

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 (12S)
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 01 31 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 **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		775049.98
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	346641.19									
(c) Total Receipts (from Line 19)	52780.95	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 TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
1	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)	46086.91	756665.68
(ii) Unitemized	6669.04	169937.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)	52755.95	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)	52755.95	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))	52780.95	945460.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52780.95	945460.83

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	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

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	52755.95	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)	52755.95	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: PAGE 7 / 91

(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)
Richard Abbott

Mailing Address Ucsf Beckman Vision Ctr
10 Koret Way K-301

City State Zip Code
San Francisco CA 94143-0001

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
11 / 30 / 2010

Transaction ID: 48D6B42D4D3DF4CDBC26

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Ucsf Beckman Vision Ctr
10 Koret Way K-301

City State Zip Code
San Francisco CA 94143-0001

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY
12 / 30 / 2010

Transaction ID: 4026883D7791862D80AA

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Ahmed Abdelsalam

Mailing Address 1 E Wacker Dr
Ste 3150

City State Zip Code
Chicago IL 60601-1910

FEC 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 MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 40269D2C21BFC4D07368

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) 183.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 91
(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)
Stacey Ackerman

Mailing Address 1113 Hospital Dr
Ste 302

City Willingboro State NJ Zip Code 08046-1130

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: AE3A85EB-7214-4A1E-
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 275 W 28th St
Attn: Marlene

City Yuma State AZ Zip Code 85364-7308

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 11 / 23 / 2010
Transaction ID: 4907B31E4B820BCF36B6
 Amount of Each Receipt this Period: 83.34
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 275 W 28th St
Attn: Marlene

City Yuma State AZ Zip Code 85364-7308

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 12 / 23 / 2010
Transaction ID: 4805956B26D82346C2BD
 Amount of Each Receipt this Period: 83.34
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 416.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 91
	<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) 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. C		Transaction ID: 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.	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. C		Transaction ID: 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) ▼			

C.	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. C		Transaction ID: 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) ▼			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 91
(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
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 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
Self 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
Self 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: PAGE 11 / 91
(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)
Joe Arterberry

Mailing Address 224 E Broadway
Ste 110

City State Zip Code
Louisville KY 40202-2016

FEC ID 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 / 06 / 2010

Transaction ID: 4CB3A67973CD39A30CBD

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 5 Via Encanto

City State Zip Code
Santa Barbara CA 93108-1774

FEC ID 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 / 01 / 2010

Transaction ID: D9DBD0A6D3F967AD8C2

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 14000 N Portland Ave
Ste 101

City State Zip Code
Oklahoma City OK 73134-4004

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
11 / 23 / 2010

Transaction ID: 8043AE71E58F60AA193

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶ **771.67**

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

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

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

FOR LINE NUMBER: PAGE 12 / 91
(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)
Gregg Barnett

Mailing Address 620 N Broad St

City State Zip Code
Woodbury NJ 08096-1795

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 4A5E8FF4F3053DA920DF

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Roger Alfred Barth

Mailing Address 160 Heritage Way Ste 202

City State Zip Code
Kalispell MT 59901-3127

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

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

Transaction ID: 5E62612696751271432

Amount of Each Receipt this Period
500.00

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

Mailing Address 17560 US Highway 441

City State Zip Code
Mount Dora FL 32757-6711

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 40AAA69C57355A156F56

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 91
(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 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 / 91

(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 State Zip Code
Edenton NC 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

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

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 State Zip Code
Meriden CT 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

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

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 State Zip Code
Maitland FL 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

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

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 / 91

(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 State Zip Code
Clayton MO 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 State Zip Code
Bronxville NY 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 State Zip Code
Bronxville NY 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 / 91

(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

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

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

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

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

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

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 / 91
(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)
G. Edward Bryant, Jr.

Mailing Address 303 W Polk Ave

City State Zip Code
West Memphis AR 72301-4262

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

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 State Zip Code
Bend OR 97701-8606

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 698.36

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

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 State Zip Code
Toledo OH 43615-2076

FEC ID 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 Y
1 2 / 1 8 / 2 0 1 0

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: PAGE 18 / 91
(check only one)

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

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

A.

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

B.

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

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial) Keith Carter		Date of Receipt MM / DD / YYYY 12 / 10 / 2010
Mailing Address 200 Hawkins Dr		Transaction ID: 42EC999EF4E60943B84F
City Iowa City	State Zip Code IA 52242-1007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 333.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	531.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 91
	<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) Jack Mabry Chapman		Date of Receipt MM / DD / YYYY 11 / 28 / 2010		
	Mailing Address 2061 Beverly Rd		Transaction ID: 41D98063909E0D909E38		
	City Gainesville	State GA	Zip Code 30501-2034	Amount of Each Receipt this Period 83.33	
	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 499.98		

B.	Full Name (Last, First, Middle Initial) Jack Mabry Chapman		Date of Receipt MM / DD / YYYY 12 / 28 / 2010		
	Mailing Address 2061 Beverly Rd		Transaction ID: 4AE79BC3C9898DD94EB8		
	City Gainesville	State GA	Zip Code 30501-2034	Amount of Each Receipt this Period 83.33	
	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 499.98		

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

SUBTOTAL of Receipts This Page (optional)	▶	191.66
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 20 / 91
(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 Chestler

Mailing Address 10502 NE Wasco St

City State Zip Code
Portland OR 97220-3948

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
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 State Zip Code
Jersey City NJ 07306-2932

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
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 State Zip Code
Waycross GA 31501-3638

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4999.92

Date of Receipt
MM / DD / YYYY
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 / 91
(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 State Zip Code
Waycross GA 31501-3638

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.92

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

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 State Zip Code
New York NY 10011-4102

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

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

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 State Zip Code
Rochester Hills MI 48307-6115

