



A. Form/Schedule : **F3XA**

Transaction ID :

Due to a rare error with our third-party PAC software, a recurring contribution of \$416.66 from Delia Sang, which was intended to be given to Ophthpac, was mistakenly deposited into a different bank account. This error was discovered in late October 2010. We will file amended reports from Nov 2009 through PreGeneral 2010 to reflect these receipts.

**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		775049.98
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	674685.58									
(c) Total Receipts (from Line 19) .....	285858.10	372434.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	960543.68	1147484.61								
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)) .....	956881.55	956881.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	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) .....	244680.65	301206.59
(ii) Unitemized .....	38941.13	67320.13
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	283621.78	368526.72
(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) .....	283621.78	368526.72
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)) .....	285858.10	372434.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	285858.10	372434.63

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	283621.78	368526.72
34. Total Contribution Refunds (from Line 28(d)) .....	898.00	1363.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	282723.78	367163.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2764.13	5740.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2764.13	5740.06

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 171  
(check only one)

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

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

**A.**

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

Mailing Address 2081 Hunters Run Northeast

City State Zip Code  
Ada MI 49301-9559

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

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

**Transaction ID:** 50640AA9FC3798F2D00

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 2081 Hunters Run Northeast

City State Zip Code  
Ada MI 49301-9559

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

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

**Transaction ID:** 4CD093ED870CDD10AB5D

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 70 East 66th Street

City State Zip Code  
New York NY 10065-6528

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 7815BC95A4AFE489354

Amount of Each Receipt this Period  
365.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 171  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<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

Mailing Address Suite 100  
1230 Progressive Drive

City State Zip Code  
Chesapeake VA 23320-0203

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** E4BAB6891FDE9ADAE58

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 1700 East West Road

City State Zip Code  
Calumet City IL 60409-5415

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

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

**Transaction ID:** 70691985F00E582D22F

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 25 Johnson Avenue

City State Zip Code  
Englewood Cliffs NJ 07632-2127

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 900AE6E771EE9736D32

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Belu Allam		Date of Receipt MM / DD / YYYY 04 / 13 / 2010
Mailing Address Suite 6C 800 Peakwood Drive		Transaction ID: FC1845E64DFF84A5C5E
City Houston	State Zip Code TX 77090-2903	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Omar Almallah		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address 20 Mule Road		Transaction ID: D096C311D63DDDFE65DD
City Toms River	State Zip Code NJ 08755-5028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 199.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 399.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Omar Almallah		Date of Receipt MM / DD / YYYY 04 / 11 / 2010
Mailing Address 20 Mule Road		Transaction ID: 4230BAF5F2B99582575C
City Toms River	State Zip Code NJ 08755-5028	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 399.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	749.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 640  
1875 Dempster Street

City State Zip Code  
Park Ridge IL 60068-1179

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 49894C8BE37F1944871

Amount of Each Receipt this Period  
365.00

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

Mailing Address 3535 Franklin Road

City State Zip Code  
Bloomfield Hills MI 48302-0961

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 211CA8A7-BC06-4E20-

Amount of Each Receipt this Period  
500.00

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

Mailing Address Suite 1  
1811 W Royal Hunte Drive

City State Zip Code  
Cedar City UT 84720-8274

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** 0C5F2A3863384946B33

Amount of Each Receipt this Period  
1000.00

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

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

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

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

FOR LINE NUMBER: PAGE 11 / 171  
(check only one)  
 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 Armstrong  
 Mailing Address 1590 Darling Street  
 City Ogdens State UT Zip Code 84403-0445  
 Date of Receipt 04 / 05 / 2010  
**Transaction ID:** 02FBC94514C3A6B916F  
 Amount of Each Receipt this Period 365.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 365.00

