

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 11 23 2010 through 12 31 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 04 13 2011

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

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

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

This amended Year-end report corrects beginning cash balance and totals listed on Lines 6(c), 11a(ii-), 11(a)(iii), 11(d), 19, and 20, Column B of the Summary and Detailed Summary Pages.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

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>X</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>	X	Y	Y	Y	2	0	1	0		775049.98
X	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	341424.69									
(c) Total Receipts (from Line 19) .....	57997.45	945460.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	399422.14	1720510.81								
7. Total Disbursements (from Line 31) .....	46345.86	1367434.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	353076.28	353076.28								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

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) .....	51004.41	761583.18
(ii) Unitemized .....	6968.04	165020.47
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	57972.45	926603.65
(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) .....	57972.45	926603.65
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	25.00	6857.18
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	57997.45	945460.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	57997.45	945460.83

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.....	12845.86	79138.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12845.86	79138.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	33500.00	784170.00
24. Independent Expenditure (use Schedule E) .....	0.00	496482.21
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	7643.64
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	7643.64
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	46345.86	1367434.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46345.86	1367434.53

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) .....	57972.45	926603.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	7643.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	57972.45	918960.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12845.86	79138.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12845.86	79138.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Abbott	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address Ucsf Beckman Vision Ctr 10 Koret Way K-301	<b>Transaction ID:</b> 48D6B42D4D3DF4CDBC26
	City State Zip Code San Francisco CA 94143-0001	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Abbott	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address Ucsf Beckman Vision Ctr 10 Koret Way K-301	<b>Transaction ID:</b> 4026883D7791862D80AA
	City State Zip Code San Francisco CA 94143-0001	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 600.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ahmed Abdelsalam	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address 1 E Wacker Dr Ste 3150	<b>Transaction ID:</b> 40269D2C21BFC4D07368
	City State Zip Code Chicago IL 60601-1910	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 666.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stacey Ackerman		Date of Receipt MM / DD / YYYY 12 / 30 / 2010		
	Mailing Address 1113 Hospital Dr Ste 302		<b>Transaction ID:</b> AE3A85EB-7214-4A1E-		
	City Willingboro	State NJ	Zip Code 08046-1130	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>B.</b>	Full Name (Last, First, Middle Initial) Patrick Aiello		Date of Receipt MM / DD / YYYY 11 / 23 / 2010		
	Mailing Address 275 W 28th St Attn: Marlene		<b>Transaction ID:</b> 4907B31E4B820BCF36B6		
	City Yuma	State AZ	Zip Code 85364-7308	Amount of Each Receipt this Period 83.34	
	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 ▼ 500.04			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) Patrick Aiello		Date of Receipt MM / DD / YYYY 12 / 23 / 2010		
	Mailing Address 275 W 28th St Attn: Marlene		<b>Transaction ID:</b> 4805956B26D82346C2BD		
	City Yuma	State AZ	Zip Code 85364-7308	Amount of Each Receipt this Period 83.34	
	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 ▼ 500.04			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	416.68
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Luma Al-Attar		Date of Receipt
	Mailing Address 270 Dorado Bch E		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Dorado	Se	00646-2213
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 8D7A92D6A482FE2FA61
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 199.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 398.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Peter Amaral		Date of Receipt
	Mailing Address 635 Medical Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Brenham	TX	77833-5412
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4E74BB3B59E4077B8423
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Amaral		Date of Receipt
	Mailing Address 635 Medical Pkwy		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Brenham	TX	77833-5412
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4B1CA57385B9A8E00BF9
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 249.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 93

(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)

Chad Anderson

Mailing Address 1811 W Royal Hunte Dr  
Ste 1

City State Zip Code  
Cedar City UT 84720-8274

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 67D386F97B180712338

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James Antoszyk

Mailing Address 6035 Fairview Rd

City State Zip Code  
Charlotte NC 28210-3256

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 564.00

Date of Receipt

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

Transaction ID: A14C3E1C1DC0E56C353

Amount of Each Receipt this Period

199.00

**C.**

Full Name (Last, First, Middle Initial)

Priscilla Arnold

Mailing Address 386 Crooked Ln

City State Zip Code  
Blue Eye MO 65611-8318

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: FB8D9C2187300BDE06D

Amount of Each Receipt this Period

200.00

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

1399.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joe Arterberry		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 224 E Broadway Ste 110		<b>Transaction ID:</b> 4CB3A67973CD39A30CBD		
	City Louisville	State KY	Zip Code 40202-2016	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.03			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Avery		Date of Receipt MM / DD / YYYY 12 / 01 / 2010		
	Mailing Address 5 Via Encanto		<b>Transaction ID:</b> D9DBD0A6D3F967AD8C2		
	City Santa Barbara	State CA	Zip Code 93108-1774	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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sterling Baker		Date of Receipt MM / DD / YYYY 11 / 23 / 2010		
	Mailing Address 14000 N Portland Ave Ste 101		<b>Transaction ID:</b> 8043AE71E58F60AA193		
	City Oklahoma City	State OK	Zip Code 73134-4004	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			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	771.67
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregg Barnett		Date of Receipt
	Mailing Address 620 N Broad St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Woodbury	NJ	08096-1795
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 4A5E8FF4F3053DA920DF Amount of Each Receipt this Period <input type="text"/> 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger Alfred Barth		Date of Receipt
	Mailing Address 160 Heritage Way Ste 202		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Kalispell	MT	59901-3127
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 5E62612696751271432 Amount of Each Receipt this Period <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"/> 900.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Baumann		Date of Receipt
	Mailing Address 17560 US Highway 441		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Mount Dora	FL	32757-6711
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 40AAA69C57355A156F56 Amount of Each Receipt this Period <input type="text"/> 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 550.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 93  
(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 Behar

Mailing Address 2610 E Allegheny Ave

City Philadelphia State PA Zip Code 19134-5104

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2010

**Transaction ID:** 499A934DFCA667E09E78

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 2610 E Allegheny Ave

City Philadelphia State PA Zip Code 19134-5104

FEC 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 12 / 26 / 2010

**Transaction ID:** 4CA59FC48DBC2403D4CF

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 4707 Everhart Rd Ste 108

City Corpus Christi State TX Zip Code 78411-2751

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 ▼ 300.00

Date of Receipt 12 / 06 / 2010

**Transaction ID:** 6D765647DF5485F1D5E

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**TOTAL** This Period (last page this line number 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 / 93  
(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 Dr  
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 ▼ 640.00

Date of Receipt 12 / 11 / 2010

**Transaction ID:** 4748B869CA19DDF9E886

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 12 Curtis St

City Meriden State CT Zip Code 06450-5900

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.03

Date of Receipt 12 / 06 / 2010

**Transaction ID:** 4A59B373FD5A2B383873

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 790 Concourse Pkwy S  
Ste 200

City Maitland State FL Zip Code 32751-6114

FEC 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 12 / 17 / 2010

**Transaction ID:** 9574624752A0FB33F79

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **431.67**

**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 15 / 93  
(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 Bobrow

Mailing Address 121 Hunter Ave  
Ste 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 ▼ 1000.00

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

**Transaction ID:** 284B05E1A7748B126EE

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 915 Palmer Rd  
Retina Consultations

City Bronxville State NY Zip Code 10708-3304

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.01

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

**Transaction ID:** 4AE1A825D213279F6D65

Amount of Each Receipt this Period  
41.67

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 915 Palmer Rd  
Retina Consultations

City Bronxville State NY Zip Code 10708-3304

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.01

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

**Transaction ID:** 426981DB46818F32D035

Amount of Each Receipt this Period  
41.67

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 93  
(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 Bogorad