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

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: (check only one)	PAGE 22 / 91
	<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	Transaction ID: 2DFE6036-35AF-4C02-
	City State Zip Code North Dartmouth MA 02747-1278	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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	Transaction ID: 429980AC754E3E328E4E
	City State Zip Code Oklahoma City OK 73120-5005	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 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	Transaction ID: 425F827B834F193698C6
	City State Zip Code Moultrie GA 31768-6517	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self 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	

SUBTOTAL of Receipts This Page (optional)	▶	1080.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 91
(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 Davenport

Mailing Address 2424 S 90th St
Ste 204

City State Zip Code
West Allis WI 53227-2455

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt
MM / DD / YYYY
12 / 09 / 2010

Transaction ID: 40F198CD6DBAD1700E40

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Christopher Dickens

Mailing Address 491 30th St
Ste 103

City State Zip Code
Oakland CA 94609-3235

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

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

Transaction ID: 1935B835B22E5D29917

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 4991 N Circulo Sobrio

City State Zip Code
Tucson AZ 85718-6061

FEC ID 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 / 11 / 2010

Transaction ID: 227ED07E-807A-431D-

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶ **706.67**

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 24 / 91
(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)
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

C. Full Name (Last, First, Middle Initial)
Natalka Fedoriw
Mailing Address 3301 Lake Ave
City Fort Wayne State IN Zip Code 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 11 / 30 / 2010
Transaction ID: 89342C9962A93255420
Amount of Each Receipt this Period 1000.00

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 / 91
(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) Joseph Feghali		Date of Receipt MM / DD / YYYY 12 / 30 / 2010	
Mailing Address 2000 Hampton Ctr Ste D		Transaction ID: 07C44445-3770-4C45-	
City Morgantown	State WV	Zip Code 26505-1704	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Ophthamologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

B.

Full Name (Last, First, Middle Initial) James Finegan		Date of Receipt MM / DD / YYYY 12 / 06 / 2010	
Mailing Address 236 Roseberry St		Transaction ID: 48E09E218B0CEC4069B8	
City Phillipsburg	State NJ	Zip Code 08865-1632	Amount of Each Receipt this Period 83.34
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Ophthamologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED	

C.

Full Name (Last, First, Middle Initial) John Foley		Date of Receipt MM / DD / YYYY 12 / 20 / 2010	
Mailing Address PO Box 687		Transaction ID: 40738F0B2E5268F87EB9	
City Exmore	State VA	Zip Code 23350-0687	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Ophthamologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	BATCH TOOL RECURRING PAYM- ENT APPROVED AND SETTLED	

SUBTOTAL of Receipts This Page (optional)	490.01
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 26 / 91
(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)
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
M M / D D / Y Y Y Y Y
1 2 / 2 0 / 2 0 1 0

Transaction ID: 48F8B962D9E9116D06FF

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Transaction ID: A8CEF1FF5F652B0EA3A

Amount of Each Receipt this Period
365.00

C.

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

Transaction ID: 0D1D3419945FAE5136C

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **895.41**

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 27 / 91
(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 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

B.

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

C.

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

SUBTOTAL of Receipts This Page (optional) ► 1025.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 91
	<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		Date of Receipt MM / DD / YYYY 12 / 21 / 2010		
	Mailing Address 6485 Poplar Ave		Transaction ID: 43FF95C92B5FBDF55F23		
	City Memphis	State TN	Zip Code 38119-4838	Amount of Each Receipt this Period 30.41	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self Self	Occupation Ophthalmologist	Aggregate Year-to-Date 252.05		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Robert Gold		Date of Receipt MM / DD / YYYY 12 / 17 / 2010		
	Mailing Address 790 Concourse Pkwy S Ste 200		Transaction ID: 3B56AB4A03C3817C644		
	City Maitland	State FL	Zip Code 32751-6114	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Self	Occupation Ophthalmologist	Aggregate Year-to-Date 730.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Douglas Goosey		Date of Receipt MM / DD / YYYY 11 / 28 / 2010		
	Mailing Address 6545 Rutgers Ave		Transaction ID: 40AD9A6E295378CC937C		
	City Houston	State TX	Zip Code 77005-3850	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1200.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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 29 / 91
	<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		Date of Receipt
	Mailing Address 6545 Rutgers Ave		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Houston	TX	77005-3850
	FEC ID number of contributing federal political committee. C		Transaction ID: 4BF39BE4BCC0B300ED2F
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text" value="100.00"/>
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	<input type="text" value="1200.00"/>	

B.	Full Name (Last, First, Middle Initial) David Gossage		Date of Receipt
	Mailing Address 50 W Carleton Rd		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Hillsdale	MI	49242-1202
	FEC ID number of contributing federal political committee. C		Transaction ID: 441F8064E514DB0D6135
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text" value="50.00"/>
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Edward Graul		Date of Receipt
	Mailing Address 251 Moosa Blvd		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Eunice	LA	70535-3638
	FEC ID number of contributing federal political committee. C		Transaction ID: 421BBD65CAA9E16440BA
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text" value="41.67"/>
Receipt For:		Aggregate Year-to-Date ▼	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.03"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="191.67"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Steven Graves		Date of Receipt
	Mailing Address 1235 NE Loop 286		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Paris	TX	75460-2226
	FEC ID number of contributing federal political committee. C		Transaction ID: 477784775F3C3E23205B
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	<input type="text" value="91.25"/>
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

B.	Full Name (Last, First, Middle Initial) Mark Steven Graves		Date of Receipt
	Mailing Address 1235 NE Loop 286		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Paris	TX	75460-2226
	FEC ID number of contributing federal political committee. C		Transaction ID: 4FF7A5214D98AC5BAE73
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	<input type="text" value="91.25"/>
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

C.	Full Name (Last, First, Middle Initial) Erich Groos		Date of Receipt
	Mailing Address 2400 Patterson St Ste 201		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Nashville	TN	37203-1587
	FEC ID number of contributing federal political committee. C		Transaction ID: 448486B845C3D0C8F9DA
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="750.06"/>	<input type="text" value="83.34"/>
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="265.84"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 91
(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 Guyette