**B.** Full Name (Last, First, Middle Initial)  
Pablo Miguel Arregui  
 Mailing Address 605 W East Avenue  
 City Chico State CA Zip Code 95926-7201  
 Date of Receipt 04 / 05 / 2010  
**Transaction ID:** 648BDFFE9203F2E08F4  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Arlene Bagga  
 Mailing Address Msc10-5610  
1 University of New Mexico  
 City Albuquerque State NM Zip Code 87131-0001  
 Date of Receipt 04 / 23 / 2010  
**Transaction ID:** 773D9B05DCF4484BFA0  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 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 12 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arlene Bagga		Date of Receipt MM / DD / YYYY 04 / 27 / 2010		
	Mailing Address Msc10-5610 1 University of New Mexico		<b>Transaction ID:</b> 4C4A36F5E97982EAB61		
	City Albuquerque	State NM	Zip Code 87131-0001	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) N. Douglas Baker		Date of Receipt MM / DD / YYYY 04 / 27 / 2010		
	Mailing Address Ophthalmic Surgeons and Consultant 262 Neil Avenue Suite 430		<b>Transaction ID:</b> E7A0E542B976E76A4BC		
	City Columbus	State OH	Zip Code 43215-2362	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sterling Baker		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address Suite 101 14000 N Portland Avenue		<b>Transaction ID:</b> 492C72D6B55D7CA6E64		
	City Oklahoma City	State OK	Zip Code 73134-4004	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Tracy Baltz

Mailing Address 2900 N Fillmore Street

City State Zip Code  
Little Rock AR 72207-2813

FEC ID 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: 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 State Zip Code  
Seattle WA 98105-2233

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 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 State Zip Code  
Little Rock AR 72205

FEC ID 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: CCF06647-4291-4D2B-

Amount of Each Receipt this Period  
500.00

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

1365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

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

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

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

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

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

Transaction ID: E019EE95C908E1D231A

Amount of Each Receipt this Period

365.00

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

1865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

William Benevento

Mailing Address 777 Tanglefoot Lane

City State Zip Code  
Bettendorf IA 52722-1650

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 442B159A896C4AF8AF1

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Gregg Berdy

Mailing Address Suite 200  
12990 Manchester Road

City State Zip Code  
Des Peres MO 63131-1860

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: BE306C96B7D89EB81E9

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Terry Bergstrom

Mailing Address Wk Kellogg Eye Center  
1000 Wall Street Room 649

City State Zip Code  
Ann Arbor MI 48105-1994

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 4F5BF088887BF440ECA

Amount of Each Receipt this Period

365.00

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

1365.00

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Andrew Berman  
 Mailing Address 9630 N Kenton Avenue  
 City State Zip Code  
 Skokie IL 60076-1216  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 1 4 / 2 0 1 0  
**Transaction ID:** D3FFC5B638F7E575B70  
 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 ▼  
 730.00

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

**C.** Full Name (Last, First, Middle Initial)  
Charles Birnbach  
 Mailing Address 2821 Northup Way  
 Suite 200  
 City State Zip Code  
 Bellevue WA 98004-1496  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 2 / 2 0 1 0  
**Transaction ID:** A1EC7F6233542115CFB  
 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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles Birnbach	Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2010
	Mailing Address 2821 Northup Way Suite 200	<b>Transaction ID:</b> 48B5B999EBEDCAC999DB
	City Bellevue State WA Zip Code 98004-1496	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Wayne Bizer	Date of Receipt M M / D D / Y Y Y Y 04 / 09 / 2010
	Mailing Address Suite 206 7800 W Oakland Park Boulevard	<b>Transaction ID:</b> 7334969F4223F726B10
	City Sunrise State FL Zip Code 33351-1124	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William Blakemore	Date of Receipt M M / D D / Y Y Y Y 04 / 02 / 2010
	Mailing Address 101 Mark Drive PO Box 1077	<b>Transaction ID:</b> F8362F0C0CA0D3F6D1E
	City Edenton State NC Zip Code 27932-1778	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	780.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Edwin Boldrey