Mailing Address 1120 15th St

City Augusta State GA Zip Code 30912-0004

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 12 / 12 / 2010

**Transaction ID:** 446EA0A1F2D9CE6778C7

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Chadwick Brasington

Mailing Address 1016 Kirkpatrick Rd

City Burlington State NC Zip Code 27215-9714

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 22 / 2010

**Transaction ID:** 83B6977590D6179C895

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 666.72

Date of Receipt 12 / 06 / 2010

**Transaction ID:** 44FFAB512AE77A066EEF

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.01**

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



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

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

FOR LINE NUMBER: PAGE 17 / 93  
(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)  
G. Edward Bryant, Jr.  
Mailing Address 303 W Polk Ave  
City West Memphis State AR Zip Code 72301-4262  
FEC 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 12 / 20 / 2010  
Transaction ID: 45A4980B62D7F3A10E93  
Amount of Each Receipt this Period 25.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Patricia Buehler  
Mailing Address 1122 NW Foxwood  
City Bend State OR Zip Code 97701-8606  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 698.36  
Date of Receipt 12 / 06 / 2010  
Transaction ID: 47968E8961943CEF55C4  
Amount of Each Receipt this Period 41.67  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
John Burchfield  
Mailing Address 2865 N Reynolds Rd Ste 170  
City Toledo State OH Zip Code 43615-2076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 12 / 18 / 2010  
Transaction ID: 4D848A26ADEB723528D1  
Amount of Each Receipt this Period 25.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 91.67  
**TOTAL** This Period (last page this line number only) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 18 / 93</span> (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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles Campbell</p> <p>Mailing Address 5540 Saratoga Blvd Ste 200</p> <p>City State Zip Code Corpus Christi TX 78413-2953</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Self Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1031.72</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2010</p> <p><b>Transaction ID:</b> 2AED37FE8CF62F0C531</p> <p>Amount of Each Receipt this Period 365.00</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Charles Campbell</p> <p>Mailing Address 5540 Saratoga Blvd Ste 200</p> <p>City State Zip Code Corpus Christi TX 78413-2953</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Self Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1031.72</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2010</p> <p><b>Transaction ID:</b> 4151A75A5578BD7DB128</p> <p>Amount of Each Receipt this Period 83.34</p> <p>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Keith Carter</p> <p>Mailing Address 200 Hawkins Dr</p> <p>City State Zip Code Iowa City IA 52242-1007</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self Occupation Self Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.36</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2010</p> <p><b>Transaction ID:</b> 42EC999EF4E60943B84F</p> <p>Amount of Each Receipt this Period 83.34</p> <p>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>531.68</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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 19 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack Mabry Chapman	Date of Receipt MM / DD / YYYY 11 / 28 / 2010
	Mailing Address 2061 Beverly Rd	<b>Transaction ID:</b> 41D98063909E0D909E38
	City State Zip Code Gainesville GA 30501-2034	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Mabry Chapman	Date of Receipt MM / DD / YYYY 12 / 28 / 2010
	Mailing Address 2061 Beverly Rd	<b>Transaction ID:</b> 4AE79BC3C9898DD94EB8
	City State Zip Code Gainesville GA 30501-2034	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Chestler	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 10502 NE Wasco St	<b>Transaction ID:</b> 4C90A0106A0153358757
	City State Zip Code Portland OR 97220-3948	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>191.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 20 / 93  
(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 Chestler  
 Mailing Address 10502 NE Wasco St  
 City Portland State OR Zip Code 97220-3948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt 12 / 29 / 2010  
**Transaction ID:** 40A4A0E4E6A2E8613B8A  
 Amount of Each Receipt this Period 25.00  
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Donald Cinotti  
 Mailing Address 600 Pavonia Ave Ste 6  
 City Jersey City State NJ Zip Code 07306-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00  
 Date of Receipt 12 / 18 / 2010  
**Transaction ID:** 4705B5233794041FEEC7  
 Amount of Each Receipt this Period 100.00  
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
S. William Clark  
 Mailing Address 502 Isabella St  
 City Waycross State GA Zip Code 31501-3638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.92  
 Date of Receipt 11 / 23 / 2010  
**Transaction ID:** 4E0C8E8FB2C1D363FFEB  
 Amount of Each Receipt this Period 416.66  
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 541.66  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 93

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

S. William Clark

Mailing Address 502 Isabella St

City

Waycross

State

GA

Zip Code

31501-3638

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

MM / DD / YYYY  
12 / 23 / 2010

Transaction ID: 4C54925A22FD25747B4B

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Christopher Coad

Mailing Address 157 W 19th St

City

New York

State

NY

Zip Code

10011-4102

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY  
12 / 14 / 2010

Transaction ID: 46FB95DF0D4C57A793D5

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Charles Colombo

Mailing Address 1701 South Blvd E  
Ste 180

City

Rochester Hills

State

MI

Zip Code

48307-6115

FEC 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

MM / DD / YYYY  
11 / 29 / 2010

Transaction ID: 00DCB2284ACB1494C0E

Amount of Each Receipt this Period

500.00

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

941.66

**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 22 / 93  
(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 Corin		Date of Receipt MM / DD / YYYY 12 / 27 / 2010	
Mailing Address 500 Faunce Corner Rd Bldg 100		<b>Transaction ID:</b> 2DFE6036-35AF-4C02-	
City North Dartmouth	State MA	Zip Code 02747-1278	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

**B.**

Full Name (Last, First, Middle Initial) Russell Crain		Date of Receipt MM / DD / YYYY 12 / 17 / 2010	
Mailing Address 11011 Hefner Pointe Dr Ste B		<b>Transaction ID:</b> 429980AC754E3E328E4E	
City Oklahoma City	State OK	Zip Code 73120-5005	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

**C.**

Full Name (Last, First, Middle Initial) Terry Croyle		Date of Receipt MM / DD / YYYY 12 / 01 / 2010	
Mailing Address 2375 S Main St		<b>Transaction ID:</b> 425F827B834F193698C6	
City Moultrie	State GA	Zip Code 31768-6517	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 360.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1080.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Davenport	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 2424 S 90th St Ste 204	<b>Transaction ID:</b> 40F198CD6DBAD1700E40
	City West Allis State WI Zip Code 53227-2455	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	<b>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</b>
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Dickens	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 491 30th St Ste 103	<b>Transaction ID:</b> 1935B835B22E5D29917
	City Oakland State CA Zip Code 94609-3235	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Diesenhouse	Date of Receipt MM / DD / YYYY 12 / 11 / 2010
	Mailing Address 4991 N Circulo Sobrio	<b>Transaction ID:</b> 227ED07E-807A-431D-
	City Tucson State AZ Zip Code 85718-6061	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>706.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 24 / 93  
(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)  
Shehab Ebrahim  
Mailing Address 4717 Woodland Ave  
City Metairie State LA Zip Code 70002-1361  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00  
Date of Receipt 12 / 17 / 2010  
Transaction ID: 4900916047F0E1DC0ED2  
Amount of Each Receipt this Period 100.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Robert Elliston  
Mailing Address 1750 El Camino Real Ste 103  
City Burlingame State CA Zip Code 94010-3210  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 11 / 23 / 2010  
Transaction ID: 6451B811FE4B454E46C  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Vivian Fasula  
Mailing Address 1254 Charlesgate Cir  
City East Amherst State NY Zip Code 14051-1216  
FEC 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 12 / 08 / 2010  
Transaction ID: F815F419652893FA292  
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 25 / 93  
(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)  
Natalka Fedoriw

Mailing Address 3301 Lake Ave

City State Zip Code  
Fort Wayne IN 46805-5529

FEC 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  
11 / 30 / 2010

**Transaction ID:** 89342C9962A93255420

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Feghali

Mailing Address 2000 Hampton Ctr  
Ste D

City State Zip Code  
Morgantown WV 26505-1704

FEC 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  
12 / 30 / 2010

**Transaction ID:** 07C44445-3770-4C45-

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 236 Roseberry St

City State Zip Code  
Phillipsburg NJ 08865-1632

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.06

Date of Receipt  
MM / DD / YYYY  
12 / 06 / 2010

**Transaction ID:** 48E09E218B0CEC4069B8

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1448.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 93

(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 Foley

Mailing Address PO Box 687

City

Exmore

State

VA

Zip Code

23350-0687

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

MM / DD / YYYY  
12 / 20 / 2010

Transaction ID: 40738F0B2E5268F87EB9

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Bernard Fowler

Mailing Address 216 Engle St  
Ste 201

City

Englewood

State

NJ

Zip Code

07631-2428

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 ▼

243.28

Date of Receipt

MM / DD / YYYY  
12 / 20 / 2010

Transaction ID: 48F8B962D9E9116D06FF

Amount of Each Receipt this Period

30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Leslie Fox

Mailing Address 1703 S Meridian  
Ste 101

City

Puyallup

State

WA

Zip Code

98371-7590

FEC 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

MM / DD / YYYY  
11 / 29 / 2010

Transaction ID: A8CEF1FF5F652B0EA3A

Amount of Each Receipt this Period

365.00

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

437.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 93		
	<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)  
K. Bailey Freund

