794AFF3935B11F3C71
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

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 139 / 171
(check only one)
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 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)
L. Douglas Smith

Mailing Address 10 Vision Lane

City State Zip Code
Natchez MS 39120-4607

FEC ID 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
04 / 23 / 2010

Transaction ID: EF561EAA8CB78BBD44C

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 5706
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

FEC ID 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
04 / 05 / 2010

Transaction ID: 561A0996A9A92E6B306

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Ronald Smith

Mailing Address Suite 5706
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

FEC ID 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
04 / 22 / 2010

Transaction ID: 4C1BFB9C3A913BFF282

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

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

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

FOR LINE NUMBER: PAGE 140 / 171
(check only one)
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 13 14 15 16 17

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

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

Mailing Address Suite 214
2100 Webster Street

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 1 0

Transaction ID: 4283A220529E2E6B6061

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
James Speights

Mailing Address Suite 820
7940 Floyd Curl

City State Zip Code
San Antonio TX 78229-3906

FEC ID 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
0 4 / 1 9 / 2 0 1 0

Transaction ID: 14FC0C2C37D7CB3B541

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Derek Sprunger

Mailing Address 200 W 103rd Street

City State Zip Code
Indianapolis IN 46290-1086

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

Transaction ID: 766BB71B-4C9F-4CD7-

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 171
(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 Spurny

Mailing Address Suite 24

City State Zip Code
Mesa AZ 85210-9704

FEC ID 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
04 / 21 / 2010

Transaction ID: 81B2AEE0-E0CE-49B7-

Amount of Each Receipt this Period
500.00

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

Mailing Address 111 Dean Drive

City State Zip Code
Tenafly NJ 07670-2764

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: A513CE8984F3E8933CE

Amount of Each Receipt this Period
1200.00

C. Full Name (Last, First, Middle Initial)
Jay Bennett Stallman

Mailing Address 1100 Johnson Ferry Road
Building 2 Suite 593

City State Zip Code
Atlanta GA 30342-1709

FEC ID 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
04 / 29 / 2010

Transaction ID: FB21E756CC40A613D58

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 2065.00

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 142 / 171
(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) Robert Stamper		Date of Receipt MM / DD / YYYY 04 / 07 / 2010
Mailing Address Ucsf Department Ophthalmology 10 Koret Way Room K-301		Transaction ID: C808170E74CC73481FE
City San Francisco	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) John Stechschulte		Date of Receipt MM / DD / YYYY 04 / 22 / 2010
Mailing Address Suite 320 262 Neil Avenue		Transaction ID: A8196D190D84E2F63BC
City Columbus	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 730.00
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 ▼ 730.00	

C.

Full Name (Last, First, Middle Initial) Thomas Steinemann		Date of Receipt MM / DD / YYYY 04 / 18 / 2010
Mailing Address 2703 Cranlyn Road		Transaction ID: 5ECF2592-BC6F-4E0C-
City Shaker Heights	State OH	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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)	▶	1345.00
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 143 / 171
(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 Steinemann

Mailing Address 2703 Cranlyn Road

City State Zip Code
Shaker Heights OH 44122-2003

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: B186EC20C50E393C531

Amount of Each Receipt this Period
135.00

B.

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

Mailing Address 118 Med Surg I

City State Zip Code
Irvine CA 92697-4375

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 7BD99992EB9A6A9854F

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Thomas Stevens

Mailing Address 655 Medical Center Drive Northeast

City State Zip Code
Salem OR 97301-2751

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 10EC1044962D6F4D5

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2135.00**

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 144 / 171
(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)
Jonathan Stock

Mailing Address 703 14th Street

City Baraboo State WI Zip Code 53913-1538

FEC 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: 04 / 07 / 2010
Transaction ID: F82A9B29D668714A4BE
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 303 East Park Avenue

City Long Beach State NY Zip Code 11561-3600

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: 04 / 06 / 2010
Transaction ID: 494738B2E4B3DCCF06E
 Amount of Each Receipt this Period: 365.00