Mailing Address 2512 Samaritan Court Suite A

City San Jose State CA Zip Code 95124-4002

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** FCC360E6F5D3811559F

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 200 Hawkins Drive

City Iowa City State IA Zip Code 52242-1007

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** B653A5DFBB29811987F

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 650 Linden Street Suite 5

City Big Rapids State MI Zip Code 49307-1880

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** E7DC594AFDF16C078F3

Amount of Each Receipt this Period  
365.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 171

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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

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  
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: A561AF85DA144015D5E

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Brennan

Mailing Address 1016 Kirkpatrick Road

City State Zip Code  
**Burlington** NC 27215-9714

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 5C260016855AC724122

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Brody

Mailing Address McDonough Eye Assoc  
505 E Grant Street

City State Zip Code  
**Macomb** IL 61455

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: F1DC98F1CBE9120C445

Amount of Each Receipt this Period  
500.00

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

1230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 171  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Daniel 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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

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  
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  
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  
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) ..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>B.</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		<b>Transaction ID:</b> 46338949840B0A62930		
	City Towson	State MD	Zip Code 21204	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	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		<b>Transaction ID:</b> 4D469332C5205B82B231		
	City Mesa	State AZ	Zip Code 85201	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist		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 ▼ 2041.67			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>906.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 25 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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: PAGE 26 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

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

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

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

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

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

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

Transaction ID: D550A775-CC44-4546-

Amount of Each Receipt this Period

500.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 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 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 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: PAGE 28 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Mabel M. Cheng

Mailing Address 1072 Troy-Schenectady Road Suite 3

City Latham State NY Zip Code 12110-1025

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2010  
**Transaction ID:** 3FCA0CDB65F7EFE804B  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Hak Chung

Mailing Address Suite 300  
3840 Peachtree Industrial Boulevard

City Duluth State GA Zip Code 30096-5033

FEC 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:** 9441C5190270D8D0EAC  
 Amount of Each Receipt this Period 365.00

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

Mailing Address 600 Pavonia Avenue  
6th Floor

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 18 / 2010  
**Transaction ID:** 4E45844B15E45E156D02  
 Amount of Each Receipt this Period 100.00  
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 220  
9330 S University Boulevard

City State Zip Code  
Highlands Ranch CO 80126-5049

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 1A0F1D11F6C28070CCC

Amount of Each Receipt this Period  
365.00

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

Mailing Address 28 Delancey Court

City State Zip Code  
Pittsford NY 14534-2700

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** B2D0D1427C67A31AE2B

Amount of Each Receipt this Period  
365.00

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

Mailing Address Suite 235  
1720 El Camino Real

City State Zip Code  
Burlingame CA 94010-3213

FEC ID 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:** 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 / 171  
(check only one)

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

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

**A.**

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

Mailing Address 2041 Georgia Avenue Northwest Towe

City Washington State DC Zip Code 20060-0001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2010  
**Transaction ID:** 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 Placitas State NM Zip Code 87043-9209

FEC 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 / 09 / 2010  
**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 Atlanta State GA Zip Code 30322-1013

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**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: (check only one)	PAGE 33 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Cox		Date of Receipt	
	Mailing Address Building No2 2 Hamilton Health Place		M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
	City Hamilton	State NJ	Zip Code 08690-3563	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 1F83E9261105FB3DD41	
	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	
		Amount of Each Receipt this Period 365.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kent Crews		Date of Receipt	
	Mailing Address 3615 Rocky Stream Drive		M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
	City Fort Collins	State CO	Zip Code 80528-7173	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> AD0F38B8D7826CBD247	
	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	
		Amount of Each Receipt this Period 365.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) James Croley, III		Date of Receipt	
	Mailing Address 613 Del Prado Boulevard		M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 1 0	
	City Cape Coral	State FL	Zip Code 33990-2611	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 33E967AC1F7F398EAEE	
	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	
		Amount of Each Receipt this Period 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1730.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kimberly Crowder  
 Mailing Address 2365 Twin Lakes Circle  
 City State Zip Code  
 Jackson MS 39211-6758  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 9 / 2 0 1 0  
**Transaction ID:** C309BAEFF9DFFFCB573  
 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)  
Michael Cunningham  
 Mailing Address Suite 1  
 842 S Cowley Street  
 City State Zip Code  
 Spokane WA 99202-1234  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 0 1 / 2 0 1 0  
**Transaction ID:** 384FCF5E95DEF3C309E  
 Amount of Each Receipt this Period  
 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation  
 Self Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