Mailing Address 460 Park Ave  
Fl 5

City New York State NY Zip Code 10022-1858

FEC 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 12 / 06 / 2010  
**Transaction ID: 0D1D3419945FAE5136C**  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy Gard

Mailing Address 512 E Main St

City Hillsboro State OR Zip Code 97123-4137

FEC 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 12 / 05 / 2010  
**Transaction ID: 440E9CF138ABF5A07D51**  
Amount of Each Receipt this Period 25.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Geoffrey Garrett

Mailing Address 1455 E Bert Kouns Loop

City Shreveport State LA Zip Code 71105-5634

FEC 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 12 / 02 / 2010  
**Transaction ID: 5A676E2E148281D4C15**  
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 28 / 93  
(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)  
Lawrence Geisse

Mailing Address PO Box 250

City Los Alamitos State CA Zip Code 90720-0250

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2010  
**Transaction ID: 38389125F69DE7E1D4B**

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Frank Genovese

Mailing Address 200 Medical Arts Bldg Suite 210

City Kittanning State PA Zip Code 16201-7132

FEC 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 12 / 20 / 2010  
**Transaction ID: 77540D391CF41E5ECD1**

Amount of Each Receipt this Period 500.00

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

Mailing Address 1229 E Seminole St

City Springfield State MO Zip Code 65804-2227

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 23 / 2010  
**Transaction ID: E6FBB0780C7EECA3FE2**

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 29 / 93  
(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 Gettelfinger

Mailing Address 6485 Poplar Ave

City Memphis State TN Zip Code 38119-4838

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.05

Date of Receipt 12 / 21 / 2010

**Transaction ID:** 43FF95C92B5FBDF55F23

Amount of Each Receipt this Period 30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland State FL Zip Code 32751-6114

FEC 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 12 / 17 / 2010

**Transaction ID:** 3B56AB4A03C3817C644

Amount of Each Receipt this Period 365.00

**C.**

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

Mailing Address 6545 Rutgers Ave

City Houston State TX Zip Code 77005-3850

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 28 / 2010

**Transaction ID:** 40AD9A6E295378CC937C

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 495.41

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 93  
(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 Douglas Goosey

Mailing Address 6545 Rutgers Ave

City Houston State TX Zip Code 77005-3850

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

**Transaction ID:** 4BF39BE4BCC0B300ED2F

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 441F8064E514DB0D6135

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 251 Moosa Blvd

City Eunice State LA Zip Code 70535-3638

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

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

**Transaction ID:** 421BBD65CAA9E16440BA

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 191.67

**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 31 / 93  
(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 Steven Graves

Mailing Address 1235 NE Loop 286

City Paris State TX Zip Code 75460-2226

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 25 / 2010  
**Transaction ID:** 477784775F3C3E23205B  
 Amount of Each Receipt this Period 91.25  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Mark Steven Graves

Mailing Address 1235 NE Loop 286

City Paris State TX Zip Code 75460-2226

FEC 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 12 / 25 / 2010  
**Transaction ID:** 4FF7A5214D98AC5BAE73  
 Amount of Each Receipt this Period 91.25  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Erich Groos

Mailing Address 2400 Patterson St Ste 201

City Nashville State TN Zip Code 37203-1587

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt 12 / 06 / 2010  
**Transaction ID:** 448486B845C3D0C8F9DA  
 Amount of Each Receipt this Period 83.34  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.84**

**TOTAL** This Period (last page this line 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 32 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Guyette	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 600 Main St	<b>Transaction ID:</b> 77EAF573BB325AA9870
	City State Zip Code Malden MA 02148-3919	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Maged Habib	Date of Receipt MM / DD / YYYY 12 / 11 / 2010
	Mailing Address 2300 S Congress Ave Ste 102	<b>Transaction ID:</b> 4F45B9816ED397F51971
	City State Zip Code Boynton Beach FL 33426-7400	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Self Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Carroll Haines	Date of Receipt MM / DD / YYYY 12 / 08 / 2010
	Mailing Address 515 Thompson St Ste A	<b>Transaction ID:</b> 4986A63A070D984E1BD1
	City State Zip Code Eden NC 27288-5040	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Self Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	550.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 33 / 93  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Cynthia Hampton

Mailing Address 451 Ruin Creek Rd  
Ste 204

City Henderson State NC Zip Code 27536-5920

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.06

Date of Receipt 12 / 03 / 2010  
Transaction ID: 45BE9B0024F92629AE9D  
Amount of Each Receipt this Period 83.34  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
David Harris, Jr.

Mailing Address 1928 Alcoa Hwy  
Ste 324

City Knoxville State TN Zip Code 37920-1505

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt 12 / 03 / 2010  
Transaction ID: 49F7816253595D8C518D  
Amount of Each Receipt this Period 83.34  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1729 New Hanover Medical Park Dr

City Wilmington State NC Zip Code 28403-5345

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 17 / 2010  
Transaction ID: 4821A9C8A12EEF943B46  
Amount of Each Receipt this Period 50.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 216.68

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

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

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

FOR LINE NUMBER: PAGE 34 / 93  
(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 Hayes

Mailing Address 3751 Belford St

City San Diego State CA Zip Code 92111-4217

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 12 / 13 / 2010

**Transaction ID:** 476E934C4B6A55BB8764

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Stewart Hazel

Mailing Address 400 E 3rd St

City Duluth State MN Zip Code 55805-1951

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 11 / 23 / 2010

**Transaction ID:** 5F7FBDE6E200C345565

Amount of Each Receipt this Period 365.00

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

Mailing Address 23961 Magdalena Ste 302

City Laguna Hills State CA Zip Code 92653-3665

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.69

Date of Receipt 12 / 06 / 2010

**Transaction ID:** 4A549F4A5F33F5783984

Amount of Each Receipt this Period 30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **437.08**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt
	Mailing Address 3 Woodland Rd Ste 210		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Stoneham	MA	02180-1711
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: 410399E2219AA8186DD2 Amount of Each Receipt this Period <input type="text" value="416.66"/> 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" value="1249.98"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Hutchins		Date of Receipt
	Mailing Address 3219 Clifton Ave Ste 210		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cincinnati	OH	45220-3041
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: D08D91CF6FC6805DA1F Amount of Each Receipt this Period <input type="text" value="199.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="763.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Hutchins		Date of Receipt
	Mailing Address 3219 Clifton Ave Ste 210		<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cincinnati	OH	45220-3041
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self		Occupation Ophthalmologist	Transaction ID: EA0191C1F2D3A6D6BAC Amount of Each Receipt this Period <input type="text" value="199.00"/> Refunded 1.5.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="763.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="814.66"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 93  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) W. Jackson Iliff		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 4 W Rolling Crossroads Rear 7		<b>Transaction ID:</b> 4DF6AEF399ADE4DC3244		
	City Catonsville	State MD	Zip Code 21228-6278	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 600.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) W. Jackson Iliff		Date of Receipt MM / DD / YYYY 12 / 30 / 2010		
	Mailing Address 4 W Rolling Crossroads Rear 7		<b>Transaction ID:</b> 42EFAEC955A3BC6976F0		
	City Catonsville	State MD	Zip Code 21228-6278	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 600.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Isbey, III		Date of Receipt MM / DD / YYYY 11 / 29 / 2010		
	Mailing Address 8 Medical Park Dr		<b>Transaction ID:</b> 4D428E7CD982D2868C39		
	City Asheville	State NC	Zip Code 28803-2493	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 750.06		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Isbey, III		Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 8 Medical Park Dr		<b>Transaction ID:</b> 49D1A3A49E6CF9D70F60
	City Asheville	State NC	Zip Code 28803-2493
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06		

<b>B.</b>	Full Name (Last, First, Middle Initial) Elena Jimenez		Date of Receipt MM / DD / YYYY 12 / 12 / 2010
	Mailing Address Calle Tapia Ocean Park, Apt 17		<b>Transaction ID:</b> 4F65AE64560F5109EA67
	City San Juan	State PR	Zip Code 00911-2337
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.69		

