

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2010 through 04 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer Electronically Filed by Steven Rausch Date 07 14 2010

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

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

A. Form/Schedule : **F3XA**

Transaction ID :

This Amended May Monthly Report contributions that were incorrectly reported on Lines 11Ai, and 11Ai-ii. This report also corrects totals listed on Lines 23, and 29, Column B of the Detailed Summary Page.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		774216.66
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	672602.28									
(c) Total Receipts (from Line 19)	285441.44	370767.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	958043.72	1144984.65								
7. Total Disbursements (from Line 31)	3662.13	190603.06								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	954381.59	954381.59								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	244263.99	299539.95
(ii) Unitemized	38941.13	67320.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)	283205.12	366860.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	283205.12	366860.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2236.32	3907.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	285441.44	370767.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	285441.44	370767.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2764.13	5740.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2764.13	5740.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	183500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	898.00	1363.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	898.00	1363.00
29. Other Disbursements.....	0.00	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))..	3662.13	190603.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3662.13	190603.06

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	283205.12	366860.08
34. Total Contribution Refunds (from Line 28(d))	898.00	1363.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	282307.12	365497.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2764.13	5740.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2764.13	5740.06

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Thomas Aaberg, Jr.	Date of Receipt MM / DD / YYYY 04 / 06 / 2010
	Mailing Address 2081 Hunters Run Northeast	Transaction ID: 50640AA9FC3798F2D00
	City State Zip Code Ada MI 49301-9559	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

B.	Full Name (Last, First, Middle Initial) Thomas Aaberg, Jr.	Date of Receipt MM / DD / YYYY 04 / 20 / 2010
	Mailing Address 2081 Hunters Run Northeast	Transaction ID: 4CD093ED870CDD10AB5D
	City State Zip Code Ada MI 49301-9559	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

C.	Full Name (Last, First, Middle Initial) David Abramson	Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 70 East 66th Street	Transaction ID: 7815BC95A4AFE489354
	City State Zip Code New York NY 10065-6528	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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) Jon Adleberg		Date of Receipt MM / DD / YYYY 04 / 14 / 2010		
	Mailing Address Suite 100 1230 Progressive Drive		Transaction ID: E4BAB6891FDE9ADAE58		
	City Chesapeake	State VA	Zip Code 23320-0203	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist		Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Afzal Ahmad		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address 1700 East West Road		Transaction ID: 70691985F00E582D22F		
	City Calumet City	State IL	Zip Code 60409-5415	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist		Aggregate Year-to-Date 365.00		

C.	Full Name (Last, First, Middle Initial) John Aljian		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address 25 Johnson Avenue		Transaction ID: 900AE6E771EE9736D32		
	City Englewood Cliffs	State NJ	Zip Code 07632-2127	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist		Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 9 / 170
(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)
Belu Allam

Mailing Address Suite 6C
800 Peakwood Drive

City State Zip Code
Houston TX 77090-2903

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: FC1845E64DFF84A5C5E

Amount of Each Receipt this Period
500.00

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

Mailing Address 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 ▼ 399.00

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

Transaction ID: D096C311D63DDDFE65DD

Amount of Each Receipt this Period
199.00

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

Mailing Address 20 Mule Road

City 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 ▼ 399.00

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

Transaction ID: 4230BAF5F2B99582575C

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

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

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

FOR LINE NUMBER: PAGE 10 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Daniel Alter

Mailing Address Suite 640
1875 Dempster Street

City State Zip Code
Park Ridge IL 60068-1179

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 49894C8BE37F1944871

Amount of Each Receipt this Period
365.00

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

Mailing Address 3535 Franklin Road

City State Zip Code
Bloomfield Hills MI 48302-0961

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 211CA8A7-BC06-4E20-

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 1
1811 W Royal Hunte Drive

City State Zip Code
Cedar City UT 84720-8274

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 0C5F2A3863384946B33

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Armstrong

Mailing Address 1590 Darling Street

City State Zip Code
Ogden UT 84403-0445

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 02FBC94514C3A6B916F

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Pablo Miguel Arregui

Mailing Address 605 W East Avenue

City State Zip Code
Chico CA 95926-7201

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 648BDFFE9203F2E08F4

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Arlene Bagga

Mailing Address Msc10-5610
1 University of New Mexico

City State Zip Code
Albuquerque NM 87131-0001

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 773D9B05DCF4484BFA0

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 170

(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)

Arlene Bagga

Mailing Address Msc10-5610
1 University of New Mexico

City State Zip Code
Albuquerque NM 87131-0001

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 4C4A36F5E97982EAB61

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

N. Douglas Baker

Mailing Address Ophthalmic Surgeons and Consultant
262 Neil Avenue Suite 430

City State Zip Code
Columbus OH 43215-2362

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: E7A0E542B976E76A4BC

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Sterling Baker

Mailing Address Suite 101
14000 N Portland Avenue

City State Zip Code
Oklahoma City OK 73134-4004

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 492C72D6B55D7CA6E64

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 170
(check only one)

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

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

A.

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

Mailing Address 2900 N Fillmore Street

City Little Rock State AR Zip Code 72207-2813

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 132BAAED689A7D4D1C9

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 4340 Northeast 55th Street

City Seattle State WA Zip Code 98105-2233

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 9C485511DD2304C3BE7

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address Uams

City Little Rock State AR Zip Code 72205

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: CCF06647-4291-4D2B-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 170
(check only one)

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

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

A.

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

Mailing Address 301 E Muhammad Ali Boulevard

City State Zip Code
Louisville KY 40202-1511

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 55AA3BBA5CF2BC97A07

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address Suite A
15051 Hesperian Boulevard

City State Zip Code
San Leandro CA 94578-3536

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 843708DB0E408A9813B

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 4232 W Summer Ranch Place

City State Zip Code
Marana AZ 85658-4741

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: E019EE95C908E1D231A

Amount of Each Receipt this Period
365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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 Benevento	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 777 Tanglefoot Lane	Transaction ID: 442B159A896C4AF8AF1
	City State Zip Code Bettendorf IA 52722-1650	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Gregg Berdy	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address Suite 200 12990 Manchester Road	Transaction ID: BE306C96B7D89EB81E9
	City State Zip Code Des Peres MO 63131-1860	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Terry Bergstrom	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address Wk Kellogg Eye Center 1000 Wall Street Room 649	Transaction ID: 4F5BF088887BF440ECA
	City State Zip Code Ann Arbor MI 48105-1994	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1365.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 170
(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)
Andrew Berman
Mailing Address 9630 N Kenton Avenue
City State Zip Code
Skokie IL 60076-1216
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 0
Transaction ID: D3FFC5B638F7E575B70
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Thomas Bersani
Mailing Address 1810 Erie Boulevard East
City State Zip Code
Syracuse NY 13210-1230
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 1 0
Transaction ID: 7C03C94948592AFD8C5
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Charles Birnbach
Mailing Address 2821 Northup Way Suite 200
City State Zip Code
Bellevue WA 98004-1496
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 1 0
Transaction ID: A1EC7F6233542115CFB
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 170
(check only one)

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

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

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

A.

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

Mailing Address 2821 Northup Way
Suite 200

City Bellevue State WA Zip Code 98004-1496

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

Transaction ID: 48B5B999EBEDCAC999DB

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite 206
7800 W Oakland Park Boulevard

City Sunrise State FL Zip Code 33351-1124

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 7334969F4223F726B10

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 101 Mark Drive
PO Box 1077

City Edenton State NC Zip Code 27932-1778

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

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

Transaction ID: F8362F0C0CA0D3F6D1E

Amount of Each Receipt this Period
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 170
(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 Blakemore

Mailing Address 101 Mark Drive
PO Box 1077

City Edenton State NC Zip Code 27932-1778

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 11 / 2010
Transaction ID: 476DBAFAAB44DD4C4E85
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite 201
2060 Charlie Hall Boulevard

City Charleston State SC Zip Code 29414-6066

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 12 / 2010
Transaction ID: F5CE3C20E5B5AC3D9C2
Amount of Each Receipt this Period 500.00

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

Mailing Address 121 Hunter Avenue
Suite 102

City Clayton State MO Zip Code 63124-2082

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2010
Transaction ID: E255E26198C6EC5DD4C
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1025.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 170

(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) Edwin Boldrey		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address 2512 Samaritan Court Suite A		Transaction ID: FCC360E6F5D3811559F		
	City San Jose	State CA	Zip Code 95124-4002	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) H. Culver Boldt		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address 200 Hawkins Drive		Transaction ID: B653A5DFBB29811987F		
	City Iowa City	State IA	Zip Code 52242-1007	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Julie Boss		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 650 Linden Street Suite 5		Transaction ID: E7DC594AFDF16C078F3		
	City Big Rapids	State MI	Zip Code 49307-1880	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Peter Branden		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address Suite 100 1201 W Main Street		Transaction ID: A561AF85DA144015D5E		
	City Waterbury	State CT	Zip Code 06708-3105	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Michael Brennan		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 1016 Kirkpatrick Road		Transaction ID: 5C260016855AC724122		
	City Burlington	State NC	Zip Code 27215-9714	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

C.	Full Name (Last, First, Middle Initial) Jill Brody		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address McDonough Eye Assoc 505 E Grant Street		Transaction ID: F1DC98F1CBE9120C445		
	City Macomb	State IL	Zip Code 61455	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 170
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Donna Dodson Brown

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226-3330

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2010

Transaction ID: FAD359B9D16D20F4E0E

Amount of Each Receipt this Period 500.00

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

Mailing Address 5011 Burnet Road

City Austin State TX Zip Code 78756-2611

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2010

Transaction ID: DC39E430463D5F575E4

Amount of Each Receipt this Period 500.00

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

Mailing Address Room 410
1800 Sullivan Avenue

City Daly City State CA Zip Code 94015-2224

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 02 / 2010

Transaction ID: E9F996737B6D8C36F4A

Amount of Each Receipt this Period 600.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Room 410
1800 Sullivan Avenue

City State Zip Code
Daly City CA 94015-2224

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 4951AF02383D00DAD1D0

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Lisa Sharon Bunin

Mailing Address Paragon Center
1611 Pond Road Suite 403

City State Zip Code
Allentown PA 18104

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

Name of Employer Self Occupation
Self Ophthalmologist

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

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

Transaction ID: 7972B13969FB88512BB

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Melissa Cable

Mailing Address 4741 S Cochise

City State Zip Code
Independence MO 64055-6974

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: E99026DFE9B054BAF70

Amount of Each Receipt this Period
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 23 / 170

(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)

Melissa Cable

Mailing Address 4741 S Cochise

City State Zip Code
Independence MO 64055-6974

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: B26E11182722236C183

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

William Cain

Mailing Address 1920 Pickens Street

City State Zip Code
Columbia SC 29201-2632

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: A474675F57C95E57081

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

B. Carter

Mailing Address Suite 3
1101 E Jefferson Street

City State Zip Code
Charlottesville VA 22902-5353

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

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

Transaction ID: 3AD99951B4901F4FE7E

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional) ►

990.00

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

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) M. Gary Carter	Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 1867 Forsyth Street	Transaction ID: E7950DA0154AAC85FF9
	City State Zip Code Macon GA 31201-1166	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Gary Cassel	Date of Receipt MM / DD / YYYY 04 / 07 / 2010
	Mailing Address Ruxton Towers Suite 104 8415 Bellona Lane	Transaction ID: 46338949840B0A62930
	City State Zip Code Towson MD 21204	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Craig Cassidy	Date of Receipt MM / DD / YYYY 04 / 10 / 2010
	Mailing Address Valley Eye Specialists 160 W University Drive #1	Transaction ID: 4D469332C5205B82B231
	City State Zip Code Mesa AZ 85201	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2041.67	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	906.67
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 25 / 170
(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)
Craig Cassidy

Mailing Address Valley Eye Specialists
160 W University Drive #1

City Mesa State AZ Zip Code 85201

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2041.67

Date of Receipt 04 / 26 / 2010
Transaction ID: 4C4CAD3D4DC8F87A1AD9
Amount of Each Receipt this Period 500.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite 301
1080 Day Hill Road

City Windsor State CT Zip Code 06095-5724

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2010
Transaction ID: 44DBAB9E47F2E92A80D
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Jennifer Cecil

Mailing Address Suite 1
2902 Ginnala Drive

City Loveland State CO Zip Code 80538-7818

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.