**C.** Full Name (Last, First, Middle Initial)  
John Dagianis  
 Mailing Address 5 Coliseum Avenue  
 City State Zip Code  
 Nashua NH 03063-3206  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 6 / 2 0 1 0  
**Transaction ID:** F026E8D69A7FD5E16D7  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation  
 Self Ophthalmologist  
 Receipt For:  Primary  General  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 35 / 171  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Mary 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 Zip Code NY 12553-5509	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

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

**C.**

Full Name (Last, First, Middle Initial) 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 Zip Code CA 94598-3014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 36 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Donald Downer

Mailing Address 2023 Professional Center Drive

City State Zip Code  
Orange Park FL 32073-4472

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 66023DDD393D1B83856

Amount of Each Receipt this Period  
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

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

**Transaction ID:** 996A2E7F442C3EC49AF

Amount of Each Receipt this Period  
500.00

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

Mailing Address 985 Matlock Road

City State Zip Code  
Bowling Green KY 42104-7408

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

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

**Transaction ID:** 4891B40EF0AC63DBB4CF

Amount of Each Receipt this Period  
50.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
John 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: PAGE 39 / 171

(check only one)

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

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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 Dunn

Mailing Address 275 Harvard Street

City State Zip Code  
Fall River MA 02720-4125

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 3CAE3F6EA19EA6B5DFF

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)

Alexander Eaton

Mailing Address Retina Health Center  
1567 Hayley Lane Suite 101

City State Zip Code  
Fort Myers FL 33907

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: CF340F2E33940C39065

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)

Shehab Ebrahim

Mailing Address 4717 Woodland Avenue

City State Zip Code  
Metairie LA 70002-1361

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 470CB48539708424F368

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Edelstein		Date of Receipt
	Mailing Address 2905 W Warner Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 21 / 2010
	City	State	Zip Code
	Chandler	AZ	85224-1674
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> DD5961E5-91D0-47D7-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1499.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 41 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 101  
3235 Academy Avenue

City Portsmouth State VA Zip Code 23703-3200

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt 04 / 11 / 2010  
Transaction ID: 4AAFB14272C20B3D16A6  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1550 Oak Street

City Eugene State OR Zip Code 97401-7701

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Robert Malcolm Edwards

Mailing Address 1240 Colonial Commons Court

City Lancaster State SC Zip Code 29720-2200

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 ▼ 365.00

Date of Receipt 04 / 05 / 2010  
Transaction ID: 5733D1A2CE5EB5022A3  
Amount of Each Receipt this Period 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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
William 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 04 / 22 / 2010  
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 04 / 23 / 2010  
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 04 / 16 / 2010  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Ofer Eytan		Date of Receipt MM / DD / YYYY 04 / 16 / 2010
Mailing Address 2525 W Greenway Road Suite 120		<b>Transaction ID:</b> 0D661023689E7FE6219
City Phoenix	State AZ	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Matthew Farber		Date of Receipt MM / DD / YYYY 04 / 22 / 2010
Mailing Address Suite 300 7900 W Jefferson Boulevard		<b>Transaction ID:</b> 311F6FF07854052E343
City Fort Wayne	State IN	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Ken Farr		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address PO Box 23018		<b>Transaction ID:</b> 98C767101E078B06616
City Hilton Head Island	State SC	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 45 / 171

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William 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  
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: 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  
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	2		2	0	1	0

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  
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: 83C553212EE5CF36443