Mailing Address 600 Main St

City State Zip Code
Malden MA 02148-3919

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 77EAF573BB325AA9870

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Maged Habib

Mailing Address 2300 S Congress Ave Ste 102

City State Zip Code
Boynton Beach FL 33426-7400

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: 4F45B9816ED397F51971

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 515 Thompson St Ste A

City State Zip Code
Eden NC 27288-5040

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 4986A63A070D984E1BD1

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 91
(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 33 / 91

(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 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

MM / DD / YYYY
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)

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

MM / DD / YYYY
12 / 06 / 2010

Transaction ID: 4A549F4A5F33F5783984

Amount of Each Receipt this Period

30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Mark Hughes

Mailing Address 3 Woodland Rd Ste 210

City

Stoneham

State

MA

Zip Code

02180-1711

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

MM / DD / YYYY
12 / 11 / 2010

Transaction ID: 410399E2219AA8186DD2

Amount of Each Receipt this Period

416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

488.74

TOTAL This Period (last page this line 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 34 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Hutchins		Date of Receipt
	Mailing Address 3219 Clifton Ave Ste 210		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45220-3041
	FEC ID number of contributing federal political committee. C		Transaction ID: EA0191C1F2D3A6D6BAC
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"/> 763.00	<input type="text"/> 199.00
			Refunded 1.5.11

B.	Full Name (Last, First, Middle Initial) Robert Hutchins		Date of Receipt
	Mailing Address 3219 Clifton Ave Ste 210		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Cincinnati	OH	45220-3041
	FEC ID number of contributing federal political committee. C		Transaction ID: D08D91CF6FC6805DA1F
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"/> 763.00	<input type="text"/> 199.00

C.	Full Name (Last, First, Middle Initial) W. Jackson Iloff		Date of Receipt
	Mailing Address 4 W Rolling Crossroads Rear 7		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Catonsville	MD	21228-6278
	FEC ID number of contributing federal political committee. C		Transaction ID: 4DF6AEF399ADE4DC3244
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"/> 600.00	<input type="text"/> 50.00
			PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 448.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
W. Jackson Iliff

Mailing Address 4 W Rolling Crossroads
Rear 7

City State Zip Code
Catonsville MD 21228-6278

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 42EFAEC955A3BC6976F0

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 8 Medical Park Dr

City State Zip Code
Asheville NC 28803-2493

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

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

Transaction ID: 4D428E7CD982D2868C39

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 8 Medical Park Dr

City State Zip Code
Asheville NC 28803-2493

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

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

Transaction ID: 49D1A3A49E6CF9D70F60

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING 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 36 / 91

(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)
Elena Jimenez

Mailing Address Calle Tapia
Ocean Park, Apt 17

City State Zip Code
San Juan PR 00911-2337

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 291.69

Date of Receipt

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

Transaction ID: 4F65AE64560F5109EA67

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 1300 E 20th St

City State Zip Code
Cheyenne WY 82001-4021

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

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

Transaction ID: 4BDF8BB723EEF748EC8

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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
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		3	1		2	0	1	0

Transaction ID: 4ECD933CC87531F6DE01

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)

241.67

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 37 / 91
(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)
Earl Lawrence Jordan

Mailing Address 2630 Cunningham Ave

City Joplin State MO Zip Code 64804-1542

FEC 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 / 13 / 2010
Transaction ID: BF758169A6EB660C547
Amount of Each Receipt this Period: 365.00

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

Mailing Address 200 Mifflin Ave

City Scranton State PA Zip Code 18503-1982

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 12 / 21 / 2010
Transaction ID: 4241B8C77F98E77353BD
Amount of Each Receipt this Period: 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City Sun City West State AZ Zip Code 85375-4401

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 424.54

Date of Receipt: 11 / 26 / 2010
Transaction ID: 42458550279291EE4897
Amount of Each Receipt this Period: 30.42
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **437.09**

TOTAL This Period (last page this line number 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 / 91
(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)
Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City State Zip Code
Sun City West AZ 85375-4401

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 424.54

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

Transaction ID: 49F3B266232B9740178B

Amount of Each Receipt this Period
30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3200 Morley Rd

City State Zip Code
Shaker Heights OH 44122-2863

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 449.00

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

Transaction ID: AE61DCF0987A8522BBE

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Curtin Kelley

Mailing Address 262 Neil Ave Ste 320

City State Zip Code
Columbus OH 43215-7311

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 4A74E39A6A663780B98

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **594.42**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 91
(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) Alan Kimura		Date of Receipt MM / DD / YYYY 12 / 10 / 2010	
Mailing Address 8101 E Lowry Blvd Ste 210		Transaction ID: 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. C		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.

Full Name (Last, First, Middle Initial) James Klein		Date of Receipt MM / DD / YYYY 12 / 05 / 2010	
Mailing Address 21711 Greater Mack Ave		Transaction ID: 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. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Craig Kliger		Date of Receipt MM / DD / YYYY 11 / 24 / 2010	
Mailing Address 100 Galewood Cir		Transaction ID: 45F9B28B5FC84D82DB76	
City San Francisco	State CA	Zip Code 94131-1132	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 273.78	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	172.09
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 91
(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 12 / 24 / 2010

Transaction ID: 44C58AEEA73BBB013E9C

Amount of Each Receipt this Period 30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

C.

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

Mailing Address 2841 Boudinot Ave Ste 300

City Cincinnati State OH Zip Code 45238-2496

FEC 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 / 11 / 2010

Transaction ID: 45A2B44B71F8852E6571

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 80.42

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 91
(check only one)

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

A.