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

Mailing Address 10 Jacobs Lane

City State Zip Code
Newport News VA 23606-2815

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 6A32FEC9110674B6677

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 24 Olde Sheepfield Road

City State Zip Code
Marion MA 02738-2137

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: DAF8C6D4E3F5D8AEC5F

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Sidney Chang

Mailing Address Apt. 4E

City State Zip Code
St. Louis MO 63108-1350

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: D550A775-CC44-4546-

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 27 / 170
(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)
Joseph Chappell, Jr.
Mailing Address 610 Brunson Drive

City State Zip Code
Tupelo MS 38801-4947

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 8851A4DD7ADDBE29A64

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Peter Chen
Mailing Address 1250 South Sunset Avenue Suite 205

City State Zip Code
West Covina CA 91790-3963

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

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

Transaction ID: 8354C444FE0A59B6719

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Kenneth Paul Cheng
Mailing Address 1000 Stonewood Drive Suite 310

City State Zip Code
Wexford PA 15090-8386

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 283B8800E5409F27274

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1564.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

C.	Full Name (Last, First, Middle Initial) Donald Cinotti		Date of Receipt
	Mailing Address 600 Pavonia Avenue 6th Floor		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 18 / 2010
	City	State	Zip Code
	Jersey City	NJ	07306-2932
	FEC ID number of contributing federal political committee. C		Transaction ID: 4E45844B15E45E156D02
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 965.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 170
(check only one)

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

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

A.

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

Mailing Address 502 Isabella Street

City State Zip Code
Waycross GA 31501-3638

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.64

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 448190ECDBF5ECC20D8B

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite 1560B

City State Zip Code
Miami FL 33136-2107

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 3A69EB94-E466-4761-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Carol Strain Clemons

Mailing Address Suite 300
471 Ashley Ridge Boulevard

City State Zip Code
Shreveport LA 71106-7229

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: AFA26A45F81A9BE90A2

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1416.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 170
(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)
Sander M. Zeskin Cohen

Mailing Address Suite 11
509 S Lenola Road

City State Zip Code
Moorestown NJ 08057-1556

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 4EBAA1195717066F8E45

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite 505

City State Zip Code
Baltimore MD 21204-5809

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 711A4480-EC7C-479B-

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 6150 Diamond Centre Court
Building 100

City State Zip Code
Fort Myers FL 33912-4367

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 84615585F05B51A5C74

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 170
(check only one)

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

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

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

Mailing Address Suite 220
9330 S University Boulevard

City Highlands Ranch State CO Zip Code 80126-5049

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: 1A0F1D11F6C28070CCC
Amount of Each Receipt this Period: 365.00

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

Mailing Address 28 Delancey Court

City Pittsford State NY Zip Code 14534-2700

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: B2D0D1427C67A31AE2B
Amount of Each Receipt this Period: 365.00

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

Mailing Address Suite 235
1720 El Camino Real

City Burlingame State CA Zip Code 94010-3213

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 14CC9B6FADD71C14C41
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Copeland, Jr.

Mailing Address 2041 Georgia Avenue Northwest Towe

City State Zip Code
Washington DC 20060-0001

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 5B81E64D-9D80-42B4-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Curtis Cornelius

Mailing Address 26 Calle Del Sol

City State Zip Code
Placitas NM 87043-9209

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: C693D4A92E6BD1B8D74

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Anastasios Costarides

Mailing Address 1365B Clifton Road Northeast

City State Zip Code
Atlanta GA 30322-1013

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: E8BF60CC-E9D2-472D-

Amount of Each Receipt this Period
500.00

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 33 / 170
(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 Cox

Mailing Address Building No2
2 Hamilton Health Place

City State Zip Code
Hamilton NJ 08690-3563

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 1F83E9261105FB3DD41

Amount of Each Receipt this Period
365.00

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

Mailing Address 3615 Rocky Stream Drive

City State Zip Code
Fort Collins CO 80528-7173

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: AD0F38B8D7826CBD247

Amount of Each Receipt this Period
365.00

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

Mailing Address 613 Del Prado Boulevard

City State Zip Code
Cape Coral FL 33990-2611

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 33E967AC1F7F398EAEE

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1730.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 170
(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)
Kimberly Crowder

Mailing Address 2365 Twin Lakes Circle

City State Zip Code
Jackson MS 39211-6758

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: C309BAEFF9DFFFCB573

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 1
842 S Cowley Street

City State Zip Code
Spokane WA 99202-1234

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 384FCF5E95DEF3C309E

Amount of Each Receipt this Period
365.00

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

Mailing Address 5 Coliseum Avenue

City State Zip Code
Nashua NH 03063-3206

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: F026E8D69A7FD5E16D7

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 170
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mary Davidian		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address Highland Ophthalmology Associates 140 Executive Drive		Transaction ID: 4D49315371399E3F292		
	City New Windsor	State NY	Zip Code 12553-5509	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Paul DeGregorio		Date of Receipt MM / DD / YYYY 04 / 16 / 2010		
	Mailing Address Suite 100 2 Pillsbury Street		Transaction ID: 44B4772BEAA65CB1868		
	City Concord	State NH	Zip Code 03301-3549	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) David Demartini		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address Suite 222 122 La Casa Viaduct		Transaction ID: 352DF6BE7E931C2089D		
	City Walnut Creek	State CA	Zip Code 94598-3014	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

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

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

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

FOR LINE NUMBER: PAGE 36 / 170
(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)
Anna Luisa Di Lorenzo

Mailing Address Suite B
2877 Crooks Road

City State Zip Code
Troy MI 48084-4717

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 03A46BCEED4B270D961

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO Box 1275

City State Zip Code
Columbus NE 68602-1275

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: F07305DB71FAD07FE45

Amount of Each Receipt this Period
500.00

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

Mailing Address Clay Eye Physicians and Surgeons
2023 Professional Center Drive

City State Zip Code
Orange Park FL 32073-4461

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 3564FECE59B218DBC0C

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Donald Downer
 Mailing Address 2023 Professional Center Drive
 City State Zip Code
 Orange Park FL 32073-4472
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 3 / 2 0 1 0
Transaction ID: 66023DDD393D1B83856
 Amount of Each Receipt this Period
 365.00
 FEC ID 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

B. Full Name (Last, First, Middle Initial)
John Downing
 Mailing Address 985 Matlock Road
 City State Zip Code
 Bowling Green KY 42104-7408
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 1 0
Transaction ID: 996A2E7F442C3EC49AF
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 700.00

C. Full Name (Last, First, Middle Initial)
John Downing
 Mailing Address 985 Matlock Road
 City State Zip Code
 Bowling Green KY 42104-7408
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 1 0
Transaction ID: 4891B40EF0AC63DBB4CF
 Amount of Each Receipt this Period
 50.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 700.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

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

FOR LINE NUMBER: PAGE 38 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address Suite 502
1329 Lusitana Street

City Honolulu State HI Zip Code 96813-2412

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 14 / 2010
Transaction ID: BEBCB10B75BEF36034E
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Daniel Drysdale

Mailing Address 3645 S Main Street

City Blacksburg State VA Zip Code 24060-7018

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 02 / 2010
Transaction ID: C08C823E9E2C4BEE2DB
Amount of Each Receipt this Period 500.00

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

Mailing Address Suite 100
1333 3rd Street

City Corpus Christi State TX Zip Code 78404-2200

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2010
Transaction ID: ACB510191C78A9676F6
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: (check only one)	PAGE 39 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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) Paul Dunn		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address 275 Harvard Street		Transaction ID: 3CAE3F6EA19EA6B5DFF		
	City Fall River	State MA	Zip Code 02720-4125	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Alexander Eaton		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address Retina Health Center 1567 Hayley Lane Suite 101		Transaction ID: CF340F2E33940C39065		
	City Fort Myers	State FL	Zip Code 33907	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

C.	Full Name (Last, First, Middle Initial) Shehab Ebrahim		Date of Receipt MM / DD / YYYY 04 / 17 / 2010		
	Mailing Address 4717 Woodland Avenue		Transaction ID: 470CB48539708424F368		
	City Metairie	State LA	Zip Code 70002-1361	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

SUBTOTAL of Receipts This Page (optional)	▶	2965.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 170
(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)
Jeffrey Edelstein
Mailing Address 2905 W Warner Road
City Chandler State AZ Zip Code 85224-1674
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 21 / 2010
Transaction ID: DD5961E5-91D0-47D7-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Jane Edmond
Mailing Address 6610 Auden Street
City Houston State TX Zip Code 77005-4304
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 04 / 14 / 2010
Transaction ID: 5681CCF05EA333044DE
Amount of Each Receipt this Period 800.00

C. Full Name (Last, First, Middle Initial)
John Thomas Edmonds
Mailing Address Suite 101
3235 Academy Avenue
City Portsmouth State VA Zip Code 23703-3200
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 399.00
Date of Receipt 04 / 05 / 2010
Transaction ID: 6333DE073DEF7AAB0FE
Amount of Each Receipt this Period 199.00

SUBTOTAL of Receipts This Page (optional) ► 1499.00
TOTAL This Period (last page this line number 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 / 170

(check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) John Thomas Edmonds		Date of Receipt MM / DD / YYYY 04 / 11 / 2010		
	Mailing Address Suite 101 3235 Academy Avenue		Transaction ID: 4AAFB14272C20B3D16A6		
	City Portsmouth	State VA	Zip Code 23703-3200	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 399.00			

B.	Full Name (Last, First, Middle Initial) Albert Edwards		Date of Receipt MM / DD / YYYY 04 / 09 / 2010		
	Mailing Address 1550 Oak Street		Transaction ID: B55E17D0-5A07-4F97-		
	City Eugene	State OR	Zip Code 97401-7701	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Robert Malcolm Edwards		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address 1240 Colonial Commons Court		Transaction ID: 5733D1A2CE5EB5022A3		
	City Lancaster	State SC	Zip Code 29720-2200	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	1415.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 170

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

William Ehlers

Mailing Address 125 Secret Lake Road

City Avon State CT Zip Code 06001-3465

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

Name of Employer Self Occupation Ophthalmologist

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

Date of Receipt

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

Transaction ID: E9E09243EF5A3D07CC8

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)

Richard Eiferman

Mailing Address Suite 220
6400 Dutchmans Parkway

City Louisville State KY Zip Code 40205-3368

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

Name of Employer Self Occupation Ophthalmologist

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

Date of Receipt

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

Transaction ID: 60120550FA4BF6C9ADB

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)

David Keith Emmel

Mailing Address 1260 Silas Deane Highway

City Wethersfield State CT Zip Code 06109-4362

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

Name of Employer Self Occupation Ophthalmologist

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

Date of Receipt

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

Transaction ID: 88D0C77A3BEAD4927B7

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 170
(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)
Randy Ennen
Mailing Address PO Box 11605
City Fort Smith State AR Zip Code 72917-1605
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 09 / 2010
Transaction ID: 31AB08A671678A7037D
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
K. David Epley
Mailing Address Suite 430
11800 Northeast 128th Street
City Kirkland State WA Zip Code 98034-7299
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 07 / 2010
Transaction ID: 8E04E3B61EF7C92F397
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert Estes
Mailing Address 6111 Elizabethan Drive
City Nashville State TN Zip Code 37205-1256
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 16 / 2010
Transaction ID: 93E8AA5F003E94CED46
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 44 / 170
(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)
Ofer Eytan

Mailing Address 2525 W Greenway Road Suite 120

City Phoenix State AZ Zip Code 85023-4280

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2010
Transaction ID: 0D661023689E7FE6219
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Matthew Farber

Mailing Address Suite 300
7900 W Jefferson Boulevard

City Fort Wayne State IN Zip Code 46804-4128

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 311F6FF07854052E343
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ken Farr

Mailing Address PO Box 23018

City Hilton Head Island State SC Zip Code 29925-3018

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 02 / 2010
Transaction ID: 98C767101E078B06616
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 170
(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)
William Fein

Mailing Address Suite 200
415 N Crescent Drive

City State Zip Code
Beverly Hills CA 90210-6812

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: A0C62672BD78A956253

Amount of Each Receipt this Period
365.00

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

Mailing Address 160 Boston Avenue

City State Zip Code
Altamonte Springs FL 32701-4706

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: DCCD19BFB00ABCFAE9F

Amount of Each Receipt this Period
250.00

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

Mailing Address 1441 E Ocean Boulevard

City State Zip Code
Stuart FL 34996-2613

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 83C553212EE5CF36443

Amount of Each Receipt this Period
365.00

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 46 / 170
(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)
Christina Flaxel

Mailing Address 3375 Southwest Tenwilliger Bouleva

City Portland State OR Zip Code 97201

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 28 / 2010
Transaction ID: 94DDF2799C1ED8911E7
Amount of Each Receipt this Period 365.00

B.