<b>C.</b>	Full Name (Last, First, Middle Initial) Randolph Johnston		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 1300 E 20th St		<b>Transaction ID:</b> 4BDF8BB723EEF748EC8
	City Cheyenne	State WY	Zip Code 82001-4021
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	225.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 93  
(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)  
Randolph Johnston

Mailing Address 1300 E 20th St

City State Zip Code  
Cheyenne WY 82001-4021

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

**Transaction ID:** 4ECD933CC87531F6DE01

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Earl Lawrence Jordan

Mailing Address 2630 Cunningham Ave

City State Zip Code  
Joplin MO 64804-1542

FEC ID 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 Y  
1 2 / 1 3 / 2 0 1 0

**Transaction ID:** BF758169A6EB660C547

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Jerome Jordan

Mailing Address 200 Mifflin Ave

City State Zip Code  
Scranton PA 18503-1982

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

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

**Transaction ID:** 4241B8C77F98E77353BD

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **506.67**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Emilio Justo		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 19052 N R H Johnson Blvd		<b>Transaction ID:</b> 42458550279291EE4897
	City Sun City West	State AZ	Zip Code 85375-4401
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.42
	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 ▼ 424.54		

<b>B.</b>	Full Name (Last, First, Middle Initial) Emilio Justo		Date of Receipt MM / DD / YYYY 12 / 26 / 2010
	Mailing Address 19052 N R H Johnson Blvd		<b>Transaction ID:</b> 49F3B266232B9740178B
	City Sun City West	State AZ	Zip Code 85375-4401
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.42
	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 ▼ 424.54		

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Kaufman		Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 3200 Morley Rd		<b>Transaction ID:</b> AE61DCF0987A8522BBE
	City Shaker Heights	State OH	Zip Code 44122-2863
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 199.00
	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 ▼ 449.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>259.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Curtin Kelley	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 262 Neil Ave Ste 320	<b>Transaction ID:</b> 4A74E39A6A663780B98
	City Columbus State OH Zip Code 43215-7311	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan Kimura	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 8101 E Lowry Blvd Ste 210	<b>Transaction ID:</b> 46D2936DEDAB73523E11
	City Denver State CO Zip Code 80230-7195	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.03	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) James Klein	Date of Receipt MM / DD / YYYY 12 / 05 / 2010
	Mailing Address 21711 Greater Mack Ave	<b>Transaction ID:</b> 4744A207B4895FBFA3D3
	City Saint Clair Shores State MI Zip Code 48080-2418	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>506.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 93  
(check only one)

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

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

**A.**

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

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt 11 / 24 / 2010

Transaction ID: 45F9B28B5FC84D82DB76

Amount of Each Receipt this Period 30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 100 Galewood Cir

City San Francisco State CA Zip Code 94131-1132

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.78

Date of Receipt 12 / 24 / 2010

Transaction ID: 44C58AEEA73BBB013E9C

Amount of Each Receipt this Period 30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 6565 Fannin St

City Houston State TX Zip Code 77030-2703

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2010

Transaction ID: 4B6682CE727D4FA27221

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.84

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 93  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Stephen Kondash		Date of Receipt MM / DD / YYYY 12 / 11 / 2010
Mailing Address 2841 Boudinot Ave Ste 300		<b>Transaction ID:</b> 45A2B44B71F8852E6571
City Cincinnati	State OH	Zip Code 45238-2496
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Douglas Kopp		Date of Receipt MM / DD / YYYY 12 / 08 / 2010
Mailing Address 2222 W 24th St Unit 10		<b>Transaction ID:</b> 44D0882F389A0EDEB5D4
City Plainview	State TX	Zip Code 79072-1802
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Michael Korey		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 3982 N Milwaukee Ave		<b>Transaction ID:</b> 4B38ABE05EE4D24B06DF
City Chicago	State IL	Zip Code 60641-2703
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 665.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 93  
(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)  
Valerie Kounkel

Mailing Address 2101 Westown Pkwy  
Ste 2

City State Zip Code  
West Des Moines IA 50265-1542

FEC ID 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  
12 / 17 / 2010

**Transaction ID:** F2D70FAB7626EF573B4

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Lanoux

Mailing Address 2820 Napoleon Ave  
Ste 900

City State Zip Code  
New Orleans LA 70115-8200

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 20 / 2010

**Transaction ID:** 498C9C8D9400501FB23A

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Wayne Larrison

Mailing Address 46 Prince St  
Ste 402A

City State Zip Code  
New Haven CT 06519-1600

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 01 / 2010

**Transaction ID:** B18F06D3CC12F8C911B

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 44 / 93
	<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)  
Howard Lazarus

Mailing Address 519 State St

City State Zip Code  
New Albany IN 47150-3620

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

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

**Transaction ID:** 4AD085D590056BAC4782

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 14488 Hawthorne Dr

City State Zip Code  
Lemont IL 60439-9126

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

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

**Transaction ID:** 44FBA031D08AEC8AE686

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 14488 Hawthorne Dr

City State Zip Code  
Lemont IL 60439-9126

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

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

**Transaction ID:** C53B9A49C0AAFEA07DF

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **431.67**

**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 45 / 93  
(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)  
Cecily Lesko

Mailing Address 1005 Clifton Ave  
Ste 1

City Clifton State NJ Zip Code 07013-3520

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** 679EC3EDCAAB2223CCF

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 263 Harrington Dr

City Troy State MI Zip Code 48098-3027

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 4E3EBB563E953FDBA8A7

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 2725 E 29th St

City Bryan State TX Zip Code 77802-2504

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 3425F18D4D1F685EB6C

Amount of Each Receipt this Period  
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Loewy		Date of Receipt MM / DD / YYYY 12 / 30 / 2010		
	Mailing Address 407 Avenue K SE		<b>Transaction ID:</b> C29C018D-7F38-4822-		
	City Winter Haven	State FL	Zip Code 33880-4126	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>B.</b>	Full Name (Last, First, Middle Initial) Eric Paul Lohse		Date of Receipt MM / DD / YYYY 11 / 29 / 2010		
	Mailing Address 1025 S 6th St		<b>Transaction ID:</b> CC9C03176D3D642CC05		
	City Springfield	State IL	Zip Code 62703-2403	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 ▼ 865.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Edward Lores		Date of Receipt MM / DD / YYYY 12 / 08 / 2010		
	Mailing Address 4950 S Le Jeune Rd Ste D		<b>Transaction ID:</b> 4FB5BB24D320F31966FE		
	City Coral Gables	State FL	Zip Code 33146-2231	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	755.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 93
	<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) Jonathan Lowry		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address 335 E Parker Rd		<b>Transaction ID:</b> 4AB310948DB2AFF0D4A
City Morganton	State NC	Zip Code 28655-5112
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
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) Louis Maisel		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address PO Box 547		<b>Transaction ID:</b> 4B3B897CD25712E4CB82
City New City	State NY	Zip Code 10956-0547
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

**C.**

Full Name (Last, First, Middle Initial) Masud Malik		Date of Receipt MM / DD / YYYY 12 / 03 / 2010
Mailing Address 3865 N Mulford Rd		<b>Transaction ID:</b> 4A27A65CB7C9920E751B
City Rockford	State IL	Zip Code 61114-5603
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>608.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 93  
(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)  
Timothy Malone

Mailing Address 731 Walker Rd  
Ste F

City State Zip Code  
Great Falls VA 22066-2834

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

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

**Transaction ID:** 45DB802704D78B2657A8

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 1237 B St

City State Zip Code  
Hayward CA 94541-2915

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

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

**Transaction ID:** 48C58CC2D87023D776A1

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Delia Manjoney

Mailing Address 2720 Main St

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 ▼ 4000.00

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

**Transaction ID:** BC4967F1AE618DFE028

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1608.34**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alan Marks		Date of Receipt MM / DD / YYYY 12 / 02 / 2010		
	Mailing Address 2110 Northern Blvd Ste 208		<b>Transaction ID:</b> 4B771E665C9193503FB		
	City Manhasset	State NY	Zip Code 11030-3500	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Sheron Marshall		Date of Receipt MM / DD / YYYY 12 / 06 / 2010		
	Mailing Address 7075 Campus Dr Ste 100		<b>Transaction ID:</b> 43DB9336D56FC0A67803		
	City Colorado Springs	State CO	Zip Code 80920-6524	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 375.03		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) Benjamin Mason		Date of Receipt MM / DD / YYYY 11 / 30 / 2010		
	Mailing Address 1110 Eagle Ridge Rd		<b>Transaction ID:</b> 4E6CBFC1A6A837B75987		
	City Cedar Falls	State IA	Zip Code 50613-1514	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	506.67
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 93  
(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)  
Benjamin Mason