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

Mailing Address 2222 W 24th St
Unit 10

City Plainview State TX Zip Code 79072-1802

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: 44D0882F389A0EDEB5D4

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 3982 N Milwaukee Ave

City Chicago State IL Zip Code 60641-2703

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

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

Transaction ID: 4B38ABE05EE4D24B06DF

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Valerie Kounkel

Mailing Address 2101 Westown Pkwy
Ste 2

City West Des Moines State IA Zip Code 50265-1542

FEC 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 / 1 7 / 2 0 1 0

Transaction ID: F2D70FAB7626EF573B4

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Scott Lanoux	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 2820 Napoleon Ave Ste 900	Transaction ID: 498C9C8D9400501FB23A
	City State Zip Code New Orleans LA 70115-8200	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Wayne Larrison	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 46 Prince St Ste 402A	Transaction ID: B18F06D3CC12F8C911B
	City State Zip Code New Haven CT 06519-1600	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Howard Lazarus	Date of Receipt MM / DD / YYYY 12 / 12 / 2010
	Mailing Address 519 State St	Transaction ID: 4AD085D590056BAC4782
	City State Zip Code New Albany IN 47150-3620	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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 91
(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)
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
MM / DD / YYYY
12 / 08 / 2010

Transaction ID: 44FBA031D08AEC8AE686

Amount of Each Receipt this Period
25.00

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
MM / DD / YYYY
12 / 23 / 2010

Transaction ID: C53B9A49C0AAFEA07DF

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Cecily Lesko

Mailing Address 1005 Clifton Ave
Ste 1

City State Zip Code
Clifton NJ 07013-3520

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

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

Transaction ID: 679EC3EDCAAB2223CCF

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1390.00**

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

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

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

FOR LINE NUMBER: PAGE 44 / 91
(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)
Sue Lim
Mailing Address 263 Harrington Dr
City State Zip Code
Troy MI 48098-3027
FEC ID 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 12 / 08 / 2010
Transaction ID: 4E3EBB563E953FDBA8A7
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Mark Lindsay
Mailing Address 2725 E 29th St
City State Zip Code
Bryan TX 77802-2504
FEC ID 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 12 / 09 / 2010
Transaction ID: 3425F18D4D1F685EB6C
Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
David Loewy
Mailing Address 407 Avenue K SE
City State Zip Code
Winter Haven FL 33880-4126
FEC ID 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 12 / 30 / 2010
Transaction ID: C29C018D-7F38-4822-
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 415.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 91

(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 Paul Lohse

Mailing Address 1025 S 6th St

City State Zip Code
Springfield IL 62703-2403

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 865.00

Date of Receipt

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

Transaction ID: CC9C03176D3D642CC05

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Edward Lores

Mailing Address 4950 S Le Jeune Rd
Ste D

City State Zip Code
Coral Gables FL 33146-2231

FEC ID 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 / 0 8 / 2 0 1 0

Transaction ID: 4FB5BB24D320F31966FE

Amount of Each Receipt this Period

25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Jonathan Lowry

Mailing Address 335 E Parker Rd

City State Zip Code
Morganton NC 28655-5112

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 4AB310948DB2AFF0D4A

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: PAGE 46 / 91
(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)
Louis Maisel

Mailing Address PO Box 547

City State Zip Code
New City NY 10956-0547

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

Transaction ID: 4B3B897CD25712E4CB82

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Masud Malik

Mailing Address 3865 N Mulford Rd

City State Zip Code
Rockford IL 61114-5603

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 583.38

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

Transaction ID: 4A27A65CB7C9920E751B

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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
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

SUBTOTAL of Receipts This Page (optional) ► **133.34**

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 47 / 91
(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)
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
MM / DD / YYYY
12 / 03 / 2010

Transaction ID: 48C58CC2D87023D776A1

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 2110 Northern Blvd
Ste 208

City State Zip Code
Manhasset NY 11030-3500

FEC ID 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 / 02 / 2010

Transaction ID: 4B771E665C9193503FB

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Sheron Marshall

Mailing Address 7075 Campus Dr
Ste 100

City State Zip Code
Colorado Springs CO 80920-6524

FEC ID 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 / 06 / 2010

Transaction ID: 43DB9336D56FC0A67803

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **490.01**

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: (check only one)	PAGE 48 / 91
	<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	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 1110 Eagle Ridge Rd	Transaction ID: 4E6CBFC1A6A837B75987
	City State Zip Code Cedar Falls IA 50613-1514	Amount of Each Receipt this Period 100.00
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Benjamin Mason	Date of Receipt MM / DD / YYYY 12 / 31 / 2010
	Mailing Address 1110 Eagle Ridge Rd	Transaction ID: 47EFBB2F435BC781C99A
	City State Zip Code Cedar Falls IA 50613-1514	Amount of Each Receipt this Period 100.00
	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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Gary Mason	Date of Receipt MM / DD / YYYY 12 / 02 / 2010
	Mailing Address 7777 Southwest Fwy Ste 934	Transaction ID: E63EC6D16A767D56C25
	City State Zip Code Houston TX 77074-1813	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 699.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 91
	<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 McInnis	Date of Receipt MM / DD / YYYY 12 / 14 / 2010
	Mailing Address 300 N Willson Ave Ste 1003	Transaction ID: 4997B3BD504F3359C216
	City Bozeman State MT Zip Code 59715-3551	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Richard Meister	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 5959 Greenback Ln Ste 310	Transaction ID: 4DDFA3D11CE904A3CDAE
	City Citrus Heights State CA Zip Code 95621-4700	Amount of Each Receipt this Period 30.41
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 273.69	

C.	Full Name (Last, First, Middle Initial) Dale Meyer	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 1220 New Scotland Rd Ste 302	Transaction ID: 5A70CB3F85847CE183C
	City Slingerlands State NY Zip Code 12159-9386	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2100.00	

SUBTOTAL of Receipts This Page (optional)	1055.41
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 50 / 91
(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 Millay		Date of Receipt MM / DD / YYYY 12 / 09 / 2010
Mailing Address 111 Colchester Ave West Pav-Lev 5		Transaction ID: ED5977408CEE6BED693
City Burlington	State VT Zip Code 05401-1473	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Aaron Miller		Date of Receipt MM / DD / YYYY 11 / 23 / 2010
Mailing Address 13414 Medical Complex Dr Ste 4		Transaction ID: 410D96D71708B528486A
City Tomball	State TX Zip Code 77375-3333	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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		Transaction ID: 4FF494C9D04DCFC95CCA
City Tomball	State TX Zip Code 77375-3333	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 91
(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 State Zip Code
Oklahoma City OK 73112-4448