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

Mailing Address 67676 E Bay Road

City North Bend State OR Zip Code 97459-9460

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2010
Transaction ID: E935C19D9B2B7E0D553
Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 416 North Bedford #300

City Beverly Hills State CA Zip Code 90210-4309

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2010
Transaction ID: 6FA61224-AF72-496F-
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Suite 4804
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: D467C80CF0B01FE7DD3

Amount of Each Receipt this Period
365.00

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

Mailing Address 11 Club Terrace

City State Zip Code
Newport News VA 23606-2836

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 9D43F470037B620AFE6

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
L. Neal Freeman

Mailing Address Florida Eye Associates
502 East New Haven Avenue

City State Zip Code
Melbourne FL 32901

FEC ID 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 4 / 0 7 / 2 0 1 0

Transaction ID: 859A641428113E6568D

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► 1030.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 170
(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)
Ronald Freeman

Mailing Address 755 South Milwaukee Avenue
North 150

City State Zip Code
Libertyville IL 60048

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

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

Transaction ID: AF1916EC65CE587AA27

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 322 Charal Lane

City State Zip Code
Highland Park IL 60035

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

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

Transaction ID: A52F3316-35D9-45F8-

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 310 E Walnut Street

City State Zip Code
Garden City KS 67846-5572

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 1362318CB54AC426C8A

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1730.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 170

(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)

Gretchen Fuerste

Mailing Address 20922 Country Squire Lane

City State Zip Code
Dubuque IA 52001-8002

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 11ED333F4D9102D3D0A

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Thomas Furgason

Mailing Address 2845 Farrell Crescent

City State Zip Code
Owensboro KY 42303-1393

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 42F5001C-8101-4E13-

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

John Garrett

Mailing Address 1301 Carpenter Avenue

City State Zip Code
Iron Mountain MI 49801-4725

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 62D1F807C15EB8E50CB

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶

1615.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 170
(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)
Samuel Garrett

Mailing Address 1524 Shorehaven Court

City State Zip Code
Virginia Beach VA 23454-1718

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2010

Transaction ID: 5A091766B8A3157303F

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 596 Tamarack Rd

City State Zip Code
Cheshire CT 06410

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2010

Transaction ID: 06F523C9-BB4A-4509-

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Ilona Genis

Mailing Address 3039 Ocean Parkway

City State Zip Code
Brooklyn NY 11235-8370

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 5E2C1A0866DB58E48E4

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) William Gillum	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address 1519 E Sixth Street	Transaction ID: 030FA8DE256F500FBF1
	City State Zip Code Weslaco TX 78596-6605	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) David Glasser	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address Suite 101 6350 Stevens Forest Road	Transaction ID: 27E8495424AFB60064F
	City State Zip Code Columbia MD 21046-3240	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 929.00	

C.	Full Name (Last, First, Middle Initial) David Glasser	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address Suite 101 6350 Stevens Forest Road	Transaction ID: 05D30282ED7502CFE7C
	City State Zip Code Columbia MD 21046-3240	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 929.00	

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

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

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

FOR LINE NUMBER: PAGE 52 / 170
(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)
Ioannis Glavas

Mailing Address 9 Newbury Street
Suite 6

City Boston State MA Zip Code 02116-3152

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 13 / 2010
Transaction ID: 9E725384D8D07B397BC
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Scott Arnold Glesmann

Mailing Address 1800 Highway 95

City Bullhead City State AZ Zip Code 86442-6803

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 01 / 2010
Transaction ID: 892BE969A12AD13ECC0
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Ravi Goel

Mailing Address 741 Route 70 W

City Cherry Hill State NJ Zip Code 08002-3527

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2010
Transaction ID: CB77C810-C29E-4FC8-
Amount of Each Receipt this Period 500.00

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 53 / 170
(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)
Sanjay Goel

Mailing Address 5824 Wild Orange Gate

City State Zip Code
Clarksville MD 21029-1656

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 1EA0F8B2-7BCC-4DF9-

Amount of Each Receipt this Period
1000.00

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

Mailing Address Suite 501
2000 S Wheeling Avenue

City State Zip Code
Tulsa OK 74104-5642

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 16E8FA0553E14949A0C

Amount of Each Receipt this Period
365.00

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

Mailing Address 6545 S Canyon Cove Drive

City State Zip Code
Salt Lake City UT 84121-6340

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: EC5536EB2B5E4696DE0

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 170
 (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 Douglas Goosey
 Mailing Address 6545 Rutgers
 City State Zip Code
Houston TX 77005-3850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt MM / DD / YYYY 04 / 28 / 2010
Transaction ID: 4D5B9A102BFB4ABC3B98
 Amount of Each Receipt this Period 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Lynn Gordon
 Mailing Address 100 Stein Plaza
 City State Zip Code
Los Angeles CA 90095-7065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt MM / DD / YYYY 04 / 21 / 2010
Transaction ID: 6D927F56-32D4-4455-
 Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Robert Jay Granadier
 Mailing Address Suite 555
3535 W 13 Mile Road
 City State Zip Code
Royal Oak MI 48073-6770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00
 Date of Receipt MM / DD / YYYY 04 / 22 / 2010
Transaction ID: A0BF65B3C9A793069A4
 Amount of Each Receipt this Period 165.00

SUBTOTAL of Receipts This Page (optional) ▶ **765.00**
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 55 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Suite 256E
800 Austin Street

City State Zip Code
Evanston IL 60202-3477

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 6545AA912A752728132

Amount of Each Receipt this Period
365.00

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

Mailing Address 503 Broadway

City State Zip Code
Everett MA 02149-3603

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: F9597129F6BBBD06CAC

Amount of Each Receipt this Period
365.00

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

Mailing Address 580 Collins Drive

City State Zip Code
Merced CA 95348-3121

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

Transaction ID: 9C3BD929E351982976B

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 3230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 170
(check only one)

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

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

A.

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

Mailing Address 2251 Dubois Drive

City Warsaw State IN Zip Code 46580-3212

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2010

Transaction ID: E9B1BFED26AE6D822CC

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Michelle Guevarra

Mailing Address 59B Nichols Road

City Nesconset State NY Zip Code 11767-2094

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 13 / 2010

Transaction ID: C30391CA38B604434C7

Amount of Each Receipt this Period 365.00

C.

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

Mailing Address 1201 N Mesa

City El Paso State TX Zip Code 79902-4517

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 04 / 06 / 2010

Transaction ID: 7509B5356E224CD6917

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 57 / 170
(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)
Kamal Gupta

Mailing Address 19335 Allen Road

City State Zip Code
Brownstown MI 48183-1003

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 6511C6C9C0C9C93E768

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Carter Gussler

Mailing Address Suite 140
613 23rd Street

City State Zip Code
Ashland KY 41101-2876

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 36F56AD50942A3F458B

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 200
9401 N Oak Trafficway

City State Zip Code
Kansas City MO 64155-3393

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: EBF67FDE81E745226BD

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 58 / 170
(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 Haley

Mailing Address Suite B
1626 Forest Lane S

City State Zip Code
Garland TX 75042-7943

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 41EA48B2A70215222DB

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Diana Hampton

Mailing Address Suite B
2020 E 15th Street

City State Zip Code
Edmond OK 73013-6749

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: F9F51BD532E492D1FD2

Amount of Each Receipt this Period
500.00

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

Mailing Address 550 Redmond Road

City State Zip Code
Rome GA 30165-1416

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: B291453C0B2FCC3CC6F

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Thomas Harbin		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address 3225 Cumberland Boulevard Southeas Suite 900		Transaction ID: 9A96730EE2C8A57637D		
	City Atlanta	State GA	Zip Code 30339-5971	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist				
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) R. Hardberger		Date of Receipt MM / DD / YYYY 04 / 16 / 2010		
	Mailing Address 123 N Van Buren Street		Transaction ID: B98AAD8B0111A5BA492		
	City Little Rock	State AR	Zip Code 72205-3647	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist				
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

C.	Full Name (Last, First, Middle Initial) M. Harmon		Date of Receipt MM / DD / YYYY 04 / 12 / 2010		
	Mailing Address Levacy and Harmon Eye Center 3345 Plaza Ten Dr. Suite B		Transaction ID: D3F70D39827D3B36485		
	City Beaumont	State TX	Zip Code 77707	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist				
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 60 / 170
(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)
H. King Hartman

Mailing Address 516 Pellis Road

City Greensburg State PA Zip Code 15601-4592

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2010
Transaction ID: 58D79D23378C881AAA2
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
R. Mark Hatfield

Mailing Address PO Box 3970

City Charleston State WV Zip Code 25339-3970

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 23 / 2010
Transaction ID: 8F39FF3F08F09A9AFFC
Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address 1501 50th Street Suite 133

City West Des Moines State IA Zip Code 50266-5920

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 02 / 2010
Transaction ID: B71ED080A87EAAEB64A
Amount of Each Receipt this Period: 365.00

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 61 / 170

(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)

Jean Hausheer

Mailing Address 4322 N Hickory Lane

City State Zip Code
Kansas City MO 64116-1664

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: A087CCD4-B22C-4798-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Robert Haverly

Mailing Address Suite 301
311 W 24th Street

City State Zip Code
Erie PA 16502-2666

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: C2700CFF819B5C51DDB

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Anjali Hawkins

Mailing Address Geneve Eye Clinic - Suite 10
302 Randall Road

City State Zip Code
Geneva IL 60134-4209

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 41CCD9CABF63F973ACC

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

980.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Bernhard Heersink		Date of Receipt																				
	Mailing Address Suite 1 21 Highland Avenue		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		0	2		2	0	1	0													
	City State Zip Code Newburyport MA 01950-3873		Transaction ID: 3EC9B09969EF034F372																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer Self Occupation Self Ophthalmologist		<table border="1"><tr><td>350.00</td></tr></table>	350.00																				
350.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>350.00</td></tr></table>	350.00																				
350.00																							

B.	Full Name (Last, First, Middle Initial) John Herlihy		Date of Receipt																				
	Mailing Address 4560 S Glenview Place		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		1	2		2	0	1	0													
	City State Zip Code Rapid City SD 57702-6804		Transaction ID: 23693FF6109C563F63E																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer Self Occupation Self Ophthalmologist		<table border="1"><tr><td>365.00</td></tr></table>	365.00																				
365.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>365.00</td></tr></table>	365.00																				
365.00																							

C.	Full Name (Last, First, Middle Initial) Raymond Hernandez, III		Date of Receipt																				
	Mailing Address 19292 Stone Oak Parkway		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y													
	0	4		2	3		2	0	1	0													
	City State Zip Code San Antonio TX 78258-3222		Transaction ID: F2E388A86DA6FCF4453																				
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																				
Name of Employer Self Occupation Self Ophthalmologist		<table border="1"><tr><td>500.00</td></tr></table>	500.00																				
500.00																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"><tr><td>500.00</td></tr></table>	500.00																				
500.00																							

SUBTOTAL of Receipts This Page (optional)	<table border="1"><tr><td>1215.00</td></tr></table>	1215.00
1215.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 170
(check only one)

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

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

A.

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

Mailing Address Suite 105
79 Wawecus Street

City State Zip Code
Norwich CT 06360-2173

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 29D77F7F68F0E0B3DBA

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 10794 Saunders Lane

City State Zip Code
Union KY 41091-8030

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: DAC970D317820E01434

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address Suite B3409
1365B Clifton Road Northeast

City State Zip Code
Atlanta GA 30322-0001

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: B15AAF8F5A2620DB74

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 170
(check only one)

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

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

A.

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

Mailing Address Suite 600
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 11 / 2010
Transaction ID: 4B04939A44D9C6E375D5
Amount of Each Receipt this Period 416.66
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Seaborn Hunt

Mailing Address Suite 201
3101 Southwest College Road

City Ocala State FL Zip Code 34474-7444

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

C.

