

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2008 through 01 31 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Benjamin Bank  
Signature of Treasurer Electronically Filed by Benjamin Bank Date 02 13 2008

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)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		895558.86
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	895558.86									
(c) Total Receipts (from Line 19) .....	61308.72	61308.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	956867.58	956867.58								
7. Total Disbursements (from Line 31) .....	1801.93	1801.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	955065.65	955065.65								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	53276.00	53276.00
(i) Itemized (use Schedule A) .....	5401.25	5401.25
(ii) Unitemized .....	58677.25	58677.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(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) .....	58677.25	58677.25
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	2631.47	2631.47
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)) .....	61308.72	61308.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61308.72	61308.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1501.93	1501.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1501.93	1501.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	300.00	300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	300.00	300.00
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))..	1801.93	1801.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1801.93	1801.93

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	58677.25	58677.25
34. Total Contribution Refunds (from Line 28(d)) .....	300.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	58377.25	58377.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1501.93	1501.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1501.93	1501.93

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

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

FOR LINE NUMBER: PAGE 6 / 45

(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)

William Aden

Mailing Address 1053 River Oaks Drive

City State Zip Code  
Flowood MS 39232-9595

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 8

Transaction ID: FBF69D620307

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Omar Almallah

Mailing Address the Focus Center  
20 Mule Road

City State Zip Code  
Toms River NJ 08755-5028

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 8

Transaction ID: 42c991a340df61696717

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

James Antoszyk

Mailing Address Charlotte Eent Assoc, Pa  
6035 Fairview Road

City State Zip Code  
Charlotte NC 28210

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: GAX2Q8840948

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**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 7 / 45  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Todd Auker

Mailing Address Auker Eye Inst  
2324 Santa Rita Road Suite 7

City Pleasanton State CA Zip Code 94566

FEC 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 01 / 18 / 2008  
Transaction ID: 0444087  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**B.**

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

Mailing Address 912 E Willow Grove Avenue

City Wyndmoor State PA Zip Code 19038-7910

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 08 / 2008  
Transaction ID: BSYBNI407531  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**C.**

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

Mailing Address 620 N Broad Street

City Woodbury State NJ Zip Code 08096-1795

FEC 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 01 / 18 / 2008  
Transaction ID: 0211790  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 45  
(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)  
Rulon Beesley

Mailing Address #102  
44404 16th St. W

City State Zip Code  
Lancaster CA 93534-2839

FEC ID 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  
01 / 14 / 2008

Transaction ID: 87P2GU245285

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Gregg Berdy

Mailing Address 12990 Manchester Road, Suite 200

City State Zip Code  
Des Peres MO 63131

FEC ID 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  
01 / 20 / 2008

Transaction ID: 6085406D-6F05-4D5E-

Amount of Each Receipt this Period  
365.00

**C.** 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  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2008

Transaction ID: 4b008287b75bfe2ca099

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **980.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alan Brackup		Date of Receipt
	Mailing Address Suite 103 300 Middletown Boulevard		<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 0 1 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Langhorne	PA	19047-3202
	FEC ID number of contributing federal political committee.		Transaction ID: BSYBNI326732
	C		Amount of Each Receipt this Period
		250.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Brailsford		Date of Receipt
	Mailing Address Suite 303 801 N Tustin Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 7 / 2 0 0 8
	City	State	Zip Code
	Santa Ana	CA	92705-3601
	FEC ID number of contributing federal political committee.		Transaction ID: FBF69D107213
	C		Amount of Each Receipt this Period
		250.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Nauman Chaudhry		Date of Receipt
	Mailing Address Suite 300 2200 Whitney Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Hamden	CT	06518-3602
	FEC ID number of contributing federal political committee.		Transaction ID: GAX2UE276289
	C		Amount of Each Receipt this Period
		250.00	
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 45  
(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)  
Rudolf Churner

Mailing Address 1501 Redbud

City State Zip Code  
McKinney TX 75069-3226

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Transaction ID: GAX2UE585661