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 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 State Zip Code
Corpus Christi TX 78418-8093

FEC ID 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 / 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 State Zip Code
Bethesda MD 20814-3127

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

Date of Receipt
M M / D D / Y Y Y Y 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 52 / 91
	<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) Ronald Lee Morton		Date of Receipt		
	Mailing Address 1001 Tower Way Ste 150		M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 1 0		
	City Bakersfield	State CA	Zip Code 93309-1586	Transaction ID: 4C578C4F4472E27724BA	
	FEC ID number of contributing federal political committee. C		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 ▼ 273.69			

B.	Full Name (Last, First, Middle Initial) Ronald Lee Morton		Date of Receipt		
	Mailing Address 1001 Tower Way Ste 150		M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 1 0		
	City Bakersfield	State CA	Zip Code 93309-1586	Transaction ID: 4E769C9A44BC979B8705	
	FEC ID number of contributing federal political committee. C		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 ▼ 273.69			

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

SUBTOTAL of Receipts This Page (optional)	▶	102.49
TOTAL This Period (last page this line number 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 / 91
(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		Date of Receipt MM / DD / YYYY 12 / 23 / 2010	
Mailing Address 3060 Main St Ste 101		Transaction ID: 45A298903F8B1C14B1CA	
City Stratford	State CT	Zip Code 06614-4945	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 615.02	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Clifford Myers		Date of Receipt MM / DD / YYYY 12 / 16 / 2010	
Mailing Address 5401 N Knoxville Ave Ste 106		Transaction ID: BFEC2BE6C5434A29F9A	
City Peoria	State IL	Zip Code 61614-5021	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	Aggregate Year-to-Date 730.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Richard Neahrng		Date of Receipt MM / DD / YYYY 12 / 08 / 2010	
Mailing Address 1309 Liberty St SE		Transaction ID: 4B67BC4F83177A85F536	
City Salem	State OR	Zip Code 97302-4245	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 54 / 91
(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: PAGE 55 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 618 Toll Gate Rd

City Warwick State RI Zip Code 02886-2717

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 12 / 13 / 2010

Transaction ID: C23FE6379E7F81A6299

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Paul Olson

Mailing Address 1055 N 300 W Ste 204

City Provo State UT Zip Code 84604-3374

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 12 / 20 / 2010

Transaction ID: 4223849FFBEAF59EAC1F

Amount of Each Receipt this Period 208.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
S. Richard Ombres, Jr.

Mailing Address PO Box 190

City Christiansted State VI Zip Code 00821-0190

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 841.32

Date of Receipt 11 / 28 / 2010

Transaction ID: 42C08426DF6C87D660B2

Amount of Each Receipt this Period 30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 603.76

TOTAL This Period (last page this line number 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 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

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

SUBTOTAL of Receipts This Page (optional) ► 205.01
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 57 / 91
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
John 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: PAGE 58 / 91
(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)
Millicent Palmer

Mailing Address 4101 Woolworth Ave
Ste 112

City State Zip Code
Omaha NE 68105-1850

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 43FABA3861888360DF90

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 1 Vanderbilt Park Dr
Ste 150

City State Zip Code
Asheville NC 28803-1764

FEC ID 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 Y
1 2 / 2 7 / 2 0 1 0

Transaction ID: 4F54921077005E689362

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 12690 W North Ave

City State Zip Code
Brookfield WI 53005-4636

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

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

Transaction ID: 4E5ABEBD52ADFF4EAC3B

Amount of Each Receipt this Period
25.00

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: PAGE 59 / 91
(check only one)

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

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

A.

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

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

City Gainesville State FL Zip Code 32610-3003

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.03

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

Transaction ID: 447B8092ACD2BAC97361

Amount of Each Receipt this Period
10.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

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

City Gainesville State FL Zip Code 32610-3003

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 495.03

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

Transaction ID: 4B7884098D6D37E70F1D

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 330 1st Capitol Dr
Ste 330

City Saint Charles State MO Zip Code 63301-2847

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

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

Transaction ID: 32920EF8869EB1F6CE3

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► 250.67

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 60 / 91
(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)
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
M M / D D / Y Y Y Y
1 2 / 0 3 / 2 0 1 0

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

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

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: PAGE 61 / 91
(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)
Tedd Puckett

Mailing Address 1209 Valley View St

City Radford State VA Zip Code 24141-3831

FEC 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 / 23 / 2010
Transaction ID: 4847B8B966E933FA36A
 Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial)
Vadrevu Raju

Mailing Address 3140 Collins Ferry Rd

City Morgantown State WV Zip Code 26505-3352

FEC 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 / 11 / 2010
Transaction ID: 496884750399A66AB98C
 Amount of Each Receipt this Period: 25.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 50 Staniford St Ste 600

City Boston State MA Zip Code 02114-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2010
Transaction ID: 6849E61D-C483-49C4-
 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: PAGE 62 / 91
(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)
Matthew Reed

Mailing Address 11800 Rock Landing Dr

City State Zip Code
Newport News VA 23606-4206

FEC ID 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 4 / 2 0 1 0

Transaction ID: 4D53AEB0E6E494FC648C

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Alan Rehmar

Mailing Address 262 Neil Ave Ste 220

City State Zip Code
Columbus OH 43215-7310

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.28

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

Transaction ID: 4BEA9E2F2083B038C659

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 207 S Santa Anita Ave Ste P25

City State Zip Code
San Gabriel CA 91776-1145

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3804.00

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

Transaction ID: 4AFC90DF10503D4C5179

Amount of Each Receipt this Period
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 447.41

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 63 / 91
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
David 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: PAGE 64 / 91
(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 Ringel