Amount of Each Receipt this Period

365.00
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**SUBTOTAL** of Receipts This Page (optional) ..... ▶

980.00
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**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 46 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Christina Flaxel

Mailing Address 3375 Southwest Tenwilliger Bouleva

City State Zip Code  
Portland OR 97201

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self

Occupation  
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 8 / 2 0 1 0

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 State Zip Code  
North Bend OR 97459-9460

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self

Occupation  
Ophthamologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

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 State Zip Code  
Beverly Hills CA 90210-4309

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 ▼

1000.00

Date of Receipt

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

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Brian 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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

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

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

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

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

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

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

Transaction ID: 1362318CB54AC426C8A

Amount of Each Receipt this Period

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

1730.00
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**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 49 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY  
04 / 07 / 2010

**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  
MM / DD / YYYY  
04 / 21 / 2010

**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  
MM / DD / YYYY  
04 / 12 / 2010

**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: (check only one)	PAGE 50 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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		Date of Receipt MM / DD / YYYY 04 / 29 / 2010
Mailing Address 1524 Shorehaven Court		<b>Transaction ID:</b> 5A091766B8A3157303F
City Virginia Beach	State Zip Code VA 23454-1718	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**B.**

Full Name (Last, First, Middle Initial) Joel Geffin		Date of Receipt MM / DD / YYYY 04 / 28 / 2010
Mailing Address 596 Tamarack Rd		<b>Transaction ID:</b> 06F523C9-BB4A-4509-
City Cheshire	State Zip Code CT 06410	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
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 ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Ilona Genis		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
Mailing Address 3039 Ocean Parkway		<b>Transaction ID:</b> 5E2C1A0866DB58E48E4
City Brooklyn	State Zip Code NY 11235-8370	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>915.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William Gillum	Date of Receipt MM / DD / YYYY 04 / 12 / 2010
	Mailing Address 1519 E Sixth Street	<b>Transaction ID:</b> 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 Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Glasser	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address Suite 101 6350 Stevens Forest Road	<b>Transaction ID:</b> 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 Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 929.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Glasser	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address Suite 101 6350 Stevens Forest Road	<b>Transaction ID:</b> 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 Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 929.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 52 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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: (check only one)	PAGE 53 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sanjay Goel		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address 5824 Wild Orange Gate		<b>Transaction ID:</b> 1EA0F8B2-7BCC-4DF9-		
	City Clarksville	State MD	Zip Code 21029-1656	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc Goldberg		Date of Receipt MM / DD / YYYY 04 / 20 / 2010		
	Mailing Address Suite 501 2000 S Wheeling Avenue		<b>Transaction ID:</b> 16E8FA0553E14949A0C		
	City Tulsa	State OK	Zip Code 74104-5642	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Roy Goodart		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address 6545 S Canyon Cove Drive		<b>Transaction ID:</b> EC5536EB2B5E4696DE0		
	City Salt Lake City	State UT	Zip Code 84121-6340	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1865.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 54 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Douglas Goosey  
Mailing Address 6545 Rutgers  
City Houston State TX Zip Code 77005-3850  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 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 Los Angeles State CA Zip Code 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 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 Royal Oak State MI Zip Code 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 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: (check only one)	PAGE 55 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Greenberg		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address Suite 256E 800 Austin Street		<b>Transaction ID:</b> 6545AA912A752728132		
	City Evanston	State IL	Zip Code 60202-3477	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul Greenfield		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address 503 Broadway		<b>Transaction ID:</b> F9597129F6BBBD06CAC		
	City Everett	State MA	Zip Code 02149-3603	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>C.</b>	Full Name (Last, First, Middle Initial) Kenneth Grossman		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address 580 Collins Drive		<b>Transaction ID:</b> 9C3BD929E351982976B		
	City Merced	State CA	Zip Code 95348-3121	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 56 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Bruce Grossnickle  
 Mailing Address 2251 Dubois Drive  
 City Warsaw State IN Zip Code 46580-3212  
 Date of Receipt 04 / 16 / 2010  
**Transaction ID:** E9B1BFED26AE6D822CC  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michelle Guevarra  
 Mailing Address 59B Nichols Road  
 City Nesconset State NY Zip Code 11767-2094  
 Date of Receipt 04 / 13 / 2010  
**Transaction ID:** C30391CA38B604434C7  
 Amount of Each Receipt this Period 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 365.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Gulbas  
 Mailing Address 1201 N Mesa  
 City El Paso State TX Zip Code 79902-4517  
 Date of Receipt 04 / 06 / 2010  
**Transaction ID:** 7509B5356E224CD6917  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 700.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 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 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 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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) John Haley		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
Mailing Address Suite B 1626 Forest Lane S		<b>Transaction ID:</b> 41EA48B2A70215222DB
City Garland	State Zip Code TX 75042-7943	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Diana Hampton		Date of Receipt MM / DD / YYYY 04 / 22 / 2010
Mailing Address Suite B 2020 E 15th Street		<b>Transaction ID:</b> F9F51BD532E492D1FD2
City Edmond	State Zip Code OK 73013-6749	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Robert Harbin		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address 550 Redmond Road		<b>Transaction ID:</b> B291453C0B2FCC3CC6F
City Rome	State Zip Code GA 30165-1416	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 59 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3225 Cumberland Boulevard Southeas  
Suite 900