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

Mailing Address 1835 Forbes Avenue

City Pittsburgh State PA Zip Code 15219-5835

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

SUBTOTAL of Receipts This Page (optional) ► **1016.66**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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) Roger Husted		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 500 Aaron Court		Transaction ID: 6FC8B879395FBCB21B8		
	City Kingston	State NY	Zip Code 12401-2966	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Robert Hutchins		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address 3219 Clifton Avenue Suite 210		Transaction ID: B2EACC4C48A13B72BCC		
	City Cincinnati	State OH	Zip Code 45220-3041	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) B. Hutchinson		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address Suite 600		Transaction ID: 0447830A-E2F4-406C-		
	City Boston	State MA	Zip Code 02114-2539	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

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 66 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1340 S 90th Street

City State Zip Code
Omaha NE 68124-1204

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 0049661FAE0CE927FC3

Amount of Each Receipt this Period
365.00

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

Mailing Address 8 Medical Park Drive

City State Zip Code
Asheville NC 28803-2493

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 5E4DAA75F86567CB019

Amount of Each Receipt this Period
365.00

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

Mailing Address 55 Stevenson Street

City State Zip Code
San Francisco CA 94105-2936

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 170
(check only one)

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

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

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

Mailing Address 4255 Carmichael Court N

City State Zip Code
Montgomery AL 36106-2875

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 2CBD29A255C30706B1B

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Johanna Jensen

Mailing Address Suite A
1615 12th Avenue Road

City State Zip Code
Nampa ID 83686-6184

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 375A81196FC5E244661

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite A
1615 12th Avenue Road

City State Zip Code
Nampa ID 83686-6184

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: F1743E88247D325D44F

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 170
(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)
Jaime Jimenez-Agosto

Mailing Address 1420 S 28th Avenue

City State Zip Code
Hattiesburg MS 39402-3107

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 8E1003AB-76C5-46FA-

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Leonard Joffe

Mailing Address 4753 E Camp Lowell Drive

City State Zip Code
Tucson AZ 85712-1256

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 9D6BF6BF65D2BA57E16A

Amount of Each Receipt this Period
365.00

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

Mailing Address 2517 Northeast Kresky Avenue

City State Zip Code
Chehalis WA 98532-2409

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 9D9940CB64BBEED899

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1730.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 170
(check only one)

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

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

A.

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

Mailing Address 401 Phalen Boulevard

City State Zip Code
St. Paul MN 55130-5302

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
299.00

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

Transaction ID: 616D6FDF24DA3FC3499

Amount of Each Receipt this Period
199.00

B.

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

Mailing Address Suite 101
10619 N Hayden Road

City State Zip Code
Scottsdale AZ 85260-8510

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: D1B309EAD5034F46CDB

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3711 E. 26th Ave.

City State Zip Code
Denver CO 80205

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 9B219790-5929-481B-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1199.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 170
(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)
Randolph Johnston

Mailing Address 1300 E 20th Street

City State Zip Code
Cheyenne WY 82001-4021

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: 4E58B8E58D91CAF3218A

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 303 Smith Street

City State Zip Code
Lagrange GA 30240-2745

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 ▼ 365.00

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

Transaction ID: B0C8A23D1A074FC64A1

Amount of Each Receipt this Period
365.00

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

Mailing Address 301 E Muhammad Ali Boulevard

City State Zip Code
Louisville KY 40202-1511

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: B6C2893440694445951

Amount of Each Receipt this Period
365.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Kaplan		Date of Receipt
	Mailing Address Suite 106 4699 Main Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 05 / 2010
	City	State	Zip Code
	Bridgeport	CT	06606-1830
	FEC ID number of contributing federal political committee.		Transaction ID: CD7EE37F5A179531F67
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	365.00
		<input type="text"/>	365.00

B.	Full Name (Last, First, Middle Initial) Martin Kaplan		Date of Receipt
	Mailing Address Southdale Eye Clinic 6533 Drew Avenue S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 05 / 2010
	City	State	Zip Code
	Edina	MN	55435
	FEC ID number of contributing federal political committee.		Transaction ID: 8CFFF84CCB112D0FB63
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	365.00
		<input type="text"/>	365.00

C.	Full Name (Last, First, Middle Initial) Kenneth Kato		Date of Receipt
	Mailing Address 2020 Fleischmann Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 09 / 2010
	City	State	Zip Code
	Tallahassee	FL	32308-4599
	FEC ID number of contributing federal political committee.		Transaction ID: 3DA925A85F981A2542B
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Self		Occupation Ophthalmologist	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	1000.00
		<input type="text"/>	1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	1730.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

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

Mailing Address 3200 Morley Road

City State Zip Code
Shaker Heights OH 44122-2863

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: C183F3441B370900C2

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Mari Keithahn

Mailing Address 3600 Amron Court

City State Zip Code
Columbia MO 65202-1918

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 24D818DBE9ECBC2989E

Amount of Each Receipt this Period
365.00

C. 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 ▼ 365.00

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

Transaction ID: D8BBFD37D2F53023A80

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 980.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 170
(check only one)

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

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

A.

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

Mailing Address # 200
10321 Lumley Road

City Raleigh State NC Zip Code 27617-8746

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: A500A3F2DD6D314FCDE

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 1504 N Main Street

City Palmer State MA Zip Code 01069-1215

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: C00C29745314DAFDDF2

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 309 West 37th Street

City Vancouver State WA Zip Code 98660-1945

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: E7140A18FBA3C36F933

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 170
(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)
Dennis Kilpatrick

Mailing Address 6701 E Caron Dr

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
04 / 05 / 2010

Transaction ID: F44CA461-F1DB-4108-

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 7550 E 2nd Street

City State Zip Code
Scottsdale AZ 85251-4504

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 99A08DAD80292E97310

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 896 Oak Drive

City State Zip Code
Marion OH 43302

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

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

Amount of Each Receipt this Period
500.00

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 75 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
James Klein
 Mailing Address 21711 Greater Mack Avenue
 City State Zip Code
 St. Clair Shores MI 48080-2418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00
 Date of Receipt 04 / 05 / 2010
Transaction ID: 4221992AE5AF7238A896
 Amount of Each Receipt this Period 100.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Michael Korey
 Mailing Address 3982 North Milwaukee Avenue
 City State Zip Code
 Chicago IL 60641-2703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 465.00
 Date of Receipt 04 / 21 / 2010
Transaction ID: EE5E259E906341B4B68
 Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Yanina Kostina-O'Neil
 Mailing Address 55 Marion Rd
 City State Zip Code
 Westport CT 06880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00
 Date of Receipt 04 / 28 / 2010
Transaction ID: 08A321B9-B2A8-4667-
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 715.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 76 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Koziol
Mailing Address 1211 S Arlington Heights Road
City State Zip Code
Arlington Heights IL 60005-3142
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 1 0
Transaction ID: A7CAD0A52CE9FB07B0A
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Marvin Kraushar
Mailing Address 509 East Broad Street
City State Zip Code
Westfield NJ 07090-2115
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 1 4 / 2 0 1 0
Transaction ID: 7FC24FCCA56B7690D37
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Frank Kresca
Mailing Address 3 Mayfair Court
City State Zip Code
Champaign IL 61821-4438
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation
Self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 1 0
Transaction ID: 250AA27BC0146458F28
Amount of Each Receipt this Period 275.00

SUBTOTAL of Receipts This Page (optional) ► 1640.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 77 / 170

(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)

Jan Kronish

Mailing Address 16201 South Military Trail

City State Zip Code
Delray Beach FL 33484-6503

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 2A422DFF57E4654E41E

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

Kristine Kunesh-Part

Mailing Address 2601 Far Hills Avenue

City State Zip Code
Dayton OH 45419-1634

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: EC5A2421094F947CF54

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

N. Laheri

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

City State Zip Code
Leonardtown MD 20650-0674

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 8450FBF144D28444697

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Lanciano Professional Center

City State Zip Code
Pennsauken NJ 08109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

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

Transaction ID: 71474DDF-2587-49FA-

Amount of Each Receipt this Period
135.00

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

Mailing Address Lanciano Professional Center
7703 Maple Avenue

City State Zip Code
Pennsauken NJ 08109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

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

Transaction ID: 196F374F3F6128CB00A

Amount of Each Receipt this Period
365.00

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

Mailing Address Lanciano Professional Center
7703 Maple Avenue

City State Zip Code
Pennsauken NJ 08109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

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

Transaction ID: 0C4527E29127BAE65D8

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 865.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 6th Floor

City State Zip Code
Newark NJ 07103-2425

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
04 / 24 / 2010

Transaction ID: C609B865-A133-49F2-

Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Mary Lansing

Mailing Address Suite 100
90 Health Park Drive

City State Zip Code
Louisville CO 80027-9586

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 7DE04FF1ACB4F67B1AD

Amount of Each Receipt this Period 365.00

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

Mailing Address 9 Mulberry Lane

City State Zip Code
White Plains NY 10605-4456

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: D643A61193EEAF60CC8

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) 1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 170
(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)
Adrian Lavina

Mailing Address 2090 Southeast Ocean Boulevard

City State Zip Code
Stuart FL 34996-3304

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: E54DC9E287AC5CE3976

Amount of Each Receipt this Period
1000.00

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

Mailing Address Suite 405
1004 Carondelet Drive

City State Zip Code
Kansas City MO 64114-4801

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2010

Transaction ID: 9E5BAE4EE3438A80806

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1919 N 21st

City State Zip Code
Boise ID 83702

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: D57BAE24-054D-4FAD-

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Richard Lee		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address Suite 201 491 30th Street		Transaction ID: 6F6BB67E459A081DD6B		
	City Oakland	State CA	Zip Code 94609-3235	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00			

B.	Full Name (Last, First, Middle Initial) Jay Leemaster		Date of Receipt MM / DD / YYYY 04 / 27 / 2010		
	Mailing Address 2909 S Telephone Road		Transaction ID: F2594F0A58F868D3DEA		
	City Oklahoma City	State OK	Zip Code 73160-2937	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Alden Leifer		Date of Receipt MM / DD / YYYY 04 / 13 / 2010		
	Mailing Address 680 Broadway Suite 1H		Transaction ID: 2813F5AE072C641C975		
	City Paterson	State NJ	Zip Code 07514-1422	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	3365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 170
(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)
Lance Lemon

Mailing Address 1586 Picadilly Drive

City Haslett State MI Zip Code 48840-8480

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 40F282A0A07A71FE85E

Amount of Each Receipt this Period
135.00

B.

Full Name (Last, First, Middle Initial)
Elise Leonard

Mailing Address Suite 300
8890 W Oakland Park Boulevard

City Sunrise State FL Zip Code 33351-7224

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: B640F4B5AEF71040A7C

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address Suite A
203 Rue Louis XIV

City Lafayette State LA Zip Code 70508-5736

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

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

Transaction ID: 72360707298E70FFF0A

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **865.00**

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

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

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

FOR LINE NUMBER: PAGE 83 / 170
(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)
Rick Leoni

Mailing Address Suite A
203 Rue Louis Xiv

City State Zip Code
Lafayette LA 70508-5736

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

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

Transaction ID: 47B5BCD979976CD1C7FB

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Andrew Levada

Mailing Address Suite 100
1201 W Main Street

City State Zip Code
Waterbury CT 06708-3105

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 6E8DD789BBDDDFBF00B9

Amount of Each Receipt this Period
365.00

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

Mailing Address Suite H2
19271 Montgomery Village Avenue

City State Zip Code
Montgomery Village MD 20886-5029

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 559C84F9ED05797599B

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 84 / 170
(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)
Jay Harris Levy

Mailing Address 184 Northeast 168th Street

City Miami State FL Zip Code 33162-3412

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2010
Transaction ID: 688A3D2BB9FBD029144
Amount of Each Receipt this Period 500.00

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

Mailing Address Suite GI-3
990 S Medical Drive

City Brigham City State UT Zip Code 84302-3077

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 01 / 2010
Transaction ID: A11ECD4A59F76D2C11A
Amount of Each Receipt this Period 365.00

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

Mailing Address 24517 Deer Trace Dr

City Ponte Vedra State FL Zip Code 32082

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt 04 / 29 / 2010
Transaction ID: 3C7BA042-669B-483D-
Amount of Each Receipt this Period 199.00

SUBTOTAL of Receipts This Page (optional) ► 1064.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 170
(check only one)

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

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

A.