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.**

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

Mailing Address 1350 S Main St  
Ste 3200

City State Zip Code  
Fort Worth TX 76104-7669

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2008

Transaction ID: 4e26a43e1ab8e61d4026

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 1130 Loma Vista

City State Zip Code  
Mesa AZ 85213

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

Transaction ID: 9C1A876F-7C6D-4946-

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Downing		Date of Receipt
	Mailing Address 985 Matlock Road		<input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bowling Green	KY	42104-7408
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 87P2GU788914
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) David Durfee		Date of Receipt
	Mailing Address 616 SE Manchester Place		<input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Portland	OR	97202
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> D2631D81-254C-4CA4-
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Edelstein		Date of Receipt
	Mailing Address 2022 E La Vieve Lane		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Tempe	AZ	85224
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 63D96FF4-80F1-447C-
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry Eggleston		Date of Receipt
	Mailing Address Suite 100 633 Emerson Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 2 9 / 2 0 0 8
	City State Zip Code St. Louis MO 63141-6739		Transaction ID: GAX2UE183192
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer self Occupation self Ophthalmologist		Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel Eichenbaum		Date of Receipt
	Mailing Address 1321 W US Highway 64 PO Box 39		<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 0 1 / 2 4 / 2 0 0 8
	City State Zip Code Murphy NC 28906-3361		Transaction ID: GAX2Q8746154
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer self Occupation self Ophthalmologist		Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Andrew Erdey		Date of Receipt
	Mailing Address Erdey Eye Group 5965 E Broad Street Suite 490		<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 0 1 / 2 9 / 2 0 0 8
	City State Zip Code Columbus OH 43213		Transaction ID: GAX2UE133947
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer self Occupation self Ophthalmologist		Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1115.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

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

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

**A.**

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

Mailing Address 195 W Brown Street

City State Zip Code  
Birmingham MI 48009-6018

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 501.00

Date of Receipt

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

Transaction ID: GAX2Q8691065

Amount of Each Receipt this Period

501.00

Batch Tool - PAC

**B.**

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

Mailing Address 1441 E Ocean Boulevard

City State Zip Code  
Stuart FL 34996-2613

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 8

Transaction ID: FAD9TV624438

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Stuart Fine

Mailing Address 51 N 39th Street

City State Zip Code  
Philadelphia PA 19104-2640

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 0417374

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

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

1116.00

**TOTAL** This Period (last page this line number 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 / 45  
(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)  
Frank Fischer

Mailing Address Suite 200  
215 1st St. N

City State Zip Code  
Winter Haven FL 33881-4507

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2008

Transaction ID: GAX2Q8457213

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
C Stephen Foster

Mailing Address Suite 8  
5 Cambridge Center

City State Zip Code  
Cambridge MA 02142-1493

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Transaction ID: GAX2UE831337

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Tamara Fountain

Mailing Address 1445 Coral Parkway

City State Zip Code  
Northbrook IL 60062-5192

FEC ID 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  
01 / 07 / 2008

Transaction ID: 4PJKRI831247

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 45  
(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) Geoffrey Garrett		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address Highland Clinic 1455 E Bert Kouns		Transaction ID: GAX2UC153664
City Shreveport	State LA	Zip Code 71105-5634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
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) Gerald Gaul		Date of Receipt MM / DD / YYYY 01 / 08 / 2008
Mailing Address North Dakota Eye Clinic 3035 Demers Avenue		Transaction ID: BSYBNI951266
City Grand Forks	State ND	Zip Code 58201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) David Glasser		Date of Receipt MM / DD / YYYY 01 / 18 / 2008
Mailing Address Suite 101 6350 Stevens Forest Road		Transaction ID: 0681863
City Columbia	State MD	Zip Code 21046-3240
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Godard	Date of Receipt MM / DD / YYYY 01 / 07 / 2008
	Mailing Address 158 Clinic Avenue	<b>Transaction ID:</b> 4PJKRI797245
	City State Zip Code Carrollton GA 30117-4414	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Gossage	Date of Receipt MM / DD / YYYY 01 / 16 / 2008
	Mailing Address 50 W Carleton	<b>Transaction ID:</b> 22B20624-D8DD-4B17-
	City State Zip Code Hillsdale MI 49242	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joel Gottlieb	Date of Receipt MM / DD / YYYY 01 / 07 / 2008
	Mailing Address Roxbury Eye Center Pc 66 Sunset Strip Suite 107	<b>Transaction ID:</b> 4PJKRI714354
	City State Zip Code Succasunna NJ 07876-1345	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self: self Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Seton Health Center  
711 W North Avenue Suite 206