Mailing Address 101A Kings Way W

City State Zip Code
Sewell NJ 08080-2233

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.36

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

Transaction ID: 42C089654402963FF57B

Amount of Each Receipt this Period
30.42

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Muriel Rosa-DelGado

Mailing Address Parkville Terrace
113 Alamo Drive

City State Zip Code
Guaynabo PR 00969

FEC ID 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 / 2 7 / 2 0 1 0

Transaction ID: 442288096671F8C1D5F5

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Teresa Rosales

Mailing Address 4100 Long Beach Blvd
Ste 108

City State Zip Code
Long Beach CA 90807-2696

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 47CB9BFAC9D207A74F3B

Amount of Each Receipt this Period
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **97.09**

TOTAL This Period (last page this line number 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 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brian Paul Roth

Mailing Address 1022 W Ivy Ave

City State Zip Code
Moses Lake WA 98837-4107

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 13 / 2010

Transaction ID: 48C89E6DF6D278D8743

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Stanley Rous

Mailing Address 7800 W Oakland Park Blvd
Building C, Suite 206

City State Zip Code
Sunrise FL 33351-6741

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.69

Date of Receipt
M M / D D / Y Y Y Y
12 / 09 / 2010

Transaction ID: 483F8C1F67B264862B7E

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Gary Rubin

Mailing Address 7001 W Archer Ave

City State Zip Code
Chicago IL 60638-2201

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 08 / 2010

Transaction ID: 4CB673E2BA3C7DD3989

Amount of Each Receipt this Period
199.00

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

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

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

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

FOR LINE NUMBER: PAGE 66 / 91
(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 Ryan, Jr.
 Mailing Address 1420 Tara Hills Dr
Ste D
 City Pinole State CA Zip Code 94564-2530
 Date of Receipt 12 / 13 / 2010
Transaction ID: C748ADEC17B719D7CB0
 Amount of Each Receipt this Period 300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 600.00

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
 Date of Receipt 12 / 02 / 2010
Transaction ID: 12EE20AE69EFB119422
 Amount of Each Receipt this Period 199.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 398.00

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
 Date of Receipt 12 / 02 / 2010
Transaction ID: 7564992B3F59D986115
 Amount of Each Receipt this Period 199.00
 Refunded 1.5.11
 FEC 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

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 67 / 91
(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) Steven Samuelson		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
Mailing Address 2827 N Clarkson St		Transaction ID: 4FB185BDDDBAA15B0BBB8
City Fremont	State NE	Zip Code 68025-7714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) John Saunders		Date of Receipt MM / DD / YYYY 12 / 11 / 2010
Mailing Address 7711 Louis Pasteur Dr Ste 603		Transaction ID: 4EDDB679BD7114272D4A
City San Antonio	State TX	Zip Code 78229-3421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) A. William Schubert		Date of Receipt MM / DD / YYYY 12 / 17 / 2010
Mailing Address 1605 Reynolds Dr		Transaction ID: 4736AE1915C3982CB73E
City Charleston	State IL	Zip Code 61920-3152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

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 68 / 91
(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) Bruce Schwartz		Date of Receipt MM / DD / YYYY 12 / 20 / 2010
Mailing Address 707 N Michigan St Ste 210		Transaction ID: 067E47008BA2605B7BB
City South Bend	State Zip Code IN 46601-1069	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) David Shulman		Date of Receipt MM / DD / YYYY 12 / 22 / 2010
Mailing Address 999 E Basse Rd Ste 127		Transaction ID: 4EE2996349153F1304B3
City San Antonio	State Zip Code TX 78209-1802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 633.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial) Scott So		Date of Receipt MM / DD / YYYY 12 / 19 / 2010
Mailing Address 2100 Webster St Ste 214		Transaction ID: 4BDE9B119BC9A91BDB86
City San Francisco	State Zip Code CA 94115-2375	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 69 / 91						
	(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

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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		Transaction ID: 4550AC2135F4F1BF9793		
	City Pasadena	State CA	Zip Code 91105-3283	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 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		Transaction ID: 93322BC81DCA98A37CC		
	City Dallas	State TX	Zip Code 75205-4327	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		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		Transaction ID: 408F8285E0FF7C2EBC3D		
	City Derry	State NH	Zip Code 03038-1584	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 375.03	

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 70 / 91
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Gerald Spindel	Date of Receipt MM / DD / YYYY 12 / 24 / 2010
	Mailing Address 6 Tsienneto Rd Ste 101	Transaction ID: 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. 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.	Full Name (Last, First, Middle Initial) Merrill Stass-Isern	Date of Receipt MM / DD / YYYY 12 / 22 / 2010
	Mailing Address 10511 Mission Rd Unit 209A	Transaction ID: 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. C	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
C.	Full Name (Last, First, Middle Initial) Mitchell Brian Stein	Date of Receipt MM / DD / YYYY 12 / 13 / 2010
	Mailing Address 69 S Moger Ave	Transaction ID: 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. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

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 71 / 91
(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)
Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City State Zip Code
Mount Kisco NY 10549-2217

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

Transaction ID: 5DEF8A35C2D121CCF57

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Paul Sternberg

Mailing Address 2311 Pierce Ave

City State Zip Code
Nashville TN 37232-0025

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 0A02E026-7E98-4015-

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Wells Stewart

Mailing Address 177 Parkwood Dr

City State Zip Code
Elkin NC 28621-2429

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

Name of Employer Self Occupation
Self 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 1 / 2 9 / 2 0 1 0

Transaction ID: 4288B40E204A707AD104

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1041.67

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 72 / 91
(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 Elkin State NC Zip Code 28621-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03
 Date of Receipt 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 Baraboo State WI Zip Code 53913-1538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00
 Date of Receipt 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 Edmond State OK Zip Code 73034-6786
 FEC 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 / 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 73 / 91

(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)

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)

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

C.