Mailing Address 1110 Eagle Ridge Rd

City State Zip Code  
Cedar Falls IA 50613-1514

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** 47EFBB2F435BC781C99A

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 7777 Southwest Fwy Ste 934

City State Zip Code  
Houston TX 77074-1813

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 699.00

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

**Transaction ID:** E63EC6D16A767D56C25

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 300 N Willson Ave Ste 1003

City State Zip Code  
Bozeman MT 59715-3551

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 4997B3BD504F3359C216

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 93  
(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 Meister

Mailing Address 5959 Greenback Ln  
Ste 310

City State Zip Code  
Citrus Heights CA 95621-4700

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
273.69

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** 4DDFA3D11CE904A3CDAE

Amount of Each Receipt this Period  
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 1220 New Scotland Rd  
Ste 302

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 ▼  
2100.00

Date of Receipt  
MM / DD / YYYY  
12 / 01 / 2010

**Transaction ID:** 5A70CB3F85847CE183C

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address 111 Colchester Ave  
West Pav-Lev 5

City State Zip Code  
Burlington VT 05401-1473

FEC ID 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  
12 / 09 / 2010

**Transaction ID:** ED5977408CEE6BED693

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1395.41**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 93  
(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) Aaron Miller		Date of Receipt MM / DD / YYYY 11 / 23 / 2010
Mailing Address 13414 Medical Complex Dr Ste 4		<b>Transaction ID:</b> 410D96D71708B528486A
City Tomball	State Zip Code TX 77375-3333	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Aaron Miller		Date of Receipt MM / DD / YYYY 12 / 23 / 2010
Mailing Address 13414 Medical Complex Dr Ste 4		<b>Transaction ID:</b> 4FF494C9D04DCFC95CCA
City Tomball	State Zip Code TX 77375-3333	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Harvey Minatoya		Date of Receipt MM / DD / YYYY 11 / 23 / 2010
Mailing Address 1003 Pensacola St		<b>Transaction ID:</b> 17793F014E489AD657E
City Honolulu	State Zip Code HI 96814-1927	
FEC ID number of contributing federal political committee. <b>C</b>		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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>465.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 93  
(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)  
Amalia Miranda

Mailing Address 3435 NW 56th St  
Building A # 700

City Oklahoma City State OK Zip Code 73112-4448

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

**Transaction ID:** 4289A72846FFE941E98F

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 15118 Leeward Dr  
Apt 103

City Corpus Christi State TX Zip Code 78418-8093

FEC 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  
1 2 / 0 7 / 2 0 1 0

**Transaction ID:** 4BB388C4098D9E413E8

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Emily Morin

Mailing Address 8200 Wisconsin Ave  
Ste 100

City Bethesda State MD Zip Code 20814-3127

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

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

**Transaction ID:** 455DA5C0EB86ED5409EC

Amount of Each Receipt this Period  
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **495.41**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Lee Morton		Date of Receipt
	Mailing Address 1001 Tower Way Ste 150		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Bakersfield	CA	93309-1586
	FEC ID number of contributing federal political committee.		Transaction ID: 4C578C4F4472E27724BA
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 273.69	
		<input type="text"/> 30.41	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ronald Lee Morton		Date of Receipt
	Mailing Address 1001 Tower Way Ste 150		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 2 / 2 9 / 2 0 1 0
	City	State	Zip Code
	Bakersfield	CA	93309-1586
	FEC ID number of contributing federal political committee.		Transaction ID: 4E769C9A44BC979B8705
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 273.69	
		<input type="text"/> 30.41	

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony Musto		Date of Receipt
	Mailing Address 3060 Main St Ste 101		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 1 1 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Stratford	CT	06614-4945
	FEC ID number of contributing federal political committee.		Transaction ID: 401D8A72C0AB97993654
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 615.02	
		<input type="text"/> 41.67	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 102.49
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 93  
(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)  
Anthony Musto

Mailing Address 3060 Main St  
Ste 101

City State Zip Code  
Stratford CT 06614-4945

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.02

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

**Transaction ID:** 45A298903F8B1C14B1CA

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Clifford Myers

Mailing Address 5401 N Knoxville Ave  
Ste 106

City State Zip Code  
Peoria IL 61614-5021

FEC ID 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 Y  
1 2 / 1 6 / 2 0 1 0

**Transaction ID:** BFEC2BE6C5434A29F9A

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 1309 Liberty St SE

City State Zip Code  
Salem OR 97302-4245

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

**Transaction ID:** 4B67BC4F83177A85F536

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **456.67**

**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 56 / 93  
(check only one)

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

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

**A.**

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

Mailing Address 6405 France Ave S  
Ste W460

City Edina State MN Zip Code 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 ▼ 475.00

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

**Transaction ID:** 4835B0476B8528E27A4C

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 2380 Montpelier Dr  
Ste 300

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 ▼ 865.00

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

**Transaction ID:** 3D42CD29B1B935116C4

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 40 N Union Rd

City Williamsville State NY Zip Code 14221-5339

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 5DD7287433DA9A5E0DE

Amount of Each Receipt this Period  
500.00

**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: (check only one)	PAGE 57 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael O'Brien		Date of Receipt MM / DD / YYYY 12 / 13 / 2010		
	Mailing Address 618 Toll Gate Rd		<b>Transaction ID:</b> C23FE6379E7F81A6299		
	City Warwick	State RI	Zip Code 02886-2717	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 730.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Olson		Date of Receipt MM / DD / YYYY 12 / 20 / 2010		
	Mailing Address 1055 N 300 W Ste 204		<b>Transaction ID:</b> 4223849FFBEAF59EAC1F		
	City Provo	State UT	Zip Code 84604-3374	Amount of Each Receipt this Period 208.34	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1041.70		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) S. Richard Ombres, Jr.		Date of Receipt MM / DD / YYYY 11 / 28 / 2010		
	Mailing Address PO Box 190		<b>Transaction ID:</b> 42C08426DF6C87D660B2		
	City Christiansted	State VI	Zip Code 00821-0190	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 841.32		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	603.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) S. Richard Ombres, Jr.		Date of Receipt MM / DD / YYYY 12 / 10 / 2010		
	Mailing Address PO Box 190		<b>Transaction ID:</b> 4B5D8747B222F3FC2E2D		
	City Christiansted	State VI	Zip Code 00821-0190	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 841.32		

<b>B.</b>	Full Name (Last, First, Middle Initial) S. Richard Ombres, Jr.		Date of Receipt MM / DD / YYYY 12 / 28 / 2010		
	Mailing Address PO Box 190		<b>Transaction ID:</b> 442E8C5B9432489539C8		
	City Christiansted	State VI	Zip Code 00821-0190	Amount of Each Receipt this Period 30.42	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 841.32		

<b>C.</b>	Full Name (Last, First, Middle Initial) John Owen, Jr.		Date of Receipt MM / DD / YYYY 11 / 25 / 2010		
	Mailing Address 1 Independence Plz Ste 700		<b>Transaction ID:</b> 45A084DB26B4E00AA536		
	City Birmingham	State AL	Zip Code 35209-2653	Amount of Each Receipt this Period 91.25	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>205.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 93  
(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 Owen, Jr.