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

Mailing Address 45 South Park Boulevard Suite 375

City State Zip Code
Glen Ellyn IL 60137-6291

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: B7E0ECFEA7C3F64FEF8

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address Suite 200
9801 Dupont Avenue S

City State Zip Code
Bloomington MN 55431-3200

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: 33BE6489BEC7BEADDBD

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 2033 W Harbor Drive

City State Zip Code
Bismarck ND 58504-8913

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 8800305198669FCB520

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 170
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gerald Loushin

Mailing Address 5025 Drew Avenue S

City State Zip Code
Minneapolis MN 55410-2026

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: A89DB1891E76239E1B6

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 105 Central Avenue

City State Zip Code
Searcy AR 72143-7329

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: D25605D5F3D7272C165

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 3930 Hoyt Avenue

City State Zip Code
Everett WA 98201-4919

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

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

Transaction ID: 9A3EDE490FE7849D65B

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2230.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 451 Ashley Ridge Boulevard

City State Zip Code
Shreveport LA 71106-7229

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 23 / 2010

Transaction ID: 5D13CAA5DD0751B2952

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3845 Club Drive Northeast

City State Zip Code
Atlanta GA 30319-1109

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

Name of Employer Self Occupation
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
04 / 09 / 2010

Transaction ID: 829DA255B5C882859FF

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite 5

City State Zip Code
Hyannis MA 02601-3109

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

Name of Employer Self Occupation
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
04 / 22 / 2010

Transaction ID: 5431FA67-1F40-4020-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 89 / 170						
	(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

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

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

A.	Full Name (Last, First, Middle Initial) Mathew Maccumber		Date of Receipt	
	Mailing Address Suite 200 2800 N Sheridan Road		M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: A2025233D4ED44615BB
	Chicago	IL	60657-6160	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		365.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Mathew Maccumber		Date of Receipt	
	Mailing Address 2800 N Sheridan Rd		M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: BFBFB583-C931-403B-
	Chicago	IL	60657-6160	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		135.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Aaron Mack		Date of Receipt	
	Mailing Address Suite 150 150 Taylor Station Road		M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: E7B117AEE00F4C1F0A0
	Columbus	OH	43213-4440	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		365.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 90 / 170
(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)
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 ▼ 1200.00
Date of Receipt 04 / 19 / 2010
Transaction ID: E2CCA595-474C-4067-
Amount of Each Receipt this Period 1200.00

B. Full Name (Last, First, Middle Initial)
Delia Manjoney
Mailing Address 2720 Main Street
City Bridgeport State CT Zip Code 06606-5363
FEC 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 04 / 09 / 2010
Transaction ID: B26C56D71641D49EB7B
Amount of Each Receipt this Period 2500.00

C. Full Name (Last, First, Middle Initial)
Mark Mannis
Mailing Address Uc Davis Department of Ophthalmolo
4860 Y Street #2400
City Sacramento State CA Zip Code 95817-2307
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 07 / 2010
Transaction ID: ED7C5B91A35AA01CA95
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 4065.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 91 / 170
(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 Margolis

Mailing Address 1500 Tilton Road

City Northfield State NJ Zip Code 08225-1827

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 398.00

Date of Receipt 04 / 16 / 2010
Transaction ID: E90822D935956407EC9
 Amount of Each Receipt this Period 199.00

B. Full Name (Last, First, Middle Initial)
Stephanie Jones Marioneaux

Mailing Address 1013 Eden Way N Suite Dne

City Chesapeake State VA Zip Code 23320-2792

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 22 / 2010
Transaction ID: C5C4E6C68B5E2D83FA2
 Amount of Each Receipt this Period 750.00

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

Mailing Address Suite 102 125 Oakside Court

City Canton State GA Zip Code 30114-2498

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 75AA51C32B293915C78
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1314.00

TOTAL This Period (last page this line 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 92 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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 Maron		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address Suite 222 21 Woodland Street		Transaction ID: C81B3C5FE36B218A124		
	City Hartford	State CT	Zip Code 06105-4318	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) John Marquardt		Date of Receipt MM / DD / YYYY 04 / 01 / 2010		
	Mailing Address 116 Andros Road		Transaction ID: 3EE60A567041BF53841		
	City Key Largo	State FL	Zip Code 33037-5204	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Stephen Martin		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address 146 Academy Street Suite D		Transaction ID: A90CF74798CB8C2EDFE		
	City Presque Isle	State ME	Zip Code 04769-3102	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 170
(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)
Jose Agustin Martinez

Mailing Address 801 W 38th Street

City Austin State TX Zip Code 78705-1167

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 8E3C40BCDDF15E65FF2

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 6273 Granbury Road

City Fort Worth State TX Zip Code 76133-3401

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: B398A8055C1BDCADD81

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 250 Southwest Le Jeune Road

City Miami State FL Zip Code 33134-1755

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 28 / 2010

Transaction ID: E6BA73A0B25A593ADCC

Amount of Each Receipt this Period
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 94 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
G. Philip Matthews

Mailing Address 399 Melrose Drive
Suite D

City Richardson State TX Zip Code 75080-4455

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2010
Transaction ID: BDDD40748BBD5E163BF
Amount of Each Receipt this Period 425.00

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

Mailing Address 399 Melrose Drive
Suite D

City Richardson State TX Zip Code 75080-4455

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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

Mailing Address 53 Avenue of Champions

City Nicholasville State KY Zip Code 40356-9720

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

SUBTOTAL of Receipts This Page (optional) ► 865.00

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

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

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

FOR LINE NUMBER: PAGE 95 / 170
(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)
Mark Mayle
 Mailing Address 2071 Lakeside Estates
 City State Zip Code
 Morgantown WV 26508-5618
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 2 / 2 0 1 0
Transaction ID: FE677357-9F1B-47C6-
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
James McDonald, II
 Mailing Address 3318 N Northhills Boulevard
 City State Zip Code
 Fayetteville AR 72703-4008
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 1 0
Transaction ID: 9674E1A62CB07ADD546
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
J. Kevin McKinney
 Mailing Address 12520 SE 130th Ave
 City State Zip Code
 Clackamas OR 97086
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 1 0
Transaction ID: D4B1328B-44FB-4830-
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 170
(check only one)

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

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

A.

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

Mailing Address Apt. 308
9301 N 76th Street

City State Zip Code
Milwaukee WI 53223-1049

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

Name of Employer self Occupation
self ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: FE02E1E04DF0FD950CD

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 1401 Papworth Avenue

City State Zip Code
Metairie LA 70005-1750

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 3F15298D8F600B20845

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 8320 E Aster Drive

City State Zip Code
Scottsdale AZ 85260-5236

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: CAE9AA67B194C09199B

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) James Meador		Date of Receipt	
	Mailing Address 300 E Osborn Road Suite 203		M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 417ACE2430CB62EB3CC
	Phoenix	AZ	85012-2396	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		365.00		
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Robert Melendez		Date of Receipt	
	Mailing Address 735 Grey Hawk Drive Northeast		M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 1FCEBF6E-FD99-4EFE-
	Rio Rancho	NM	87144-4709	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Stephen Merfeld		Date of Receipt	
	Mailing Address 1885 W Pointe Drive		M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 358C1DE354AE33517AB
	Oshkosh	WI	54902-4174	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		365.00		
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) James Merritt		Date of Receipt
	Mailing Address 8230 Walnut Hill Lane Suite 508		<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 4 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Dallas	TX	75231-4400
	FEC ID number of contributing federal political committee. C		Transaction ID: B70373743DAB9636268
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	165.00

B.	Full Name (Last, First, Middle Initial) Dale Meyer		Date of Receipt
	Mailing Address 1220 New Scotland Road Suite 302		<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 4 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Slingerlands	NY	12159-9386
	FEC ID number of contributing federal political committee. C		Transaction ID: 4872A138A863966894B
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	100.00

C.	Full Name (Last, First, Middle Initial) Mark Michels		Date of Receipt
	Mailing Address Suite 350 3399 Pga 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 4 / 1 1 / 2 0 1 0
	City	State	Zip Code
	Palm Beach Gardens	FL	33410-2831
	FEC ID number of contributing federal political committee. C		Transaction ID: 44D48A9617325DEA16D6
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	365.00
TOTAL This Period (last page this line 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 99 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) William Mieler	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 5740 S Kimbark Avenue	Transaction ID: 3AAAE5E75C0732BFA64
	City State Zip Code Chicago IL 60637-1615	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Carl Migliazzo	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 7504 Antioch Road	Transaction ID: 1E42476642A3539AD3D
	City State Zip Code Overland Park KS 66204-2622	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Andrew Miller	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address 22 Old Short Hills Road Suite 104	Transaction ID: 7BB5842AB5969691C73
	City State Zip Code Livingston NJ 07039-5605	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 100 / 170
(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)
Frederick Miller

Mailing Address Suite 1
15 Lowell Street

City State Zip Code
Portland ME 04102-2726

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 869432EE1D5499815C0

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 800 N Prince Frederick Boulevard

City State Zip Code
Prince Frederick MD 20678-3145

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 78B0C7E3228A983661B

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 6410 Fannin Street
Suite 920

City State Zip Code
Houston TX 77030-5204

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 2B0ECEF202379A39543

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 101 / 170
(check only one)

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

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

A.

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

Mailing Address Building A # 700
3435 Northwest 56th Street

City State Zip Code
Oklahoma City OK 73112-4448

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 4594AB6F8C19FC0300DD

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Sanford Moretsky

Mailing Address 2125 West Indian School Road

City State Zip Code
Phoenix AZ 85015-4908

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 6CA2EC615D8C1C3ED48

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Basil Morgan

Mailing Address Suite 100
4324 York Road

City State Zip Code
Baltimore MD 21212-4800

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: 27B29E156D4C47C4118

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 170
(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)
Basil Morgan

Mailing Address Suite 100
4324 York Road

City Baltimore State MD Zip Code 21212-4800

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 27 / 2010

Transaction ID: 6456AD45D62BE57873F

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 1611 13th Avenue

City Huntington State WV Zip Code 25701-3811

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2010

Transaction ID: BE14318142A43E8544E

Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address PO Box 2937
219 N Hammes Avenue

City Joliet State IL Zip Code 60434-2937

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2010

Transaction ID: D5940FB43BFEA3961F6

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 170
(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)
Christie Morse

Mailing Address Suite 1600
248 Pleasant Street

City State Zip Code
Concord NH 03301-2588

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 905065C75666D600461

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Susan Mosier

Mailing Address 2900 Amherst Avenue
Suite B

City State Zip Code
Manhattan KS 66503-3050

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 5FB77AF0F571A82DF63

Amount of Each Receipt this Period
500.00

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

Mailing Address 520 Bruton Circle

City State Zip Code
Kettering OH 45429-1624

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: F09DE1E65826842D22B

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 104 / 170
(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)
W. Stanley Muenzler

Mailing Address Suite E
4215 N Classen Boulevard

City State Zip Code
Oklahoma City OK 73118-2428

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: F1A6A2633BEAFED1061

Amount of Each Receipt this Period
365.00

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

Mailing Address 7406 Buckingham Court

City State Zip Code
St. Louis MO 63105

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 1E233A940269832D8FE

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Benton Murphy

Mailing Address 27 Montebello Road

City State Zip Code
Pueblo CO 81001-1236

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: F7F4D1C89755BB006DC

Amount of Each Receipt this Period
500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 105 / 170
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Anne Nachazel		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address Suite A 25511 Little Mack Avenue		Transaction ID: 47A0D1DA695236284BE		
	City St. Clair Shores	State MI	Zip Code 48081-3300	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) George Nardin		Date of Receipt MM / DD / YYYY 04 / 07 / 2010		
	Mailing Address Suite 214 407 Uluniu Street		Transaction ID: CD47141E62A0981BF1B		
	City Kailua	State HI	Zip Code 96734-2537	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Eric Nelson		Date of Receipt MM / DD / YYYY 04 / 01 / 2010		
	Mailing Address 6405 France Ave S		Transaction ID: 292FE1A4-A182-4F9D-		
	City Edina	State MN	Zip Code 55435	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	980.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 106 / 170
(check only one)

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

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

A.

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

Mailing Address Suite W460
6405 France Avenue S

City Edina State MN Zip Code 55435-2189

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 02 / 2010
Transaction ID: 497186DEC210188E5F94
Amount of Each Receipt this Period 25.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2800 N Tenaya Way
Suite 102

City Las Vegas State NV Zip Code 89128-1100

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

C.