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

Mailing Address 303 East Park Avenue

City Long Beach State NY Zip Code 11561-3600

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: 04 / 11 / 2010
Transaction ID: 478889D44FE8FC50D905
 Amount of Each Receipt this Period: 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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: (check only one)	PAGE 145 / 171
	<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) Paul Stromberg	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 1306 Division Street	Transaction ID: 6A3DC240CC30D9F2DC3
	City Oregon City State OR Zip Code 97045-1523	Amount of Each Receipt this Period 250.00
	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 250.00	

B.	Full Name (Last, First, Middle Initial) John Stump	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address 200 Kona Circle	Transaction ID: F22C44A72E1FA18BC70
	City Milford State DE Zip Code 19963-5396	Amount of Each Receipt this Period 400.00
	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 400.00	

C.	Full Name (Last, First, Middle Initial) James Su	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 708 S 1st Street	Transaction ID: 4B4602BA25566EE6DBC
	City McAllen State TX Zip Code 78501-1123	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)	1015.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 171
(check only one)
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 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)
Shigemi Sugiki
Mailing Address 1380 Lusitana Street Suite 714
City Honolulu State HI Zip Code 96813-2443
FEC 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 04 / 02 / 2010
Transaction ID: 647B022AB46FFA1DAAF
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Shigemi Sugiki
Mailing Address 1380 Lusitana Street Suite 714
City Honolulu State HI Zip Code 96813-2443
FEC 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 04 / 24 / 2010
Transaction ID: 4747A860554B2B658E7F
Amount of Each Receipt this Period 100.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Stephanie Sugin
Mailing Address 1201 W Main Street Suite 100
City Waterbury State CT Zip Code 06708-3105
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 04 / 02 / 2010
Transaction ID: 8FCC6A0176BEB9AE488
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 147 / 171
(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)
Stephanie Sugin
Mailing Address 1201 W Main Street Suite 100
City Waterbury State CT Zip Code 06708-3105
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 04 / 10 / 2010
Transaction ID: 4B14936E1637442F3A4F
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Stephen Sullivan
Mailing Address 51 State Road
City North Dartmouth State MA Zip Code 02747-3319
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 05 / 2010
Transaction ID: CFDFAD10FA74A7C4533
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
C. Gail Summers
Mailing Address 420 Delaware Street Southeast
City Minneapolis State MN Zip Code 55455-0341
FEC 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 04 / 02 / 2010
Transaction ID: 246BB43C28EDA2EF729
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: PAGE 148 / 171
(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)
John Sutphin

Mailing Address Suite 100
7400 State Line Road

City State Zip Code
Prairie Village KS 66208-3447

FEC ID 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
04 / 19 / 2010

Transaction ID: A7276DFF1E395E8CB52

Amount of Each Receipt this Period
1000.00

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

Mailing Address Suite 1600
248 Pleasant Street

City State Zip Code
Concord NH 03301-2588

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: 20DAE8B8EEA03BB775D

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Gareth Tabor

Mailing Address Suite 240
27 S State Street

City State Zip Code
Lake Oswego OR 97034-3935

FEC ID 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
04 / 13 / 2010

Transaction ID: 490E4B00F1E2A82175C

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 149 / 171
(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)
Rashid Taher

Mailing Address 184 Northeast 168th Street

City Miami State FL Zip Code 33162-3412

FEC 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 04 / 28 / 2010

Transaction ID: B6768DDCBE2E67040BF

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Leiv Takle

Mailing Address 646 South Eighth Street

City Griffin State GA Zip Code 30224-4214

FEC 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 04 / 21 / 2010

Transaction ID: 1A916C6305A9CC5CDDC

Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address Suite 100
1403 Madison Park Drive

City Glen Burnie State MD Zip Code 21061-6292

FEC 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 04 / 20 / 2010

Transaction ID: 0BF2C0720B254F18E36

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 171
(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)
Steven Thomas

Mailing Address Suite 301
632 Morrison Springs Road

City State Zip Code
Chattanooga TN 37415-3424

FEC 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
04 / 12 / 2010

Transaction ID: BFA7395BFDDDF0722CB6

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address Suite 605
6569 N Charles Street

City State Zip Code
Baltimore MD 21204-6833

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 5702D5E9984F3AEE2D3

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 605
6569 N Charles Street

City State Zip Code
Baltimore MD 21204-6833

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: FD3D42B014665FBE3FE

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 151 / 171
(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)
Monica Thoms