Mailing Address 1 Independence Plz  
Ste 700

City Birmingham State AL Zip Code 35209-2653

FEC 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 12 / 25 / 2010  
**Transaction ID:** 41D6B862BC2140EF2BA7

Amount of Each Receipt this Period 91.25

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

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

City Great Falls State MT Zip Code 59405-4509

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt 12 / 14 / 2010  
**Transaction ID:** 4E2A965D3A9FDBDB71B1

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 543 Backbone Rd

City Sewickley State PA Zip Code 15143-1486

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt 12 / 20 / 2010  
**Transaction ID:** 4B35978591423338D52A

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 157.92

**TOTAL** This Period (last page this line 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 60 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Millicent Palmer	Date of Receipt MM / DD / YYYY 12 / 06 / 2010
	Mailing Address 4101 Woolworth Ave Ste 112	<b>Transaction ID:</b> 43FABA3861888360DF90
	City State Zip Code Omaha NE 68105-1850	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Park	Date of Receipt MM / DD / YYYY 12 / 27 / 2010
	Mailing Address 1 Vanderbilt Park Dr Ste 150	<b>Transaction ID:</b> 4F54921077005E689362
	City State Zip Code Asheville NC 28803-1764	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 208.35	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) Maria Patterson	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 12690 W North Ave	<b>Transaction ID:</b> 4E5ABEBD52ADFF4EAC3B
	City State Zip Code Brookfield WI 53005-4636	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 499.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>166.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc Peden		Date of Receipt
	Mailing Address 1600 SW Archer Rd Box 100284, Rm M1-20		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gainesville	FL	32610-3003
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="495.03"/>	Transaction ID: 447B8092ACD2BAC97361 Amount of Each Receipt this Period <input type="text" value="10.00"/> PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc Peden		Date of Receipt
	Mailing Address 1600 SW Archer Rd Box 100284, Rm M1-20		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Gainesville	FL	32610-3003
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="495.03"/>	Transaction ID: 4B7884098D6D37E70F1D Amount of Each Receipt this Period <input type="text" value="41.67"/> BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) John Perlmutter		Date of Receipt
	Mailing Address 330 1st Capitol Dr Ste 330		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Saint Charles	MO	63301-2847
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="274.00"/>	Transaction ID: 32920EF8869EB1F6CE3 Amount of Each Receipt this Period <input type="text" value="199.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.67"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 93  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Julie Perry

Mailing Address 999 Adams St  
Ste 200

City State Zip Code  
Saint Helena CA 94574-1171

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2010

**Transaction ID:** 4238A20D81DAE7E8D92B

Amount of Each Receipt this Period  
83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Robert William Poulin

Mailing Address 5333 Hollister Ave  
Ste 123

City State Zip Code  
Santa Barbara CA 93111-3315

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
11 / 29 / 2010

**Transaction ID:** 45718DECA10313F6219C

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Robert William Poulin

Mailing Address 5333 Hollister Ave  
Ste 123

City State Zip Code  
Santa Barbara CA 93111-3315

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2010

**Transaction ID:** 4E8D9171481779F94E18

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **166.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tedd Puckett		Date of Receipt
	Mailing Address 1209 Valley View St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 3 / 2 0 1 0
	City	State	Zip Code
	Radford	VA	24141-3831
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4847B8B966E933FA36A
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Vadrevu Raju		Date of Receipt
	Mailing Address 3140 Collins Ferry Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Morgantown	WV	26505-3352
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 496884750399A66AB98C
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) Peter Rapoza		Date of Receipt
	Mailing Address 50 Staniford St Ste 600		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Boston	MA	02114-2539
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 6849E61D-C483-49C4-
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 890.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew Reed		Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 11800 Rock Landing Dr		<b>Transaction ID:</b> 4D53AEB0E6E494FC648C
	City Newport News	State VA	Zip Code 23606-4206
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan Rehmar		Date of Receipt MM / DD / YYYY 12 / 21 / 2010
	Mailing Address 262 Neil Ave Ste 220		<b>Transaction ID:</b> 4BEA9E2F2083B038C659
	City Columbus	State OH	Zip Code 43215-7310
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.41
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.28		

<b>C.</b>	Full Name (Last, First, Middle Initial) David Richardson		Date of Receipt MM / DD / YYYY 11 / 26 / 2010
	Mailing Address 207 S Santa Anita Ave Ste P25		<b>Transaction ID:</b> 4AFC90DF10503D4C5179
	City San Gabriel	State CA	Zip Code 91776-1145
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 317.00
	Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3804.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	447.41
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 93  
(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 Richardson

Mailing Address 207 S Santa Anita Ave  
Ste P25

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3804.00

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

**Transaction ID:** 4817B16D4E36429E21E2

Amount of Each Receipt this Period  
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
H. Miller Richert

Mailing Address 1750 Pine St

City Abilene State TX Zip Code 79601-3044

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

Name of Employer Self Occupation 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  
1 2 / 1 3 / 2 0 1 0

**Transaction ID:** 7ED537B1D75B4D10F4B

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jesse Rigsby

Mailing Address 834 N Seminary St  
Ste 103

City Galesburg State IL Zip Code 61401-2897

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

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

**Transaction ID:** 429D8F8DFBCEDF68150B

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **858.67**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Ringel	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 101A Kings Way W	<b>Transaction ID:</b> 42C089654402963FF57B
	City State Zip Code Sewell NJ 08080-2233	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self: Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36	

<b>B.</b>	Full Name (Last, First, Middle Initial) Muriel Rosa-DelGado	Date of Receipt MM / DD / YYYY 12 / 27 / 2010
	Mailing Address Parkville Terrace 113 Alamo Drive	<b>Transaction ID:</b> 442288096671F8C1D5F5
	City State Zip Code Guaynabo PR 00969	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self: Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

<b>C.</b>	Full Name (Last, First, Middle Initial) Teresa Rosales	Date of Receipt MM / DD / YYYY 12 / 09 / 2010
	Mailing Address 4100 Long Beach Blvd Ste 108	<b>Transaction ID:</b> 47CB9BFAC9D207A74F3B
	City State Zip Code Long Beach CA 90807-2696	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self: Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	97.09
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Paul Roth		Date of Receipt
	Mailing Address 1022 W Ivy Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 3 / 2 0 1 0
	City	State	Zip Code
	Moses Lake	WA	98837-4107
	FEC ID number of contributing federal political committee.		Transaction ID: 48C89E6DF6D278D8743
		Amount of Each Receipt this Period	<input type="text"/> 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 ▼	<input type="text"/> 1500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Stanley Rous		Date of Receipt
	Mailing Address 7800 W Oakland Park Blvd Building C, Suite 206		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Sunrise	FL	33351-6741
	FEC ID number of contributing federal political committee.		Transaction ID: 483F8C1F67B264862B7E
		Amount of Each Receipt this Period	<input type="text"/> 30.41
Name of Employer Self		Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 273.69

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Rubin		Date of Receipt
	Mailing Address 7001 W Archer Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	City	State	Zip Code
	Chicago	IL	60638-2201
	FEC ID number of contributing federal political committee.		Transaction ID: 4CB673E2BA3C7DD3989
		Amount of Each Receipt this Period	<input type="text"/> 199.00
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 ▼	<input type="text"/> 274.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 729.41
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 93  
(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 1420 Tara Hills Dr  
Ste D

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 ▼ 600.00

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

**Transaction ID:** C748ADEC17B719D7CB0

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Carolyn Sakauye

Mailing Address 1360 E Herndon Ave  
Eye Medical Clinic of Fresno Inc,

City Fresno State CA Zip Code 93720-3326

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

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

**Transaction ID:** 7564992B3F59D986115

Amount of Each Receipt this Period  
199.00

Refunded 1.5.11

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn Sakauye

Mailing Address 1360 E Herndon Ave  
Eye Medical Clinic of Fresno Inc,

City Fresno State CA Zip Code 93720-3326

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

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

**Transaction ID:** 12EE20AE69EFB119422

Amount of Each Receipt this Period  
199.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **698.00**

**TOTAL** This Period (last page this line number 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 / 93  
(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 Samuelson

Mailing Address 2827 N Clarkson St

City State Zip Code  
Fremont NE 68025-7714

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 4FB185BDDBA15B0BBB8

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 7711 Louis Pasteur Dr Ste 603

City State Zip Code  
San Antonio TX 78229-3421

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** 4EDDB679BD7114272D4A

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
A. William Schubert

Mailing Address 1605 Reynolds Dr

City State Zip Code  
Charleston IL 61920-3152

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

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

**Transaction ID:** 4736AE1915C3982CB73E

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 93  
(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)  
Bruce Schwartz