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

Mailing Address Suite 300
2380 Montpelier Drive

City San Jose State CA Zip Code 95116-1620

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

SUBTOTAL of Receipts This Page (optional) ► 890.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 107 / 170
(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)
Corey Notis

Mailing Address 900 Stuyvesant Avenue

City State Zip Code
Union NJ 07083-6936

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 684A3AB500579DF2E67

Amount of Each Receipt this Period
1000.00

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

Mailing Address 22 Old Short Hills Road Suite 104

City State Zip Code
Livingston NJ 07039-5605

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 6B3214C5F6315F17BAC

Amount of Each Receipt this Period
500.00

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

Mailing Address 22 Old Short Hills Road Suite 104

City State Zip Code
Livingston NJ 07039-5605

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: DE915DF505EBFF088A8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 618 Tollgate Road

City Warwick State RI Zip Code 02886-2717

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 12 / 2010
Transaction ID: C92EB365D8EDF52348B
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Alvaro O'Byrne

Mailing Address 4112 Maid Stone Drive

City Lake Charles State LA Zip Code 70605-4030

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 27 / 2010
Transaction ID: 9E37362F0FE6860FA6F
Amount of Each Receipt this Period 365.00

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

Mailing Address 7504 Antioch Road

City Overland Park State KS Zip Code 66204-2622

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 16 / 2010
Transaction ID: 6E6790A2F6B975EA2A1
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1730.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 170
(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)
Philip O'Donnell

Mailing Address 1490 Pinehurst Drive

City Defiance State OH Zip Code 43512-8670

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2010
Transaction ID: C216A04B26D4CF93D82
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
David James O'Morchoe

Mailing Address 20669 Bond Road Northeast

City Poulsbo State WA Zip Code 98370-6525

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

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

Mailing Address 2015 N Main Street

City Wheaton State IL Zip Code 60187-3152

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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 110 / 170
(check only one)

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

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

A.

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

Mailing Address 65 N Mario Capecchi Drive

City State Zip Code
Salt Lake City UT 84132-0005

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: C67A3D3C418EBAC8B33

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 178 E 71st Street

City State Zip Code
New York NY 10021-5131

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: A485A628-B790-494C-

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 8103 Clearvista Parkway

City State Zip Code
Indianapolis IN 46256-5628

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D2FA0DED4B6892C3075

Amount of Each Receipt this Period
365.00

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 111 / 170
(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 Ou

Mailing Address 3929 Marquette Street

City State Zip Code
Houston TX 77005-4311

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: B82C566EA61A213B427

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address Suite 822

City State Zip Code
Hartford CT 06106-5527

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: EAD101E4-C29D-4ACE-

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 110
221 W Stewart Avenue

City State Zip Code
Medford OR 97501-3647

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 8DDD6E661F720B25493

Amount of Each Receipt this Period
1500.00

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

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Jon Page
Mailing Address 622 Abbott Street
City Salinas State CA Zip Code 93901-4315
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 16 / 2010
Transaction ID: B93B82863F431D82C6C
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Gregory Panzo
Mailing Address 17560 Highway 441
City Mount Dora State FL Zip Code 32757-6711
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 22 / 2010
Transaction ID: 0EC92C37C3862991BF9
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
David Parke, II
Mailing Address 655 Beach Street
City San Francisco State CA Zip Code 94109-1342
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 01 / 2010
Transaction ID: C08CE21C6D93A0D1A74
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
David Parke

Mailing Address Apt. 332
88 Notch Hill Road

City North Branford State CT Zip Code 06471-1852

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 09 / 2010
Transaction ID: 609D39FF7CCCFE13C5B
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Sayjal Patel

Mailing Address Suite 105-255
6965 El Camino Real

City Carlsbad State CA Zip Code 92009-4101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 8FD1797D3217556079D
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Harpreet Nini Patheja

Mailing Address 110 Pepper Hill Way

City Aiken State SC Zip Code 29801-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 29 / 2010
Transaction ID: D7E0157AE1C8AAF9EF9
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
George Patterson

Mailing Address 8218 Wisconsin Avenue
Suite 316

City State Zip Code
Bethesda MD 20814-3107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 1F44D236D40C961A8CC

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Maria Patterson

Mailing Address 12690 W North Avenue

City State Zip Code
Brookfield WI 53005-4636

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 5043510D4D309F71A18

Amount of Each Receipt this Period
199.00

C. Full Name (Last, First, Middle Initial)
Maria Patterson

Mailing Address 12690 W North Avenue

City State Zip Code
Brookfield WI 53005-4636

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: 43BDA9CBA5D936B2582F

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 589.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 170
(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)
Ralph Paylor

Mailing Address 502 East New Haven Avenue

City State Zip Code
Melbourne FL 32901-5427

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: 1D12CB409F3A1B411E4

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ram Peddada

Mailing Address 307 S Jackson Street

City State Zip Code
Casper WY 82601-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: E52534ED-44FD-48E1-

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Ron Pelton

Mailing Address Suite 309
455 E Pikes Peak Avenue

City State Zip Code
Colorado Springs CO 80903-3674

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: B5B457E77E8BC3D3E3B

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 170
 (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 Penland

Mailing Address 1020 W Buena Vista Road

City State Zip Code
Evansville IN 47710-5150

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: B7A13791D5775A601C9

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Elliot Perlman

Mailing Address 150 E Manning Street

City State Zip Code
Providence RI 02906-5109

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2010

Transaction ID: FBCA49AE964284E6210

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
John Peters

Mailing Address 7802 Davenport Street

City State Zip Code
Omaha NE 68114-3629

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: 6C28C4F039042C84F6F

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial) William Phelps		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address Suite 217 10611 Garland Road		Transaction ID: 0048A03503F44B34EFA
City Dallas	State Zip Code TX 75218-4801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dante Pieramici		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address Ca Retina Consultants 515 E Micheltorena Suite C		Transaction ID: B8B9A5F88F6E0D56218
City Santa Barbara	State Zip Code CA 93103	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) K. Randy Pierce		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address 5011 Burnet Road		Transaction ID: 8C4253D52D5E67E5DE
City Austin	State Zip Code TX 78756-2611	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 170
(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 Pinto

Mailing Address 414 Maple Avenue, Suite 200

City State Zip Code
Saratoga Springs NY 12866-5533

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 754A73E7-1D4D-479B-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Alan Pollack

Mailing Address 4660 Kenmore Avenue Suite 416

City State Zip Code
Alexandria VA 22304-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: 70DC555DAE9425D71AB

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Alan Pollack

Mailing Address 4660 Kenmore Avenue Suite 416

City State Zip Code
Alexandria VA 22304-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: 4AA8B00DF0AAED5D0B0C

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 170
(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 Pollack

Mailing Address Illinois Retina Associates
300 Barney Dr., Suite D

City Joliet State IL Zip Code 60435

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 1DB927E6285354EEA7C
Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Seth David Potash

Mailing Address 170 Maple Avenue

City White Plains State NY Zip Code 10601-4710

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 23 / 2010
Transaction ID: EC77C2DC3982A52EFC3
Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
C. Downey Price

Mailing Address Suite 160
333 N Rivershire Drive

City Conroe State TX Zip Code 77304-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2010
Transaction ID: FB99819384C2FD97B57
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **980.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 170
(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 Price

Mailing Address 578 Main Street

City State Zip Code
Malden MA 02148-3900

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 741995B5-3CDD-478E-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Andrew Prince

Mailing Address 178 E 71st Street

City State Zip Code
New York NY 10021-5131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 87762B33-63B3-4D56-

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Andrew Prince

Mailing Address 178 E 71st Street

City State Zip Code
New York NY 10021-5131

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: D5D8AB60-B99C-417D-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) Tony Pruthi		Date of Receipt MM / DD / YYYY 04 / 06 / 2010		
	Mailing Address 403 Estrella Doro		Transaction ID: 528F2E72DFBCE4958DA		
	City Monterey	State CA	Zip Code 93940-7607	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Richard Quinones		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 2640 W 183rd Street		Transaction ID: 622ABCB0-39CB-4595-		
	City Homewood	State IL	Zip Code 60430-2914	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Jean Ramsey		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address Floor 2 850 Harrison Avenue		Transaction ID: 2936C2DC3D4D6C38731		
	City Boston	State MA	Zip Code 02118-4001	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 170
(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)
Ann Ranelle

Mailing Address 119 Hidden Lake Ranch Road

City Aledo State TX Zip Code 76008-4526

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2010
Transaction ID: 4AAE07B6D43FFC218D4
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Penporn Reck

Mailing Address 345 College Street Southeast Suite C

City Lacey State WA Zip Code 98503-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2010
Transaction ID: 775BF1EB5B2C8629190
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Stephen Reck

Mailing Address 1418 Bethel Park Court Northeast

City Olympia State WA Zip Code 98506-3301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2010
Transaction ID: 80ECA1AEC9762DDACBA
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 170
(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)
Annette Reda

Mailing Address Suite 101
885 Kempsville Road

City Norfolk State VA Zip Code 23502-3800

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2010
Transaction ID: 9B4D32D9DCA54085F17
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Ashok Reddy

Mailing Address 1121 Roma Avenue Northeast

City Albuquerque State NM Zip Code 87106-4734

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 3F1DB9869A652F5FCC6
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Matthew Reed

Mailing Address 11800 Rock Landing Drive

City Newport News State VA Zip Code 23606-4206

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2010
Transaction ID: 4B19B331E8904DB20BEC
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1600.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 170
(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)
Kristin Reidy
Mailing Address 1909 Proctor Court
City Santa Fe State NM Zip Code 87505-4535
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 22 / 2010
Transaction ID: E027012E17B65209B86
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Harvey Reiser
Mailing Address 945 Lantern Hill Road
City Shavertown State PA Zip Code 18708-9474
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 04 / 23 / 2010
Transaction ID: 6D9342BD0583EB51AF3
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
David Richardson
Mailing Address Suite P25
207 S Santa Anita Street
City San Gabriel State CA Zip Code 91776-1145
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1268.00
Date of Receipt 04 / 26 / 2010
Transaction ID: 4DA18B6DDB7DC8232AB4
Amount of Each Receipt this Period 317.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1067.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Andrew Riemer

Mailing Address 5959 Lawndale Street

City Ludington State MI Zip Code 49431-2921

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 27 / 2010
Transaction ID: 9A84AB3DE1D79C9147C
Amount of Each Receipt this Period: 365.00

B.

Full Name (Last, First, Middle Initial)
Gregory Riffle

Mailing Address Suite 110
9485 Mentor Avenue

City Mentor State OH Zip Code 44060-8724

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: 28F1B8FF2BF6F70B97F
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Philip Rizzuto

Mailing Address Suite 301

City Providence State RI Zip Code 02905-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 21 / 2010
Transaction ID: E2509C40-B85A-4168-
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Catherine Rommel

Mailing Address 2115 Noll Drive

City Lancaster State PA Zip Code 17603-7600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 08 / 2010

Transaction ID: B4FAE9F10B4626C1F35

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Barry Roper

Mailing Address 14837 Felbridge Way

City Midlothian State VA Zip Code 23113-6715

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 22 / 2010

Transaction ID: 095E4DA2-D027-4FFF-

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
John Rosculet

Mailing Address 906 Windward Court

City Neenah State WI Zip Code 54956-4276

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2010

Transaction ID: FAC6FA1C37A8C9004FA

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: PAGE 127 / 170
(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)
Harvey Rosenblum

Mailing Address 220 Madison Avenue

City State Zip Code
New York NY 10016-3422

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 8F823ED70A33884FF5A

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Brian Paul Roth

Mailing Address 1022 West Ivy

City State Zip Code
Moses Lake WA 98837-4107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 13BCF14DC02F0001DFB

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
David Rozas

Mailing Address Suite 101
5 Saint Vincent Circle

City State Zip Code
Little Rock AR 72205-5415

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: A5E8ACA74474D57E20F

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 170
(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)
Jay Rudd

Mailing Address Suite C
345 College Street Southeast

City State Zip Code
Lacey WA 98503-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: D1A30AC993FDF8E6C6D

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Paul Ryan, Jr.