Mailing Address 1211 S Arlington Heights Road

City State Zip Code
Arlington Heights IL 60005-3142

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

Transaction ID: 9E145B8E97470B38D61

Amount of Each Receipt this Period
365.00

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

Mailing Address 135 Deppe Lane

City State Zip Code
Ottumwa IA 52501-1218

FEC ID 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
0 4 / 2 3 / 2 0 1 0

Transaction ID: 36B5AB13CDCCD737E13

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Steven Thornquist

Mailing Address 25 Oak Ridge Drive

City State Zip Code
Bethany CT 06524-3117

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

Transaction ID: CF8305094054E119E4E

Amount of Each Receipt this Period
500.00

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 152 / 171
(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)
Michael Carmine Tigani

Mailing Address Suite G17
1515 Chain Bridge Road

City State Zip Code
Mc Lean VA 22101-4421

FEC ID 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
04 / 07 / 2010

Transaction ID: A2FC0AB1B58659634FD

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Kevin Toller

Mailing Address PO Box 450400

City State Zip Code
Grove OK 74345-0400

FEC ID 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
04 / 21 / 2010

Transaction ID: 9BD3E71E5DED6175D8

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Randall Tozer

Mailing Address 9811 N 95th Street
Suite 101

City State Zip Code
Scottsdale AZ 85258-4527

FEC ID 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
04 / 06 / 2010

Transaction ID: 75AA9FECB184284D141

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 171
(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)
Alfredo Trevino

Mailing Address 1006 East Hillside Road

City Laredo State TX Zip Code 78041-3287

FEC 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 04 / 08 / 2010

Transaction ID: 05C31350568FCB47704

Amount of Each Receipt this Period 500.00

B.

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

Mailing Address 741 Los Miradores Drive

City El Paso State TX Zip Code 79912-3451

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 04 / 02 / 2010

Transaction ID: 6973A428E9E29D8511E

Amount of Each Receipt this Period 2500.00

C.

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

Mailing Address 741 Los Miradores Drive

City El Paso State TX Zip Code 79912-3451

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 04 / 07 / 2010

Transaction ID: 4D059DB8131D3C1E0DE9

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 3100.00

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 154 / 171
(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)

Linda Tsai

Mailing Address 520 East Drive

City State Zip Code
Saint Louis MO 63130-3801

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

Transaction ID: DD5DAE12AA22AA9CA34

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Cordelia Uddoh

Mailing Address Premiervision Laser Center, Inc
608N Easton Rd. Suite C

City State Zip Code
Willow Grove PA 19090

FEC ID 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
0 4 / 0 5 / 2 0 1 0

Transaction ID: 9E0B05F817DE9C12DC3

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Ira Udell

Mailing Address 600 Northern Boulevard

City State Zip Code
Great Neck NY 11021-5200

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

Transaction ID: 4FC5EA6A-885C-407A-

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 155 / 171
(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)
Ira Udell

Mailing Address 600 Northern Boulevard
Suite 214

City State Zip Code
Great Neck NY 11021-5200

FEC ID 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
04 / 22 / 2010

Transaction ID: 2C39AEAA6E43C9AD1A2

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Albert Lon Ungricht

Mailing Address Suite 410
5770 S 250 E

City State Zip Code
Salt Lake City UT 84107-8178

FEC ID 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
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: A4DECDC9EF019EDB5B5

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City State Zip Code
Saint Paul MN 55116-2827

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 190CCFDF-719C-4F24-

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **3064.00**

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 156 / 171
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City State Zip Code
Saint Paul MN 55116-2827

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
199.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: A4A1FE80-96E2-4D9D-

Amount of Each Receipt this Period
199.00

B.

Full Name (Last, First, Middle Initial)
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City State Zip Code
Saint Paul MN 55116-2827

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
199.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: FF40D21E-F619-49EA-

Amount of Each Receipt this Period
199.00

C.