City Atlanta State GA Zip Code 30339-5971

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 19 / 2010  
Transaction ID: 9A96730EE2C8A57637D  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
R. Hardberger

Mailing Address 123 N Van Buren Street

City Little Rock State AR Zip Code 72205-3647

FEC 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: B98AAD8B0111A5BA492  
Amount of Each Receipt this Period 365.00

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

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

City Beaumont State TX Zip Code 77707

FEC 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: D3F70D39827D3B36485  
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: (check only one)	PAGE 60 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

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: (check only one)	PAGE 62 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bernhard Heersink		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0		
	Mailing Address Suite 1 21 Highland Avenue		<b>Transaction ID:</b> 3EC9B09969EF034F372		
	City Newburyport	State MA	Zip Code 01950-3873	Amount of Each Receipt this Period 350.00	
	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 ▼ 350.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) John Herlihy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0		
	Mailing Address 4560 S Glenview Place		<b>Transaction ID:</b> 23693FF6109C563F63E		
	City Rapid City	State SD	Zip Code 57702-6804	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>C.</b>	Full Name (Last, First, Middle Initial) Raymond Hernandez, III		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 1 0		
	Mailing Address 19292 Stone Oak Parkway		<b>Transaction ID:</b> F2E388A86DA6FCF4453		
	City San Antonio	State TX	Zip Code 78258-3222	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1215.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 63 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Hertz

Mailing Address Suite 105  
79 Wawecus Street

City Norwich State CT Zip Code 06360-2173

FEC 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: 29D77F7F68F0E0B3DBA  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Holland

Mailing Address 10794 Saunders Lane

City Union State KY Zip Code 41091-8030

FEC 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 / 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 Atlanta State GA Zip Code 30322-0001

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 ▼ 365.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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: PAGE 65 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Roger Husted  
Mailing Address 500 Aaron Court  
City Kingston State NY Zip Code 12401-2966  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 22 / 2010  
Transaction ID: 6FC8B879395FBCB21B8  
Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
B. Hutchinson  
Mailing Address Suite 600  
City Boston State MA Zip Code 02114-2539  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 22 / 2010  
Transaction ID: 0447830A-E2F4-406C-  
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 66 / 171