Mailing Address Suite D
1420 Tara Hills Drive

City State Zip Code
Pinole CA 94564-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 3BB5D6E945CD2F64984

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Stephen Ryan

Mailing Address Room 5900
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 9723287D47DC1E02B71

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 170
(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)
Sina John Sabet

Mailing Address Suite 9
5130 Duke Street

City State Zip Code
Alexandria VA 22304-2955

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: 49CCF7DD6C1786AFF45

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Steven Safran

Mailing Address 132 Franklin Corner Rd. A-1

City State Zip Code
Lawrenceville NJ 08648-2523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: CD8305B4E03FC1ABEB0

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
E. Ronald Salvitti

Mailing Address Southwestern Pa Eye Center
750 E Beau Street

City State Zip Code
Washington PA 15301-6661

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2010

Transaction ID: AF46366D4EE6BEF3D4C

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Jeffrey Sandler

Mailing Address Suite 106

City State Zip Code
Bridgeport CT 06606-1830

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 339F08B5-F193-4776-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Bruce Robert Saran

Mailing Address Suite B200
915 Old Fern Hill Road

City State Zip Code
West Chester PA 19380-3433

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 61545F06316848FACE7

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gary Schemmer

Mailing Address Suite 200
215 1st St. N

City State Zip Code
Winter Haven FL 33881-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 699.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: E37863DAF5954E886D0

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 170
(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)
Todd Schneiderman

Mailing Address Suite 203
9800 Levin Road Northwest

City State Zip Code
Silverdale WA 98383-7849

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 1 0

Transaction ID: 92A51101D3B0E4714A6

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Todd Schneiderman

Mailing Address Suite 203
9800 Levin Road Northwest

City State Zip Code
Silverdale WA 98383-7849

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 1 0

Transaction ID: 47D4BDF891D23581F25C

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Joel Schuman

Mailing Address Eye and Ear Inst, Suite 816
203 Lothrop Street

City State Zip Code
Pittsburgh PA 15213

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 3B443DD29109D5B3F1C

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 170
(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)
A. Catherine Schwartz

Mailing Address 935 Bellview Road

City State Zip Code
Mc Lean VA 22102-1213

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: B638970D-E824-47CE-

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Donald Schwartz

Mailing Address Suite 108
2650 Elm Avenue

City State Zip Code
Long Beach CA 90806-1600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 099C609277C8980FE85

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Kevin Scott

Mailing Address Suite 400
3700 Joseph Siewick Drive

City State Zip Code
Fairfax VA 22033-1745

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: D50AE2BCF5759C26159

Amount of Each Receipt this Period
1000.00

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: PAGE 133 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Maria Cirone Scott

Mailing Address Suite 320
2002 Medical Parkway

City State Zip Code
Annapolis MD 21401-7901

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: FE173BB4A8F82AE2B23

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michael Scott

Mailing Address 515 Sunset Ridge

City State Zip Code
Dubuque IA 52003-7762

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 290CF36C1A2B7FE36D5

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Ronald Seff

Mailing Address Suite 108
19 Fontana Lane

City State Zip Code
Baltimore MD 21237-3097

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: EA83D4B668EDE7D35D8

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1730.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Bruce Segal

Mailing Address Suite 302
5258 Linton Boulevard

City State Zip Code
Delray Beach FL 33484-6530

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2010

Transaction ID: 1992D77A68F80CBF87C

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Douglas Romney Shearer

Mailing Address Suite 347
1414 W Fair Avenue

City State Zip Code
Marquette MI 49855-5407

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: 4C4E72718B6F1DEAB11

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Peter Shelley

Mailing Address Suite A3
32123 1st Avenue S

City State Zip Code
Federal Way WA 98003-5720

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 81606D9BEEE59882D6A

Amount of Each Receipt this Period
365.00

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 135 / 170
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) Richard Sherry		Date of Receipt	
	Mailing Address Suite 234 2500 Grubb Road		M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 1 0	
	City State Zip Code Wilmington DE 19810-4796		Transaction ID: 8C5C9BE9ACB72A6D285	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00	
	Name of Employer Self Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Bradford Shingleton		Date of Receipt	
	Mailing Address Suite 600 50 Staniford Street		M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 1 0	
	City State Zip Code Boston MA 02114-2539		Transaction ID: 3088FAFC5330244F494	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
	Name of Employer Self Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Richard Shugarman		Date of Receipt	
	Mailing Address Suite 1001		M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 1 0	
	City State Zip Code West Palm Beach FL 33401		Transaction ID: 89B38B88-84D3-42C4-	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
	Name of Employer Self Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2365.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
R. Michael Siatkowski

Mailing Address 608 Stanton L Young Boulevard

City State Zip Code
Oklahoma City OK 73104-5014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 16 / 2010

Transaction ID: E8E116843D1C181AAD5

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
John Simon

Mailing Address Suite 202
1220 New Scotland Road

City State Zip Code
Slingerlands NY 12159-9386

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: DE2C1F16E67CABF4638

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Brian Sippy

Mailing Address 700 W Kent Avenue

City State Zip Code
Missoula MT 59801-6772

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 213CA20C775E602E003

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 170
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Gregory Skuta

Mailing Address 608 Stanton L Young Boulevard

City State Zip Code
Oklahoma City OK 73104-5014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: E0B4274CCE689D50699

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brian Smith

Mailing Address 138 W Avon Parkway

City State Zip Code
Asheville NC 28804-1410

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 5A3AC449-B273-4093-

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Daniel Smith

Mailing Address 110 Pepper Hill Way

City State Zip Code
Aiken SC 29801-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2010

Transaction ID: B85B4E7DDE04E3C5BC7

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 170
(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)
Kevin Smith

Mailing Address 408 S Main Street

City Greenville State PA Zip Code 16125-1773

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2010
Transaction ID: 3794AFF3935B11F3C71
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
L. Douglas Smith

Mailing Address 10 Vision Lane

City Natchez State MS Zip Code 39120-4607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2010
Transaction ID: EF561EAA8CB78BBD44C
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Ronald Smith

Mailing Address Suite 5706
1450 San Pablo Street

City Los Angeles State CA Zip Code 90033-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 05 / 2010
Transaction ID: 561A0996A9A92E6B306
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 170
(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)
Ronald Smith

Mailing Address Suite 5706
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 4C1BFB9C3A913BFF282

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Scott So

Mailing Address Suite 214
2100 Webster Street

City State Zip Code
San Francisco CA 94115-2375

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 4283A220529E2E6B6061

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
James Speights

Mailing Address Suite 820
7940 Floyd Curl

City State Zip Code
San Antonio TX 78229-3906

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: 14FC0C2C37D7CB3B541

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 170
(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)
Derek Sprunger
Mailing Address 200 W 103rd Street
City Indianapolis State IN Zip Code 46290-1086
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 21 / 2010
Transaction ID: 766BB71B-4C9F-4CD7-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Robert Spurny
Mailing Address Suite 24
City Mesa State AZ Zip Code 85210-9704
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 21 / 2010
Transaction ID: 81B2AEE0-E0CE-49B7-
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John Stabile
Mailing Address 111 Dean Drive
City Tenafly State NJ Zip Code 07670-2764
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00
Date of Receipt 04 / 16 / 2010
Transaction ID: A513CE8984F3E8933CE
Amount of Each Receipt this Period 1200.00

SUBTOTAL of Receipts This Page (optional) ► 2200.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 170
(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)
Jay Bennett Stallman

Mailing Address 1100 Johnson Ferry Road
Building 2 Suite 593

City Atlanta State GA Zip Code 30342-1709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 29 / 2010
Transaction ID: FB21E756CC40A613D58
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Robert Stamper

Mailing Address Ucsf Department Ophthalmology
10 Koret Way Room K-301

City San Francisco State CA Zip Code 94143-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 07 / 2010
Transaction ID: C808170E74CC73481FE
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
John Stechschulte

Mailing Address Suite 320
262 Neil Avenue

City Columbus State OH Zip Code 43215-7311

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 22 / 2010
Transaction ID: A8196D190D84E2F63BC
Amount of Each Receipt this Period 730.00

SUBTOTAL of Receipts This Page (optional) ► 1345.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 170
(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 Steinemann
Mailing Address 2703 Cranlyn Road
City Shaker Heights State OH Zip Code 44122-2003
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 18 / 2010
Transaction ID: 5ECF2592-BC6F-4E0C-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Thomas Steinemann
Mailing Address 2703 Cranlyn Road
City Shaker Heights State OH Zip Code 44122-2003
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 22 / 2010
Transaction ID: B186EC20C50E393C531
Amount of Each Receipt this Period 135.00

C. Full Name (Last, First, Middle Initial)
Roger Steinert
Mailing Address 118 Med Surg I
City Irvine State CA Zip Code 92697-4375
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 09 / 2010
Transaction ID: 7BD99992EB9A6A9854F
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 170
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Thomas Stevens

Mailing Address 655 Medical Center Drive Northeast

City Salem State OR Zip Code 97301-2751

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 09 / 2010
Transaction ID: 10EC1044962D6FBF4D5
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Jonathan Stock

Mailing Address 703 14th Street

City Baraboo State WI Zip Code 53913-1538

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: F82A9B29D668714A4BE
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Richard Storm

Mailing Address 303 East Park Avenue

City Long Beach State NY Zip Code 11561-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: 04 / 06 / 2010
Transaction ID: 494738B2E4B3DCCF06E
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 1615.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Richard Storm

Mailing Address 303 East Park Avenue

City Long Beach State NY Zip Code 11561-3600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: 04 / 11 / 2010
Transaction ID: 478889D44FE8FC50D905
Amount of Each Receipt this Period: 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Paul Stromberg

Mailing Address 1306 Division Street

City Oregon City State OR Zip Code 97045-1523

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 23 / 2010
Transaction ID: 6A3DC240CC30D9F2DC3
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
John Stump

Mailing Address 200 Kona Circle

City Milford State DE Zip Code 19963-5396

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 07 / 2010
Transaction ID: F22C44A72E1FA18BC70
Amount of Each Receipt this Period: 400.00

SUBTOTAL of Receipts This Page (optional) ▶ 675.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
James Su
Mailing Address 708 S 1st Street
City McAllen State TX Zip Code 78501-1123
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 04 / 05 / 2010
Transaction ID: 4B4602BA25566EE6DBC
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Shigemi Sugiki
Mailing Address 1380 Lusitana Street Suite 714
City Honolulu State HI Zip Code 96813-2443
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00
Date of Receipt 04 / 02 / 2010
Transaction ID: 647B022AB46FFA1DAAF
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Shigemi Sugiki
Mailing Address 1380 Lusitana Street Suite 714
City Honolulu State HI Zip Code 96813-2443
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00
Date of Receipt 04 / 24 / 2010
Transaction ID: 4747A860554B2B658E7F
Amount of Each Receipt this Period 100.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1465.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 170
(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)
Stephanie Sugin
Mailing Address 1201 W Main Street Suite 100
City Waterbury State CT Zip Code 06708-3105
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 04 / 02 / 2010
Transaction ID: 8FCC6A0176BEB9AE488
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Stephanie Sugin
Mailing Address 1201 W Main Street Suite 100
City Waterbury State CT Zip Code 06708-3105
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00
Date of Receipt 04 / 10 / 2010
Transaction ID: 4B14936E1637442F3A4F
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Stephen Sullivan
Mailing Address 51 State Road
City North Dartmouth State MA Zip Code 02747-3319
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 05 / 2010
Transaction ID: CFDFAD10FA74A7C4533
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1390.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
C. Gail Summers

Mailing Address 420 Delaware Street Southeast

City State Zip Code
Minneapolis MN 55455-0341

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 246BB43C28EDA2EF729

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
John Sutphin

Mailing Address Suite 100
7400 State Line Road

City State Zip Code
Prairie Village KS 66208-3447

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2010

Transaction ID: A7276DFF1E395E8CB52

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Mark Szal

Mailing Address Suite 1600
248 Pleasant Street

City State Zip Code
Concord NH 03301-2588

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: 20DAE8B8EEA03BB775D

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1730.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 170
(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)
Gareth Tabor

Mailing Address Suite 240
27 S State Street

City Lake Oswego State OR Zip Code 97034-3935

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 490E4B00F1E2A82175C

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Rashid Taher

Mailing Address 184 Northeast 168th Street

City Miami State FL Zip Code 33162-3412

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: B6768DDCBE2E67040BF

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Leiv Takle

Mailing Address 646 South Eighth Street

City Griffin State GA Zip Code 30224-4214

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 1A916C6305A9CC5CDDC

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Paul Tarantino

Mailing Address Suite 100
1403 Madison Park Drive

City State Zip Code
Glen Burnie MD 21061-6292

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: OBF2C0720B254F18E36

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Steven Thomas

Mailing Address Suite 301
632 Morrison Springs Road

City State Zip Code
Chattanooga TN 37415-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 12 / 2010