Full Name (Last, First, Middle Initial)
Woodford Van Meter

Mailing Address Suite 203
1760 Nicholasville Road

City State Zip Code
Lexington KY 40503-1472

FEC ID 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
04 / 22 / 2010

Transaction ID: C567EAC5C32E1F50A4E

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1398.00**

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 157 / 171
(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 Volpicelli

Mailing Address Suite 100
1174 Castro Street

City State Zip Code
Mountain View CA 94040-2572

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 736E1281AA30B61289F

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Hussein Wafapoor

Mailing Address Suite 1
2230 Venetian Court

City State Zip Code
Naples FL 34109-8727

FEC ID 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
04 / 02 / 2010

Transaction ID: 66240CA16E7FD6458C3

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 968 First Colonial Rd

City State Zip Code
Virginia Beach VA 23454

FEC ID 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
04 / 21 / 2010

Transaction ID: F3E412EA-CD24-4033-

Amount of Each Receipt this Period
1000.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 171
	<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 Wagnon	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B	Transaction ID: 88A229F4C533E2AE6BA
	City State Zip Code Lufkin TX 75904-5666	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	

B.	Full Name (Last, First, Middle Initial) Kevin Lee Waltz	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address Suite 240 8103 Clearvista Parkway	Transaction ID: 8ED32D26F86CAE883C0
	City State Zip Code Indianapolis IN 46256-4697	Amount of Each Receipt this Period 2500.00
	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 ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Ann Warn	Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address Suite 200 3201 W Gore Boulevard	Transaction ID: 898446B9BB1937C7D91
	City State Zip Code Lawton OK 73505-6350	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3365.00
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 159 / 171
(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) Dana Weinkle		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
Mailing Address Suite 201 3131 South Tamiami Trail		Transaction ID: BABA312A515594BF31D
City Sarasota	State Zip Code FL 34239-5101	
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) ▼		

B.

Full Name (Last, First, Middle Initial) Robert Weisenthal		Date of Receipt MM / DD / YYYY 04 / 01 / 2010
Mailing Address PO Box 48 5770 Commons Park		Transaction ID: B33DE9907223EEA2A40
City De Witt	State Zip Code NY 13214-0048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Daniel Welch		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
Mailing Address 407 Avenue K Southeast		Transaction ID: 0B1C708FB6B0ACDA29F
City Winter Haven	State Zip Code FL 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	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	2365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 171

(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 Wells, III

Mailing Address 124 Sunset Court

City State Zip Code
West Columbia SC 29169-2429

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 4D998DC7340F56D7EED0

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2450 12th Street Southeast

City State Zip Code
Salem OR 97302-2152

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: 4C64A7610502A5AF1B57

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 2450 12th Street Southeast

City State Zip Code
Salem OR 97302-2152

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

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

Transaction ID: 637F119FBC53F3547DD

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 161 / 171
(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)
Amy Wexler

Mailing Address 509 S Lenola Road
Suite 11

City Lenola 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 ▼ 600.00

Date of Receipt 04 / 05 / 2010

Transaction ID: 84232666A178B1783A3

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Amy Wexler

Mailing Address 509 S Lenola Road
Suite 11

City Lenola 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 ▼ 600.00

Date of Receipt 04 / 17 / 2010

Transaction ID: 4EBBB794522D0AF0879E

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address PO Box 538
10 Sandy Brae

City Grantham State NH Zip Code 03753-0538

FEC 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 04 / 13 / 2010

Transaction ID: 00AA65288B8557EA027

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 162 / 171
(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)
Wayne Whitmore

Mailing Address 116 E 68th Street

City State Zip Code
New York NY 10065-5955

FEC ID 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
04 / 02 / 2010

Transaction ID: C9C69DC73D24267731B

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 4353 Dodge Street

City State Zip Code
Omaha NE 68131-2709

FEC ID 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
04 / 22 / 2010

Transaction ID: 320FB20DE9E02AB1F04

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Torsten Wiegand

Mailing Address 50 Staniford Street

City State Zip Code
Boston MA 02114-2539

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: D5C1BAD1-9B81-4430-

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 163 / 171
(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)
Paul Wiesner

Mailing Address Unit B
1800 E Pavilion Place

City State Zip Code
Montrose CO 81401-5499

FEC 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
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 8953C6E000CCC883004