Full Name (Last, First, Middle Initial)

Steven Swedberg

Mailing Address 21827 76th Ave W
Ste 102

City State Zip Code
Edmonds WA 98026-7981

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.04

Date of Receipt

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

Transaction ID: 4756AADD30D9ABBDDADB

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

133.34

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 74 / 91
(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)
Gary Tanner
Mailing Address 10 Jacobs Ln
City Newport News State VA Zip Code 23606-2815
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00
Date of Receipt 11 / 29 / 2010
Transaction ID: 45E9A1818029ECC1D4AD
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

C. Full Name (Last, First, Middle Initial)
Randall Tozer
Mailing Address 9811 N 95th St Ste 101
City Scottsdale State AZ Zip Code 85258-4527
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1021.69
Date of Receipt 12 / 03 / 2010
Transaction ID: 4726AE135CF419E643F6
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 141.67
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 75 / 91		
	<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

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 Trent		Date of Receipt MM / DD / YYYY 11 / 23 / 2010		
	Mailing Address 3190 Churn Creek Rd		Transaction ID: DC57910F9B412F6410A		
	City Redding	State CA	Zip Code 96002-2122	Amount of Each Receipt this Period 2500.00	
	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 ▼ 2500.00			

B.	Full Name (Last, First, Middle Initial) Gregory Trubowitsch		Date of Receipt MM / DD / YYYY 12 / 16 / 2010		
	Mailing Address 741 Los Miradores Dr		Transaction ID: FBC4912197BC5E8AB35		
	City El Paso	State TX	Zip Code 79912-3451	Amount of Each Receipt this Period 2500.00	
	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 ▼ 5400.00			

C.	Full Name (Last, First, Middle Initial) James Vander		Date of Receipt MM / DD / YYYY 12 / 08 / 2010		
	Mailing Address 910 E Willow Grove Ave		Transaction ID: E793E4421D8ECDB137A		
	City Wyndmoor	State PA	Zip Code 19038-7910	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00			

SUBTOTAL of Receipts This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 91
(check only one)

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

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

A.

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

Mailing Address 200 Henry Clay Ave

City State Zip Code
New Orleans LA 70118-5720

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 30 / 2010

Transaction ID: 9AD28EE6233C4AACF2D

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2020 Philadelphia St
Wolfe Clinic

City State Zip Code
Ames IA 50010-8772

FEC ID 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 / 02 / 2010

Transaction ID: 669FF3F762DB1D7D261

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Thomas Peter Ward

Mailing Address 18 Old Stone Xing

City State Zip Code
West Hartford CT 06117-1859

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 14 / 2010

Transaction ID: 4B3AB41941105550F5F9

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 91
(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)
Floyd Warren

Mailing Address 530 1st Ave
Ste 3-B

City State Zip Code
New York NY 10016-6402

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.69

Date of Receipt
MM / DD / YYYY
12 / 14 / 2010

Transaction ID: 4548906D66A6C524261C

Amount of Each Receipt this Period
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 1725 Harrodsburg Rd
Ste 110

City State Zip Code
Lexington KY 40504-3601

FEC ID 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 / 10 / 2010

Transaction ID: E6EE648A4BA51312B9D

Amount of Each Receipt this Period
165.00

C.

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

Mailing Address 3934 S Americus St

City State Zip Code
Seattle WA 98118-1640

FEC ID 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 / 05 / 2010

Transaction ID: 4BA7B79FB22C558A21D3

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **245.41**

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 78 / 91		
	<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

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

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

A.	Full Name (Last, First, Middle Initial) Barry Welch		Date of Receipt
	Mailing Address 424 Yellowstone Ave Ste 110		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cody	WY	82414-9309
	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="750.06"/>	Transaction ID: 4E5A943736B38F198BF2 Amount of Each Receipt this Period <input type="text" value="83.34"/> BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.	Full Name (Last, First, Middle Initial) Barry Welch		Date of Receipt
	Mailing Address 424 Yellowstone Ave Ste 110		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Cody	WY	82414-9309
	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="750.06"/>	Transaction ID: 4F12805396C7B7842AA0 Amount of Each Receipt this Period <input type="text" value="83.34"/> BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Robert Welch		Date of Receipt
	Mailing Address 526 Shoup Ave W Ste H		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Twin Falls	ID	83301-5050
	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="365.00"/>	Transaction ID: A84BEE01-048A-4F50- Amount of Each Receipt this Period <input type="text" value="365.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="531.68"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Charles Wesley		Date of Receipt
	Mailing Address 18051 River Ave Ste 101		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 0 / 2 0 1 0
	City	State	Zip Code
	Noblesville	IN	46062-7093
	FEC ID number of contributing federal political committee.		C <input type="text"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 365.00	Transaction ID: 923CF75BAEB151A5AD9 Amount of Each Receipt this Period <input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Amy Wexler		Date of Receipt
	Mailing Address 509 S Lenola Rd Ste 11		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Moorestown	NJ	08057-1556
	FEC ID number of contributing federal political committee.		C <input type="text"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1165.00	Transaction ID: 409E9D6AC5C2218A2D32 Amount of Each Receipt this Period <input type="text"/> 25.00 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Paul Wiesner		Date of Receipt
	Mailing Address 1800 E Pavilion Pl Unit B		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Montrose	CO	81401-5499
	FEC ID number of contributing federal political committee.		C <input type="text"/>
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 2500.00	Transaction ID: 163D8FC411E721E9F33 Amount of Each Receipt this Period <input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1390.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 80 / 91
(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)
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

B. 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

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

Mailing Address 557 Cranbury Rd
Ste 15

City East Brunswick State NJ Zip Code 08816-5419

FEC 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 12 / 16 / 2010
Transaction ID: 0F4E291B771C6861D9D
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Brian Wnorowski