Mailing Address 707 N Michigan St  
Ste 210

City State Zip Code  
South Bend IN 46601-1069

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 067E47008BA2605B7BB

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 999 E Basse Rd  
Ste 127

City State Zip Code  
San Antonio TX 78209-1802

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 633.36

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

**Transaction ID:** 4EE2996349153F1304B3

Amount of Each Receipt this Period  
83.34

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Scott So

Mailing Address 2100 Webster St  
Ste 214

City State Zip Code  
San Francisco CA 94115-2375

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

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

**Transaction ID:** 4BDE9B119BC9A91BDB86

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **548.34**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 93  
(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) Alfred Solish		Date of Receipt MM / DD / YYYY 12 / 11 / 2010
Mailing Address 630 S Raymond Ave Unit 230		<b>Transaction ID:</b> 4550AC2135F4F1BF9793
City Pasadena	State CA	Zip Code 91105-3283
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Rand Spencer		Date of Receipt MM / DD / YYYY 11 / 30 / 2010
Mailing Address 3612 Overbrook Dr		<b>Transaction ID:</b> 93322BC81DCA98A37CC
City Dallas	State TX	Zip Code 75205-4327
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

**C.**

Full Name (Last, First, Middle Initial) Gerald Spindel		Date of Receipt MM / DD / YYYY 11 / 24 / 2010
Mailing Address 6 Tsienneto Rd Ste 101		<b>Transaction ID:</b> 408F8285E0FF7C2EBC3D
City Derry	State NH	Zip Code 03038-1584
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>431.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald Spindel		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 4 / 2 0 1 0		
	Mailing Address 6 Tsienneto Rd Ste 101		<b>Transaction ID:</b> 4832852ACC0829216737		
	City Derry	State NH	Zip Code 03038-1584	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. <b>C</b>		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 375.03		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Merrill Stass-Isern		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 2 / 2 0 1 0		
	Mailing Address 10511 Mission Rd Unit 209A		<b>Transaction ID:</b> 3E55CD11-5BE2-495E-		
	City Leawood	State KS	Zip Code 66206-2702	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Mitchell Brian Stein		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 1 0		
	Mailing Address 69 S Moger Ave		<b>Transaction ID:</b> 4A9C8EA1A65A8B34DFA0		
	City Mount Kisco	State NY	Zip Code 10549-2217	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>456.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mitchell Brian Stein		Date of Receipt
	Mailing Address 69 S Moger Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mount Kisco	NY	10549-2217
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 5DEF8A35C2D121CCF57
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 1100.00	<input type="text"/> 500.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Sternberg		Date of Receipt
	Mailing Address 2311 Pierce Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Nashville	TN	37232-0025
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0A02E026-7E98-4015-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Wells Stewart		Date of Receipt
	Mailing Address 177 Parkwood Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Elkin	NC	28621-2429
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4288B40E204A707AD104
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 375.03	<input type="text"/> 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1041.67
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 74 / 93  
(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)  
Wells Stewart

Mailing Address 177 Parkwood Dr

City State Zip Code  
Elkin NC 28621-2429

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
MM / DD / YYYY  
12 / 29 / 2010

**Transaction ID:** 417CA9E939646C36711A

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Jonathan Stock

Mailing Address 703 14th St

City State Zip Code  
Baraboo WI 53913-1538

FEC ID 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  
12 / 16 / 2010

**Transaction ID:** 958A9E4D89CF865D666

Amount of Each Receipt this Period  
500.00

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

Mailing Address 748 Tuscany Way

City State Zip Code  
Edmond OK 73034-6786

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2010

**Transaction ID:** 44CEB436C8A86BFEF8E3

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **591.67**

**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 75 / 93  
(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 Storm

Mailing Address 303 E Park Ave

City State Zip Code  
Long Beach NY 11561-3600

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1030.00

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

**Transaction ID:** 4FE1B872AA63C394D332

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Theodore Stransky

Mailing Address 350 W Columbia St  
Ste 250

City State Zip Code  
Evansville IN 47710-1782

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** 7A64967323E88B62B78

Amount of Each Receipt this Period  
187.50

**C.**

Full Name (Last, First, Middle Initial)  
Stephanie Sugin

Mailing Address 1201 W Main St  
Ste 100

City State Zip Code  
Waterbury CT 06708-3105

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1030.00

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

**Transaction ID:** 41189EE7E411A1C7D4DD

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **237.50**

**TOTAL** This Period (last page this line 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 76 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Swedberg	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 21827 76th Ave W Ste 102	<b>Transaction ID:</b> 4756AADD30D9ABBDDABD
	City Edmonds State WA Zip Code 98026-7981	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Tanner	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 10 Jacobs Ln	<b>Transaction ID:</b> 45E9A1818029ECC1D4AD
	City Newport News State VA Zip Code 23606-2815	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gary Tanner	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 10 Jacobs Ln	<b>Transaction ID:</b> 43A28B6968107A951B43
	City Newport News State VA Zip Code 23606-2815	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>183.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 93  
(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Randall Tozer	Date of Receipt MM / DD / YYYY 12 / 03 / 2010
	Mailing Address 9811 N 95th St Ste 101	<b>Transaction ID:</b> 4726AE135CF419E643F6
	City State Zip Code Scottsdale AZ 85258-4527	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. <b>C</b>	<b>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</b>
Name of Employer Self Occupation Ophthalmologist	Aggregate Year-to-Date 1021.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Trent	Date of Receipt MM / DD / YYYY 11 / 23 / 2010
	Mailing Address 3190 Churn Creek Rd	<b>Transaction ID:</b> DC57910F9B412F6410A
	City State Zip Code Redding CA 96002-2122	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Occupation Ophthalmologist	Aggregate Year-to-Date 2500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory Trubowitsch	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 741 Los Miradores Dr	<b>Transaction ID:</b> FBC4912197BC5E8AB35
	City State Zip Code El Paso TX 79912-3451	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Occupation Ophthalmologist	Aggregate Year-to-Date 5400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5041.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 93  
(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 Vander

Mailing Address 910 E Willow Grove Ave

City Wyndmoor State PA Zip Code 19038-7910

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** E793E4421D8ECDB137A

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
M. Teresa Vives

Mailing Address 200 Henry Clay Ave

City New Orleans State LA Zip Code 70118-5720

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 ▼ 1500.00

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

**Transaction ID:** 9AD28EE6233C4AACF2D

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 2020 Philadelphia St  
Wolfe Clinic

City Ames State IA Zip Code 50010-8772

FEC 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  
1 2 / 0 2 / 2 0 1 0

**Transaction ID:** 669FF3F762DB1D7D261

Amount of Each Receipt this Period  
365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Peter Ward	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 18 Old Stone Xing	<b>Transaction ID:</b> 4B3AB41941105550F5F9
	City State Zip Code West Hartford CT 06117-1859	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Floyd Warren	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 530 1st Ave Ste 3-B	<b>Transaction ID:</b> 4548906D66A6C524261C
	City State Zip Code New York NY 10016-6402	Amount of Each Receipt this Period 30.41
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 273.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Weaver	Date of Receipt MM / DD / YYYY 12 / 10 / 2010
	Mailing Address 1725 Harrodsburg Rd Ste 110	<b>Transaction ID:</b> E6EE648A4BA51312B9D
	City State Zip Code Lexington KY 40504-3601	Amount of Each Receipt this Period 165.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>245.41</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 93
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Aaron Weingeist	Date of Receipt MM / DD / YYYY 12 / 05 / 2010
	Mailing Address 3934 S Americus St	<b>Transaction ID:</b> 4BA7B79FB22C558A21D3
	City State Zip Code Seattle WA 98118-1640	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self: Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barry Welch	Date of Receipt MM / DD / YYYY 11 / 29 / 2010
	Mailing Address 424 Yellowstone Ave Ste 110	<b>Transaction ID:</b> 4E5A943736B38F198BF2
	City State Zip Code Cody WY 82414-9309	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 750.06	

<b>C.</b>	Full Name (Last, First, Middle Initial) Barry Welch	Date of Receipt MM / DD / YYYY 12 / 29 / 2010
	Mailing Address 424 Yellowstone Ave Ste 110	<b>Transaction ID:</b> 4F12805396C7B7842AA0
	City State Zip Code Cody WY 82414-9309	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	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 ▼ 750.06	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>216.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 93  
(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 Welch		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 0 / 2 0 1 0
Mailing Address 526 Shoup Ave W Ste H		<b>Transaction ID:</b> A84BEE01-048A-4F50-
City Twin Falls	State ID	Zip Code 83301-5050
FEC ID number of contributing federal political committee. <b>C</b>		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) Charles Wesley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 1 0
Mailing Address 18051 River Ave Ste 101		<b>Transaction ID:</b> 923CF75BAEB151A5AD9
City Noblesville	State IN	Zip Code 46062-7093
FEC ID number of contributing federal political committee. <b>C</b>		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	