City State Zip Code  
Chicago IL 60610

FEC ID 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  
01 / 07 / 2008

**Transaction ID:** 4PKRI346380

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Lynn Greenlee

Mailing Address 1145 Ohio Avenue

City State Zip Code  
Canon City CO 81212-2278

FEC ID 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  
01 / 24 / 2008

**Transaction ID:** GAX2Q8867713

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 475 Irving Avenue  
Suite 420

City State Zip Code  
Syracuse NY 13210-1573

FEC ID 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  
01 / 29 / 2008

**Transaction ID:** GAX2UE513825

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1095.00**

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

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

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

FOR LINE NUMBER: PAGE 18 / 45  
(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 Guerra

Mailing Address 244 Wesley Drive

City State Zip Code  
Kerrville TX 78028

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 16 / 2008

**Transaction ID:** 787F355B-77EA-455E-

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Linda Gunshefski

Mailing Address 625 Catherine Street

City State Zip Code  
Walla Walla WA 99362-3131

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

**Transaction ID:** GAX2UE488194

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

Mailing Address 600 Main Street

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  
MM / DD / YYYY  
01 / 24 / 2008

**Transaction ID:** GAX2Q8927713

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 45  
(check only one)

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

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

**A.**

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

Mailing Address 409 NW Briarcliff Parkway

City State Zip Code  
Kansas City MO 54116

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 8

**Transaction ID:** 91E5DE8D-BB83-4E1F-

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 1508 Brook Avenue

City State Zip Code  
Wichita Falls TX 76301-5604

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** BSYBNI088824

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.**

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

Mailing Address Suite 1  
21 Highland Avenue

City State Zip Code  
Newburyport MA 01950-3873

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

**Transaction ID:** GAX2Q8126650

Amount of Each Receipt this Period  
300.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 45  
(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)  
Kurt Frederick Heitman

Mailing Address 104 Simpson St

City State Zip Code  
Greenville SC 29605

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2008

**Transaction ID:** E6B6803B-12F2-4ADA-

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 499 Farmington Avenue

City State Zip Code  
Farmington CT 06032-1943

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

**Transaction ID:** BSYBNI626488

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**C.**

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

Mailing Address 2285 Green Vista Drive

City State Zip Code  
Sparks NV 89431-1071

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2008

**Transaction ID:** 459fb2a2ff664b390095

Amount of Each Receipt this Period  
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 45  
(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)  
Nabil Jabbour

Mailing Address 3120 Collins Ferry Road

City State Zip Code  
Morgantown WV 26505-3305

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

**Transaction ID:** BSYBNI564138

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Nabil Jabbour

Mailing Address 3120 Collins Ferry Road

City State Zip Code  
Morgantown WV 26505-3305

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2008

**Transaction ID:** GAX2Q8245011

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address Suite 210  
8101 E Lowry Boulevard

City State Zip Code  
Denver CO 80230-7195

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2008

**Transaction ID:** 9618bf7ef32c16dfb3

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 45  
(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)  
Kenneth Juechter

Mailing Address 20 Watch Hill Road

City State Zip Code  
Croton on Hudson NY 10520-1018

FEC ID 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  
01 / 24 / 2008

Transaction ID: GAX2Q8481538

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Keith Kellum

Mailing Address 446 Corporate Drive

City State Zip Code  
Houma LA 70360-2461

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

Transaction ID: BSYBNI315691

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address 6700 E. STALLION ROAD

City State Zip Code  
PARADISE VALLEY AZ 85253

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 31 / 2008

Transaction ID: 17E45EDF-7A52-43B4-

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 45  
(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 King

Mailing Address 3209 N 4th St  
Ste 100

City Longview State TX Zip Code 75605-5170

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2008  
**Transaction ID:** a32aa869c9efef8c741  
Amount of Each Receipt this Period 250.00  
PAC

**B.**

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

Mailing Address 3000 Rogers Avenue

City Fort Smith State AR Zip Code 72901-4232

FEC 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 01 / 18 / 2008  
**Transaction ID:** 0460925  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**C.**

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

Mailing Address Suite 300  
2841 Boudinot Avenue

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 ▼ 365.00

Date of Receipt 01 / 18 / 2008  
**Transaction ID:** 0746434  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

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

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

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

FOR LINE NUMBER: PAGE 24 / 45  
(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)  
Daniel Krach