Mailing Address 530 Lakehurst Rd
Ste 206

City Toms River State NJ Zip Code 08755-8063

FEC 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 / 3 0 / 2 0 1 0

Transaction ID: 4F4589AE-675E-4E4D-

Amount of Each Receipt this Period
500.00

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

Transaction ID: 450DF476-464B-4E6C-

Amount of Each Receipt this Period
199.00

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

Transaction ID: 97BEAE56-CF3D-4637-

Amount of Each Receipt this Period
199.00

SUBTOTAL of Receipts This Page (optional) ► **898.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 91
	(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) Carol Ziel	Date of Receipt MM / DD / YYYY 12 / 20 / 2010
	Mailing Address 2025 Frontis Plaza Blvd Ste 100	Transaction ID: 4FDFAEFAED2E0D63852F
	City State Zip Code Winston Salem NC 27103-5663	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	Aggregate Year-to-Date 783.36	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<hr/>		
B.	Full Name (Last, First, Middle Initial) Harry Zink	Date of Receipt MM / DD / YYYY 12 / 01 / 2010
	Mailing Address 3519 Friendsville Rd	Transaction ID: 40479FC9292B3B7E307D
	City State Zip Code Wooster OH 44691-1241	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Name of Employer Self Occupation Self Ophthalmologist	Aggregate Year-to-Date 1166.97	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	46086.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 83 / 91	
	(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)

A.	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 Beaune Cedex 21204		Transaction ID: 42C4B1E09F6A70541292																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00																						
Name of Employer Occupation Pac Admin																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00																						

SUBTOTAL of Receipts This Page (optional)	▶	25.00
TOTAL 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)

A.	Full Name (Last, First, Middle Initial) AAO Mailing Address 655 Beach St. City San Francisco State CA Zip Code 94109 Purpose of Disbursement AAO Dues deposit error Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V28587-0861169695854 Date of Disbursement 11 / 29 / 2010 Amount of Each Disbursement this Period 375.00 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) AAO Mailing Address 655 Beach St. City San Francisco State CA Zip Code 94109 Purpose of Disbursement Transfer Admin funds to AAO Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V33717-5008508563041 Date of Disbursement 11 / 29 / 2010 Amount of Each Disbursement this Period 3940.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) AAO Mailing Address 655 Beach St. City San Francisco State CA Zip Code 94109 Purpose of Disbursement Transfer Admin/Baltz funds to AAO Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V09188-1262933611869 Date of Disbursement 12 / 09 / 2010 Amount of Each Disbursement this Period 450.00 001 Category/ Type

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>A. 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>Transaction ID: 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. 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>Transaction ID: 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>C. 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>Transaction ID: 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)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Dec 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 3BE09CF37FE6F59DB21

Date of Disbursement

12 / 31 / 2010

Amount of Each Disbursement this Period

783.93

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - Dec 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 48B2CE7FA5F919AD0D9

Date of Disbursement

12 / 31 / 2010

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)

A.	Full Name (Last, First, Middle Initial) Austin Scott for Congress Inc	Transaction ID: 28587-4824182391166	
	Mailing Address PO Box 27750	Date of Disbursement 11 / 29 / 2010	
	City Macon State GA Zip Code 31221	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution 2010 General / Debt Retirement Candidate Name James Austin Scott Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
B.	Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: 28587-5126764178276	
	Mailing Address PO Box 3451	Date of Disbursement 11 / 29 / 2010	
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period 5000.00	
	Purpose of Disbursement Contribution 2010 General / Debt Retirement Candidate Name Charles F. Bass Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	
C.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: 48809-72810000181198	
	Mailing Address 5915 Eastman Avenue Suite 100	Date of Disbursement 12 / 06 / 2010	
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period -4000.00	
	Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Dave Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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>A. 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 State: VI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 48809-52668398618698</p> <p>Date of Disbursement 12 / 06 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>Category/Type 011</p>
<p>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 State: WA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28587-4508478045463</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>C. 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>Transaction ID: 28587-0038873553276</p> <p>Date of Disbursement 11 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type 011</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

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(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Scott Desjarlais Mailing Address PO Box 90133 City Nashville State TN Zip Code 37209 Purpose of Disbursement 2010 General / Debt Retirement Candidate Name Scott Eugene DesJarlais Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28587-0262719988822 Date of Disbursement 11 / 29 / 2010
	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. Full Name (Last, First, Middle Initial) Marco Rubio for Us Senate Mailing Address 2030 South Douglas Road Suite 105 City Coral Gables State FL Zip Code 33134 Purpose of Disbursement Contribution 2010 General / Debt Retirement Candidate Name Marco Rubio Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28587-1258355975151 Date of Disbursement 11 / 29 / 2010
	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) ▼
C. Full Name (Last, First, Middle Initial) Pat Meehan for Congress Mailing Address 50 S. Providence Road City Media State PA Zip Code 19063 Purpose of Disbursement Contribution 2010 General / Debt Retirement Candidate Name Patrick L. Meehan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28587-4584466814994 Date of Disbursement 11 / 29 / 2010
	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) ▶

12500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Paul Gosar for Congress Mailing Address 2222 E. Cedar Ave. City Flagstaff State AZ Zip Code 86004 Purpose of Disbursement 2010 General - Debt Retirement Candidate Name Paul R. Gosar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28587-9273950457573 Date of Disbursement 11 / 29 / 2010
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Scott Rigell for Congress Mailing Address 915 First Colonial Road Suite 100 City Virginia Beach State VA Zip Code 23454 Purpose of Disbursement 2010 General / Debt Retirement Candidate Name Edward Scott Rigell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28587-2173730731010 Date of Disbursement 11 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 607 14th Street, N.W. Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2010 General - Debt Retirement Candidate Name Searchlight Leadership Fund 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	Transaction ID: 28587-9653283953666 Date of Disbursement 11 / 29 / 2010
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thoroughbred Pac

Mailing Address PO Box 65116

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
Contribution

Candidate Name
Thoroughbred Pac

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 99524-2805597186088

Date of Disbursement

^M <input type="text" value="1"/>	^M <input type="text" value="2"/>	/	^D <input type="text" value="0"/>	^D <input type="text" value="8"/>	/	^Y <input type="text" value="2"/>	^Y <input type="text" value="0"/>	^Y <input type="text" value="1"/>	^Y <input type="text" value="0"/>
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Amount of Each Disbursement this Period

<input type="text" value="1000.00"/>

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)