**C.**

Full Name (Last, First, Middle Initial) Amy Wexler		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 7 / 2 0 1 0
Mailing Address 509 S Lenola Rd Ste 11		<b>Transaction ID:</b> 409E9D6AC5C2218A2D32
City Moorestown	State NJ	Zip Code 08057-1556
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 25.00
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 ▼ 1165.00	

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	755.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 82 / 93  
(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 1800 E Pavilion Pl  
Unit B

City Montrose State CO Zip Code 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 ▼ 2500.00

Date of Receipt 12 / 02 / 2010  
Transaction ID: 163D8FC411E721E9F33  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Juliann Williams

Mailing Address 12100 SE Stevens Ct  
Ste 106

City Portland State OR Zip Code 97086-4707

FEC 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 12 / 25 / 2010  
Transaction ID: 3E89D485-4B3A-4963-  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Willis

Mailing Address 2727 Gramercy St  
Ste 200

City Houston State TX Zip Code 77025-1716

FEC 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 12 / 02 / 2010  
Transaction ID: CC7F0C83C6F7723AC99  
Amount of Each Receipt this Period 500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 93
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Witlin	Date of Receipt MM / DD / YYYY 12 / 16 / 2010
	Mailing Address 557 Cranbury Rd Ste 15	<b>Transaction ID:</b> 0F4E291B771C6861D9D
	City East Brunswick      State NJ      Zip Code 08816-5419	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 564.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Wnorowski	Date of Receipt MM / DD / YYYY 12 / 30 / 2010
	Mailing Address 530 Lakehurst Rd Ste 206	<b>Transaction ID:</b> 4F4589AE-675E-4E4D-
	City Toms River      State NJ      Zip Code 08755-8063	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Wolken	Date of Receipt MM / DD / YYYY 12 / 17 / 2010
	Mailing Address 1655 E Greenville St	<b>Transaction ID:</b> 450DF476-464B-4E6C-
	City Anderson      State SC      Zip Code 29621-2062	Amount of Each Receipt this Period 199.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1064.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 93  
(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 Wolken

Mailing Address 1655 E Greenville St

City Anderson State SC Zip Code 29621-2062

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt 12 / 17 / 2010

**Transaction ID:** 97BEAE56-CF3D-4637-

Amount of Each Receipt this Period 199.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd Ste 100

City Winston Salem State NC Zip Code 27103-5663

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 783.36

Date of Receipt 12 / 20 / 2010

**Transaction ID:** 4FDFAEFAED2E0D63852F

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Harry Zink

Mailing Address 3519 Friendsville Rd

City Wooster State OH Zip Code 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 ▼ 1166.97

Date of Receipt 12 / 01 / 2010

**Transaction ID:** 40479FC9292B3B7E307D

Amount of Each Receipt this Period 83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **324.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **51004.41**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 85 / 93	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Leonard Feiss		Date of Receipt																					
	Mailing Address Bp 70142		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		0	5		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> 42C4B1E09F6A70541292																			
	Beaune Cedex		21204																					
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period																				
Name of Employer		Occupation		25.00																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00		Pac Admin																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	25.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) AAO</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement AAO Dues deposit error</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V28587-0861169695854</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 375.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) AAO</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement Transfer Admin funds to AAO</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V33717-5008508563041</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 3940.00</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AAO</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement Transfer Admin/Baltz funds to AAO</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V00740-5156213641166</p> <p>Date of Disbursement 12 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 450.00</p> <p>001 Category/Type</p>

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

4765.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) SNR Denton US LLP</p> <p>Mailing Address Dept 7247-6670</p> <p>City Philadelphia State PA Zip Code 19170-6670</p> <p>Purpose of Disbursement Legal Services Invoice 1263004</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V04954-6955835223198</p> <p>Date of Disbursement 12 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement AMEX discount - Nov 2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 60D3A4455C5C4CF98BA</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 594.50</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement Bank charges - Nov 2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> E63B398D5011316C250</p> <p>Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1342.85</p> <p>001 Category/ Type</p>

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

6937.35

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

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

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

FOR LINE NUMBER:  
(check only one)

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<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges - Dec 2010 Candidate Name	Transaction ID: 3BE09CF37FE6F59DB21 Date of Disbursement 12 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 783.93
<b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement AMEX discount - Dec 2010 Candidate Name	Transaction ID: 48B2CE7FA5F919AD0D9 Date of Disbursement 12 / 31 / 2010 <hr/> Amount of Each Disbursement this Period 359.58

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

1143.51

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

12845.86



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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Austin Scott for Congress Inc</p> <p>Mailing Address PO Box 27750</p> <p>City Macon State GA Zip Code 31221</p> <p>Purpose of Disbursement 2010 General / Debt Retirement</p> <p>Candidate Name James Austin Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 08</p>	<p><b>Transaction ID:</b> 28587-4824182391166</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Contribution 2010 General - Debt Retirement</p> <p>Candidate Name Charles F. Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District: 02</p>	<p><b>Transaction ID:</b> 28587-5126764178276</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Contribution 2010 General - Debt Retirement</p> <p>Candidate Name Charles F. Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NH District: 02</p>	<p><b>Transaction ID:</b> 99355-2000543475151</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p><b>[MEMO ITEM]</b></p>

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

10000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dave Camp for Congress</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution 2010 GENERAL</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p>	<p><b>Transaction ID:</b> 48809-72810000181198</p> <p>Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -4000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Donna Christensen Campaign</p> <p>Mailing Address PO Box 5197</p> <p>City St. Croix State VI Zip Code 00823</p> <p>Purpose of Disbursement 2010 Primary Contribution</p> <p>Candidate Name Donna Marie Christian-Christensen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VI District: 01</p>	<p><b>Transaction ID:</b> 48809-52668398618698</p> <p>Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement 2010 General / Debt Retirement</p> <p>Candidate Name David G. Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 08</p>	<p><b>Transaction ID:</b> 28587-4508478045463</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

-5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Joe Heck</p> <p>Mailing Address PO Box 750114</p> <p>City Las Vegas State NV Zip Code 89136</p> <p>Purpose of Disbursement Contribution 2010 General / Debt Retirement</p> <p>Candidate Name Joseph Heck, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28587-0038873553276</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Scott Desjarlais</p> <p>Mailing Address PO Box 90133</p> <p>City Nashville State TN Zip Code 37209</p> <p>Purpose of Disbursement 2010 General / Debt Retirement</p> <p>Candidate Name Scott Eugene Desjarlais</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28587-0262719988822</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Marco Rubio for Us Senate</p> <p>Mailing Address PO Box 140420</p> <p>City Miami State FL Zip Code 33114</p> <p>Purpose of Disbursement Contribution 2010 General / Debt Retirement</p> <p>Candidate Name Marco Antonio Rubio</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28587-1258355975151</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 50 S. Providence Road <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Contribution 2010 General / Debt Retirement Candidate Name Patrick L. Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28587-4584466814994 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Paul Gosar for Congress <hr/> Mailing Address 2222 E. Cedar Ave. <hr/> City Flagstaff State AZ Zip Code 86004 <hr/> Purpose of Disbursement 2010 General - Debt Retirement Candidate Name Paul R. Gosar <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28587-9273950457573 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Scott Rigell for Congress <hr/> Mailing Address 915 First Colonial Road Suite 100 <hr/> City Virginia Beach State VA Zip Code 23454 <hr/> Purpose of Disbursement 2010 General / Debt Retirement Candidate Name Edward Scott Rigell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 28587-2173730731010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 700 13th Street, NW Suite 600 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 General - Debt Retirement Candidate Name Searchlight Leadership Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 28587-9653283953666 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Thoroughbred Pac <hr/> Mailing Address PO Box 65116 <hr/> City Washington State DC Zip Code 20035 <hr/> Purpose of Disbursement Contribution Candidate Name Thoroughbred Pac <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	<b>Transaction ID:</b> 99524-2805597186088 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

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

3500.00

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

33500.00