Amount of Each Receipt this Period
1500.00

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

Mailing Address 2763 Holly Point Rd. E

City State Zip Code
Orange Park FL 32073-5636

FEC 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
04 / 23 / 2010

Transaction ID: 5F7D00B8C3CC790CBD8

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite 5

City State Zip Code
Helena MT 59601-8026

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 941E9277-9CC2-47D8-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2865.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 164 / 171
(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 Williams

Mailing Address 5014 Woodhurst Lane

City State Zip Code
Minnetonka MN 55345

FEC ID 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
04 / 23 / 2010

Transaction ID: B04D2E0C-ABE5-48EB-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
George Williams

Mailing Address 3535 W 13 Mile Road

City State Zip Code
Royal Oak MI 48073

FEC ID 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
04 / 21 / 2010

Transaction ID: 8DD69E85-4A39-44BD-

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ruth Williams

Mailing Address 2015 N Main Street

City State Zip Code
Wheaton IL 60187-3152

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 086A2469C1AD0E714BF

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 165 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James J. Wong

Mailing Address 102 East Avenue

City State Zip Code
Norwalk CT 06851-5010

FEC ID 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
04 / 09 / 2010

Transaction ID: DEC7E11C5E2D9C86FE2

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Keye Luc Wong

Mailing Address Building D
3920 Bee Ridge Road

City State Zip Code
Sarasota FL 34233-1261

FEC ID 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
04 / 21 / 2010

Transaction ID: 6A8FB6C705751A12E37

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lyn Yakubov

Mailing Address Eye Care Assoc Inc
10 Dutton Drive

City State Zip Code
Youngstown OH 44502

FEC ID 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
04 / 20 / 2010

Transaction ID: 4D975A3B25F0182D58D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 166 / 171
 (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 Arthur Yohai

Mailing Address 864 Second Street

City Santa Rosa State CA Zip Code 95404-4610

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 14 / 2010
Transaction ID: 00DAF8686C26059E50E
 Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Charles Zacks

Mailing Address Floor 2
15 Lowell Street

City Portland State ME Zip Code 04102-2726

FEC 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: 04 / 05 / 2010
Transaction ID: AD67AB4D7B92DEABEDF
 Amount of Each Receipt this Period: 500.00

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

Mailing Address Floor 2

City Portland State ME Zip Code 04102-2726

FEC 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: 04 / 22 / 2010
Transaction ID: 5EE189FA-618F-4723-
 Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 167 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William Zeh

Mailing Address Suite 100
14540 Prairie Lakes Boulevard

City Noblesville State IN Zip Code 46060-4370

FEC 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 04 / 05 / 2010
Transaction ID: C327A1156727701EF94
Amount of Each Receipt this Period 365.00

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

Mailing Address Suite 202-B
130 Almshouse

City Richboro State PA Zip Code 18954-1130

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2010
Transaction ID: 05A74189D50F90778F3
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Daryl Zelenak

Mailing Address 116 N Tuscola Road

City Bay City State MI Zip Code 48708-6961

FEC 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 04 / 21 / 2010
Transaction ID: 5F0A50DE-6C9C-4DD8-
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 168 / 171

(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 Road

City State Zip Code
Wooster OH 44691-1241

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.33

Date of Receipt

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

Transaction ID: B7D5E606-9880-4E6E-

Amount of Each Receipt this Period
417.00

B.

Full Name (Last, First, Middle Initial)

Joseph Zobian

Mailing Address Suite B7A

City State Zip Code
Waipahu HI 96797-2500

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 7084BD5B-DD44-4DA0-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

917.00

TOTAL This Period (last page this line number only)

246263.99

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

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

FOR LINE NUMBER: PAGE 169 / 171
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt
	Mailing Address 101 S Marengo Avenue 3rd Floor		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Pasadena	State CA	Zip Code 91101
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: B12EC3AE86DA91C9A18
	Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="136.32"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="892.91"/>	CD interest - Apr 2010

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="136.32"/>
TOTAL This Period (last page this line number only)	<input type="text" value="136.32"/>

**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 170 / 171

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Apr 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 62A47F8AF18B4B9D932

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

510.45

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Apr 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: FC0924A90306B14E7B6

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

2253.68

SUBTOTAL of Disbursements This Page (optional)

2764.13

TOTAL This Period (last page this line number only)

2764.13