Mailing Address 2510 E Dupont Road Suite 128

City State Zip Code  
Fort Wayne IN 46825-1603

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 18 / 2008

**Transaction ID:** 0514151

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

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

Mailing Address 2201 S 10th St. Suite A

City State Zip Code  
Fort Pierce FL 34950-5382

FEC ID 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  
01 / 18 / 2008

**Transaction ID:** 0186806

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Reading Hlth Center  
20 Pond Meadow Drive Suite 203

City State Zip Code  
Reading MA 1867

FEC ID 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  
01 / 18 / 2008

**Transaction ID:** 0748665

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **980.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 45  
(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)  
William Lee

Mailing Address 349 Folly Road

City Charleston State SC Zip Code 29412-2508

FEC 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 01 / 08 / 2008

Transaction ID: BSYBNI467188

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

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

Mailing Address 5300 N Street

City Nacogdoches State TX Zip Code 75965-1370

FEC 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 01 / 18 / 2008

Transaction ID: 0277870

Amount of Each Receipt this Period 2500.00

Batch Tool - PAC

**C.**

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

Mailing Address 4748 Wild Meadow Reach

City Santa Rosa State CA Zip Code 95405

FEC 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 01 / 18 / 2008

Transaction ID: C575E9BA-D457-470C-

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3165.00**

**TOTAL** This Period (last page this line number 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 / 45  
(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 Mackool

Mailing Address 31-27 41st Street

City Astoria State NY Zip Code 11103-3901

FEC 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 01 / 23 / 2008

Transaction ID: FAD9TV551742

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

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

Mailing Address 5670 N. Camino Arturo

City Tucson State AZ Zip Code 85718

FEC 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 01 / 31 / 2008

Transaction ID: 24134A1F-9891-4DFA-

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Malcolm Mazow

Mailing Address 2855 Gramercy

City Houston State TX Zip Code 77025-1635

FEC 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 01 / 14 / 2008

Transaction ID: 87P2GU545163

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5740 So Kimbark Avenue

City State Zip Code  
Chicago IL 60637

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2008

**Transaction ID:** 9E487A1A-48F4-41E0-

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 7267

City State Zip Code  
Rockford IL 61126-7267

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2008

**Transaction ID:** 4PJKRI274184

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address Suite 1124  
1221 Madison Street

City State Zip Code  
Seattle WA 98104-3536

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

**Transaction ID:** BSYBNI555456

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1365.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 45  
(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)  
Carl Minning

Mailing Address 2935 Maple Avenue

City Zanesville State OH Zip Code 43701-1487

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 24 / 2008

Transaction ID: GAX2Q8451864

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**B.**

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

Mailing Address Suite 104  
1050 Bower Hill Road

City Pittsburgh State PA Zip Code 15243-1866

FEC 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 01 / 08 / 2008

Transaction ID: BSYBN1735164

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**C.**

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

Mailing Address Suite 200  
8901 Golf Road

City Des Plaines State IL Zip Code 60016-4028

FEC 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 01 / 17 / 2008

Transaction ID: FBF69D878655

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Moore

Mailing Address 214 E Monterey Way Suite 1

City State Zip Code  
Phoenix AZ 85012-2620

FEC ID 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  
01 / 18 / 2008

**Transaction ID:** 0754381

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Nilles

Mailing Address Suite 102  
1808 Verdugo Boulevard

City State Zip Code  
Glendale CA 91208-1448

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2008

**Transaction ID:** FAD9TV614695

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Radu Pacurariu

Mailing Address Suite 201  
920 Wyoming Avenue

City State Zip Code  
Forty Fort PA 18704-3999

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2008

**Transaction ID:** 450c9b65bf73b0fc058a

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 45  
(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)  
Gregory Panzo

Mailing Address 2037 Crooked Lake Estates Lane

City State Zip Code  
Eustis FL 32726-5721

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
01 / 24 / 2008

**Transaction ID:** 429d8df3c5f08aa79ea2

Amount of Each Receipt this Period  
625.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Parelman

Mailing Address 3830 W 75th Street

City State Zip Code  
Prairie Village KS 66208-4128

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 17 / 2008

**Transaction ID:** FBF69D928770

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address 7313 Lancet Lane

City State Zip Code  
Oklahoma City OK 73120

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2008

**Transaction ID:** 755427AA-2E51-4853-

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2125.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 45  
(check only one)