Transaction ID: BFA7395BFDDDF0722CB6

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
John Thompson

Mailing Address Suite 605
6569 N Charles Street

City State Zip Code
Baltimore MD 21204-6833

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 5702D5E9984F3AEE2D3

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 150 / 170

(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 Thompson

Mailing Address Suite 605

6569 N Charles Street

City

Baltimore

State

MD

Zip Code

21204-6833

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
04 / 27 / 2010

Transaction ID: FD3D42B014665FBE3FE

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Monica Thoms

Mailing Address 1211 S Arlington Heights Road

City

Arlington Heights

State

IL

Zip Code

60005-3142

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 9E145B8E97470B38D61

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Gregory Lee Thorgaard

Mailing Address 135 Deppe Lane

City

Ottumwa

State

IA

Zip Code

52501-1218

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
04 / 23 / 2010

Transaction ID: 36B5AB13CDCCD737E13

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 170
(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)
Steven Thornquist
Mailing Address 25 Oak Ridge Drive
City Bethany State CT Zip Code 06524-3117
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 22 / 2010
Transaction ID: CF8305094054E119E4E
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Michael Carmine Tigani
Mailing Address Suite G17
1515 Chain Bridge Road
City Mc Lean State VA Zip Code 22101-4421
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 04 / 07 / 2010
Transaction ID: A2FC0AB1B58659634FD
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Kevin Toller
Mailing Address PO Box 450400
City Grove State OK Zip Code 74345-0400
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 04 / 21 / 2010
Transaction ID: 9BD3E71E5DED6175D8
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 170
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial) Randall Tozer		Date of Receipt MM / DD / YYYY 04 / 06 / 2010
Mailing Address 9811 N 95th Street Suite 101		Transaction ID: 75AA9FECB184284D141
City Scottsdale	State AZ	
Zip Code 85258-4527		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Alfredo Trevino		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
Mailing Address 1006 East Hillside Road		Transaction ID: 05C31350568FCB47704
City Laredo	State TX	
Zip Code 78041-3287		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Gregory Trubowitsch		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address 741 Los Miradores Drive		Transaction ID: 6973A428E9E29D8511E
City El Paso	State TX	
Zip Code 79912-3451		Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.00	

SUBTOTAL of Receipts This Page (optional)	3365.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Gregory Trubowitsch

Mailing Address 741 Los Miradores Drive

City State Zip Code
El Paso TX 79912-3451

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2900.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 07 / 2010

Transaction ID: 4D059DB8131D3C1E0DE9

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Linda Tsai

Mailing Address 520 East Drive

City State Zip Code
Saint Louis MO 63130-3801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2010

Transaction ID: DD5DAE12AA22AA9CA34

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Cordelia Uddoh

Mailing Address Premiervision Laser Center, Inc
608N Easton Rd. Suite C

City State Zip Code
Willow Grove PA 19090

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2010

Transaction ID: 9E0B05F817DE9C12DC3

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **830.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Ira Udell

Mailing Address 600 Northern Boulevard

City State Zip Code
Great Neck NY 11021-5200

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 4FC5EA6A-885C-407A-

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Ira Udell

Mailing Address 600 Northern Boulevard
Suite 214

City State Zip Code
Great Neck NY 11021-5200

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 2C39AEAA6E43C9AD1A2

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Albert Lon Ungricht

Mailing Address Suite 410
5770 S 250 E

City State Zip Code
Salt Lake City UT 84107-8178

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2010

Transaction ID: A4DECDC9EF019EDB5B5

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3230.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City Saint Paul State MN Zip Code 55116-2827

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

Date of Receipt 04 / 23 / 2010

Transaction ID: 190CCFDF-719C-4F24-

Amount of Each Receipt this Period 199.00

B.

Full Name (Last, First, Middle Initial)
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City Saint Paul State MN Zip Code 55116-2827

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

Date of Receipt 04 / 23 / 2010

Transaction ID: A4A1FE80-96E2-4D9D-

Amount of Each Receipt this Period 199.00

C.

Full Name (Last, First, Middle Initial)
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City Saint Paul State MN Zip Code 55116-2827

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

Date of Receipt 04 / 23 / 2010

Transaction ID: FF40D21E-F619-49EA-

Amount of Each Receipt this Period 199.00

SUBTOTAL of Receipts This Page (optional) ► 597.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 170
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Woodford Van Meter

Mailing Address Suite 203
1760 Nicholasville Road

City Lexington State KY Zip Code 40503-1472

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: C567EAC5C32E1F50A4E

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mark Volpicelli

Mailing Address Suite 100
1174 Castro Street

City Mountain View State CA Zip Code 94040-2572

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: 736E1281AA30B61289F

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Hussein Wafapoor

Mailing Address Suite 1
2230 Venetian Court

City Naples State FL Zip Code 34109-8727

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: 66240CA16E7FD6458C3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 170
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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) Alan Wagner	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 968 First Colonial Rd	Transaction ID: F3E412EA-CD24-4033-
	City State Zip Code Virginia Beach VA 23454	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) William Wagnon	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B	Transaction ID: 88A229F4C533E2AE6BA
	City State Zip Code Lufkin TX 75904-5666	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Kevin Lee Waltz	Date of Receipt MM / DD / YYYY 04 / 09 / 2010
	Mailing Address Suite 240 8103 Clearvista Parkway	Transaction ID: 8ED32D26F86CAE883C0
	City State Zip Code Indianapolis IN 46256-4697	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3865.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 170
(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)
Ann Warn

Mailing Address Suite 200
3201 W Gore Boulevard

City State Zip Code
Lawton OK 73505-6350

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 898446B9BB1937C7D91

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dana Weinkle

Mailing Address Suite 201
3131 South Tamiami Trail

City State Zip Code
Sarasota FL 34239-5101

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: BABA312A515594BF31D

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Robert Weisenthal

Mailing Address PO Box 48
5770 Commons Park

City State Zip Code
De Witt NY 13214-0048

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 01 / 2010

Transaction ID: B33DE9907223EEA2A40

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1865.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 170
(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 Welch

Mailing Address 407 Avenue K Southeast

City State Zip Code
Winter Haven FL 33880-4126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: 0B1C708FB6B0ACDA29F

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John Wells, III

Mailing Address 124 Sunset Court

City State Zip Code
West Columbia SC 29169-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2010

Transaction ID: 4D998DC7340F56D7EED0

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Andrew Westfall

Mailing Address 2450 12th Street Southeast

City State Zip Code
Salem OR 97302-2152

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: 4C64A7610502A5AF1B57

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1200.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 170
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)
Andrew Westfall

Mailing Address 2450 12th Street Southeast

City Salem State OR Zip Code 97302-2152

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 8 / 2 0 1 0

Transaction ID: 637F119FBC53F3547DD

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Amy Wexler

Mailing Address 509 S Lenola Road Suite 11

City Lenola State NJ Zip Code 08057-1556

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 1 0

Transaction ID: 84232666A178B1783A3

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Amy Wexler

Mailing Address 509 S Lenola Road Suite 11

City Lenola State NJ Zip Code 08057-1556

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 1 0

Transaction ID: 4EBBB794522D0AF0879E

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1525.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 170
(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)
Maynard Wheeler

Mailing Address PO Box 538
10 Sandy Brae

City State Zip Code
Grantham NH 03753-0538

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 13 / 2010

Transaction ID: 00AA65288B8557EA027

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Wayne Whitmore

Mailing Address 116 E 68th Street

City State Zip Code
New York NY 10065-5955

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 02 / 2010

Transaction ID: C9C69DC73D24267731B

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Peter Whitted

Mailing Address 4353 Dodge Street

City State Zip Code
Omaha NE 68131-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 22 / 2010

Transaction ID: 320FB20DE9E02AB1F04

Amount of Each Receipt this Period
1000.00

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 162 / 170
(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)
Torsten Wiegand

Mailing Address 50 Staniford Street

City State Zip Code
Boston MA 02114-2539

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthamologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	0

Transaction ID: D5C1BAD1-9B81-4430-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Paul Wiesner

Mailing Address Unit B
1800 E Pavilion Place

City State Zip Code
Montrose CO 81401-5499

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthamologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	0

Transaction ID: 8953C6E000CCC883004

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
John Wilcox, Jr.

Mailing Address 2763 Holly Point Rd. E

City State Zip Code
Orange Park FL 32073-5636

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthamologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	0

Transaction ID: 5F7D00B8C3CC790CBD8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

2115.00

TOTAL This Period (last page this line number only) ▶

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 170
(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 Wilkerson

Mailing Address Suite 5

City State Zip Code
Helena MT 59601-8026

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: 941E9277-9CC2-47D8-

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Williams

Mailing Address 5014 Woodhurst Lane

City State Zip Code
Minnetonka MN 55345

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 1 0

Transaction ID: B04D2E0C-ABE5-48EB-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 3535 W 13 Mile Road

City State Zip Code
Royal Oak MI 48073

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 8DD69E85-4A39-44BD-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 170
(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)
Ruth Williams

Mailing Address 2015 N Main Street

City State Zip Code
Wheaton IL 60187-3152

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: 086A2469C1AD0E714BF

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
James J. Wong

Mailing Address 102 East Avenue

City State Zip Code
Norwalk CT 06851-5010

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 09 / 2010

Transaction ID: DEC7E11C5E2D9C86FE2

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Keye Luc Wong

Mailing Address Building D
3920 Bee Ridge Road

City State Zip Code
Sarasota FL 34233-1261

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 21 / 2010

Transaction ID: 6A8FB6C705751A12E37

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 170
(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)
Lyn Yakubov

Mailing Address Eye Care Assoc Inc
10 Dutton Drive

City State Zip Code
Youngstown OH 44502

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 20 / 2010

Transaction ID: 4D975A3B25F0182D58D

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Robert Arthur Yohai

Mailing Address 864 Second Street

City State Zip Code
Santa Rosa CA 95404-4610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2010

Transaction ID: 00DAF8686C26059E50E

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Charles Zacks

Mailing Address Floor 2
15 Lowell Street

City State Zip Code
Portland ME 04102-2726

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2010

Transaction ID: AD67AB4D7B92DEABEDF

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 166 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Charles Zacks

Mailing Address Floor 2

City Portland State ME Zip Code 04102-2726

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 04 / 22 / 2010
Transaction ID: 5EE189FA-618F-4723-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
William Zeh

Mailing Address Suite 100
14540 Prairie Lakes Boulevard

City Noblesville State IN Zip Code 46060-4370

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 05 / 2010
Transaction ID: C327A1156727701EF94
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Scott Zeigen

Mailing Address Suite 202-B
130 Almshouse

City Richboro State PA Zip Code 18954-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2010
Transaction ID: 05A74189D50F90778F3
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 170

(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)

Daryl Zelenak

Mailing Address 116 N Tuscola Road

City State Zip Code
Bay City MI 48708-6961

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 5F0A50DE-6C9C-4DD8-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Harry Zink

Mailing Address 3519 Friendsville Road

City State Zip Code
Wooster OH 44691-1241

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.33

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: B7D5E606-9880-4E6E-

Amount of Each Receipt this Period
417.00

C.

Full Name (Last, First, Middle Initial)

Joseph Zobian

Mailing Address Suite B7A

City State Zip Code
Waipahu HI 96797-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 1 0

Transaction ID: 7084BD5B-DD44-4DA0-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1417.00

TOTAL This Period (last page this line number only)

244263.99

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 170
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 101 S Marengo Avenue
3rd Floor

City Pasadena State CA Zip Code 91101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
892.91

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 1 0

Transaction ID: B12EC3AE86DA91C9A18

Amount of Each Receipt this Period
136.32

CD interest - Apr 2010

B. Full Name (Last, First, Middle Initial)
Jose Carro Soto

Mailing Address PO Box 9924

City Arecibo State Se Zip Code 00613-9924

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 2 2 / 2 0 1 0

Transaction ID: 2E43B7F0D16B8BE775B

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Raul Franceschi

Mailing Address Suite 707
29 Calle Washington

City San Juan State Se Zip Code 00907-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 2 / 2 0 1 0

Transaction ID: 4CB7E0067C351D9B69C

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2136.32**

TOTAL This Period (last page this line number only) ► **2136.32**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 169 / 170

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges - Apr 2010 Candidate Name	Transaction ID: 62A47F8AF18B4B9D932 Date of Disbursement 04 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 510.45
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 - Apr 2010 Candidate Name	Transaction ID: FC0924A90306B14E7B6 Date of Disbursement 04 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 2253.68

SUBTOTAL of Disbursements This Page (optional) ▶

2764.13

TOTAL This Period (last page this line number only) ▶

2764.13