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

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

**A.**

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

Mailing Address 12690 W North Avenue

City State Zip Code  
Brookfield WI 53005-4636

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

Transaction ID: GAX2UE762472

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Larry Jeffrey Payne

Mailing Address Suite C  
535 Jesse Jewell Parkway

City State Zip Code  
Gainesville GA 30501-3772

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2008

Transaction ID: bfb5d2a2a54c6cebd89

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Robert Scott Pinke

Mailing Address Roxbury Eye Center Pc  
66 Sunset Strip Suite 107

City State Zip Code  
Succasunna NJ 7876

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2008

Transaction ID: 4PJKRI007303

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 45

(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)

Norman Radtke

Mailing Address Suite 240  
3 Audubon Plaza Drive

City State Zip Code  
Louisville KY 40217-1319

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: GAX2Q8733650

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Peter Rapoza

Mailing Address 64 Chandler Street

City State Zip Code  
Boston MA 02116

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 965B7057-E91B-4498-

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ralph Riffenburgh

Mailing Address 10 Congress Street Suite 340

City State Zip Code  
Pasadena CA 91105-3023

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: BSYBNI683346

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1865.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 45  
(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)  
Aron Rose

Mailing Address Suite 5B  
40 Temple Street

City State Zip Code  
New Haven CT 06510-2715

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2008

Transaction ID: 4PKRI622534

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Bradley Ruff

Mailing Address Vision Eye Center  
900 N Westmoreland Road Suite LI84

City State Zip Code  
Lake Forest IL 60045-1681

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
01 / 23 / 2008

Transaction ID: FAD9TV523656

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Randy Russell

Mailing Address 40 CR 233

City State Zip Code  
Oxford MS 38655

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 14 / 2008

Transaction ID: C151ED98-3F4B-4BAD-

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 34 / 45  
(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)  
Barry Scher

Mailing Address 681 Third Avenue

City State Zip Code  
Chula Vista CA 91910-5703

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 07 / 2008

**Transaction ID:** 4PKRI312241

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Barbara Schroeder

Mailing Address 3301 Lake Avenue

City State Zip Code  
Fort Wayne IN 46805-5529

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

**Transaction ID:** BSYBNI822562

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Kevin Scott

Mailing Address Eye Plastic Assoc Pc  
3700 Joseph Siewick Drive Suite 40

City State Zip Code  
Fairfax VA 22033

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2008

**Transaction ID:** GAX2UE354684

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Maria Cirone Scott

Mailing Address Chesapeake Eye Care and Laser Cent  
2002 Medical Parkway Suite 320

City State Zip Code  
Annapolis MD 21401-7901

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: GAX2UE768868

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Neil Shmunes

Mailing Address 152 University Boulevard North

City State Zip Code  
Jacksonville FL 32211-7533

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 87P2GU964281

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Edward Shubert

Mailing Address Suite 121  
17115 Red Oak Drive

City State Zip Code  
Houston TX 77090-2607

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: GAX2UE679581

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

1730.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph Sidikaro	Date of Receipt MM / DD / YYYY 01 / 07 / 2008
	Mailing Address Suite 410 435 N Roxbury Drive	<b>Transaction ID:</b> 4PKRI562278
	City State Zip Code Beverly Hills CA 90210-5006	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Simmons	Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 6207 Bennett Road	<b>Transaction ID:</b> 87P2GU452160
	City State Zip Code Jacksonville FL 32216-5007	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Sullivan	Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 51 State Road	<b>Transaction ID:</b> GAX2UE626782
	City State Zip Code North Dartmouth MA 02747-3319	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1865.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Sutphin

Mailing Address Suite 100  
7400 State Line Road

City State Zip Code  
Prairie Village KS 66208-3447

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

**Transaction ID:** BSYBNI496577

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Vincent Sutton

Mailing Address 1710 South 70th Street  
PO Box 6068

City State Zip Code  
Lincoln NE 68506-1676

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
01 / 08 / 2008

**Transaction ID:** BSYBNI333667

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Gareth Tabor

Mailing Address Suite 240  
27 S State Street

City State Zip Code  
Lake Oswego OR 97034-3935

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2008

**Transaction ID:** 4da396cef959fda0750f

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 38 / 45  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 102  
182 W Central Street

City Natick State MA Zip Code 01760-3756

FEC 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 01 / 18 / 2008  
Transaction ID: 0446525  
Amount of Each Receipt this Period 300.00  
Batch Tool - PAC

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

Mailing Address 1403 Madison Park Dr  
Ste 100

City Glen Burnie State MD Zip Code 21061-6292

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 18 / 2008  
Transaction ID: 0653164  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

Mailing Address 1015 Ridge Road

City Webster State NY Zip Code 14580-2907

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2008  
Transaction ID: FBF69D845813  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number 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 / 45  
(check only one)

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

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

**A.**

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

Mailing Address 4016 W Main Street

City State Zip Code  
Kalamazoo MI 49006-2745

FEC ID 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  
0 1 / 2 3 / 2 0 0 8

Transaction ID: FAD9TV152627

Amount of Each Receipt this Period  
300.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Svetlana Tshipursky

Mailing Address Suite 120  
2640 Golf Road

City State Zip Code  
Glenview IL 60025-4762

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 0536457

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

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

Mailing Address 21 Park Place

City State Zip Code  
Appleton WI 54914-8872

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 8

Transaction ID: GAX2UE773183

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1665.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tony Weaver		Date of Receipt MM / DD / YYYY 01 / 14 / 2008
	Mailing Address 2020 Fleischmann Road		<b>Transaction ID:</b> 87P2GU631567
	City Tallahassee	State FL	Zip Code 32308-4599
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Wick		Date of Receipt MM / DD / YYYY 01 / 29 / 2008
	Mailing Address 6109 Quail Creek Drive		<b>Transaction ID:</b> GAX2UE825893
	City Tyler	State TX	Zip Code 75703-4536
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Z Nicholas Zakov		Date of Receipt MM / DD / YYYY 01 / 03 / 2008
	Mailing Address 7779 Sugarbush Lane		<b>Transaction ID:</b> 4a948609b8cfb5ae4ea5
	City Gates Mills	State OH	Zip Code 44040-9756
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>855.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 45
	(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) Z Nicholas Zakov		Date of Receipt MM / DD / YYYY 01 / 03 / 2008
Mailing Address 7779 Sugarbush Lane		<b>Transaction ID:</b> 42868aab54d2e9a6d394
City Gates Mills	State OH	
Zip Code 44040-9756		Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Roger Zelt		Date of Receipt MM / DD / YYYY 01 / 24 / 2008
Mailing Address 200 Iroquois Road		<b>Transaction ID:</b> GAX2Q8062353
City Pittsburgh	State PA	
Zip Code 15241-1122		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC Aggregate Year-to-Date ▼ 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	625.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	53276.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 45	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.		Date of Receipt	
	Mailing Address PO Box 63020		M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8	
	City	State	Zip Code	<b>Transaction ID:</b> 88649-35395449399948
	San Francisco	CA	94163	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		2631.47	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2631.47		

Bank interest 01/08

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2631.47
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2631.47

# 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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Union Bank <hr/> Mailing Address 400 California Street <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement Bank Fees 01/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 88649-73908632993698 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 902.47
	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Union Bank <hr/> Mailing Address 400 California Street <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement Bank Fees 01/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 88649-83184450864792 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 195.72
	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement AMEX Discount 1/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 88649-85839480161667 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 8
	Amount of Each Disbursement this Period 403.74
	<input type="text" value="001"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1501.93

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

1501.93

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 44 / 45

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Hejkal	<b>Transaction ID:</b> 89410-04523867368698
	Mailing Address 985540 Nebraska Medical Center Ophthalmology	Date of Disbursement MM / DD / YYYY 01 / 14 / 2008
	City Omaha State NE Zip Code 68198-0001	Amount of Each Disbursement this Period 200.00
	Purpose of Disbursement duplicate Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b>	Full Name (Last, First, Middle Initial) Khoa Nguyen	<b>Transaction ID:</b> 36798-74506777524948
	Mailing Address 2100 Forest Avenue Suite 105	Date of Disbursement MM / DD / YYYY 01 / 02 / 2008
	City San Jose State CA Zip Code 95128-1422	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement duplicate Candidate Name	010 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

300.00

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

300.00

Image# 28930596533

Form/Schedule: **F3X**

Transaction ID:

\*\*\*\*\*