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Ingvaldstad		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 1340 S 90th Street		<b>Transaction ID:</b> 0049661FAE0CE927FC3		
	City Omaha	State NE	Zip Code 68124-1204	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Edward Isbey, Jr.		Date of Receipt MM / DD / YYYY 04 / 12 / 2010		
	Mailing Address 8 Medical Park Drive		<b>Transaction ID:</b> 5E4DAA75F86567CB019		
	City Asheville	State NC	Zip Code 28803-2493	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew Iwach		Date of Receipt MM / DD / YYYY 04 / 21 / 2010		
	Mailing Address 55 Stevenson Street		<b>Transaction ID:</b> 1E682566-572E-4D18-		
	City San Francisco	State CA	Zip Code 94105-2936	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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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		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
Mailing Address 4255 Carmichael Court N		<b>Transaction ID:</b> 2CBD29A255C30706B1B
City Montgomery	State AL	
Zip Code 36106-2875		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Johanna Jensen		Date of Receipt MM / DD / YYYY 04 / 07 / 2010
Mailing Address Suite A 1615 12th Avenue Road		<b>Transaction ID:</b> 375A81196FC5E244661
City Nampa	State ID	
Zip Code 83686-6184		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**C.**

Full Name (Last, First, Middle Initial) Peter Jensen		Date of Receipt MM / DD / YYYY 04 / 07 / 2010
Mailing Address Suite A 1615 12th Avenue Road		<b>Transaction ID:</b> F1743E88247D325D44F
City Nampa	State ID	
Zip Code 83686-6184		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 68 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jaime Jimenez-Agosto  
Mailing Address 1420 S 28th Avenue  
City Hattiesburg State MS Zip Code 39402-3107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 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 Tucson State AZ Zip Code 85712-1256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 06 / 2010  
Transaction ID: 9D6BFBF65D2BA57E16A  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Gordon Johns  
Mailing Address 2517 Northeast Kresky Avenue  
City Chehalis State WA Zip Code 98532-2409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

David 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

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

Transaction ID: 616D6FDF24DA3FC3499

Amount of Each Receipt this Period  
199.00

**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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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: PAGE 71 / 171  
(check only one)

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

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

**A.**

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

Mailing Address Suite 106  
4699 Main Street

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 ▼  
365.00

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

**Transaction ID:** CD7EE37F5A179531F67

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin Kaplan

Mailing Address Southdale Eye Clinic  
6533 Drew Avenue S

City State Zip Code  
Edina MN 55435

FEC ID 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:** 8CFFF84CCB112D0FB63

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 2020 Fleischmann Road

City State Zip Code  
Tallahassee FL 32308-4599

FEC ID 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 / 09 / 2010

**Transaction ID:** 3DA925A85F981A2542B

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 72 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0  
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  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 0  
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  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 1 0  
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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Kelly

Mailing Address # 200

10321 Lumley Road

City

State

Zip Code

Raleigh

NC

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

MM / DD / YYYY  
04 / 02 / 2010

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

State

Zip Code

Palmer

MA

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

MM / DD / YYYY  
04 / 16 / 2010

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

State

Zip Code

Vancouver

WA

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

MM / DD / YYYY  
04 / 20 / 2010

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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

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  
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  
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  
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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 04 / 08 / 2010  
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 04 / 14 / 2010  
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 04 / 02 / 2010  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jan Kronish  
Mailing Address 16201 South Military Trail  
City Delray Beach State FL Zip Code 33484-6503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 22 / 2010  
**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 Dayton State OH Zip Code 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 04 / 29 / 2010  
**Transaction ID:** EC5A2421094F947CF54  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Narendrakumar Laheri  
Mailing Address 26840 Point Lookout Road  
PO Box 674 Santi Med Center  
City Leonardtown State MD Zip Code 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 04 / 23 / 2010  
**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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Lanciano Professional Center

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)

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

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

**A.**

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

Mailing Address 2090 Southeast Ocean Boulevard

City State Zip Code  
Stuart FL 34996-3304

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**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  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

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

**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  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Lee

Mailing Address Suite 201  
491 30th Street

City State Zip Code  
Oakland CA 94609-3235

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

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

**Transaction ID:** 6F6BB67E459A081DD6B

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Jay Leemaster

Mailing Address 2909 S Telephone Road

City State Zip Code  
Oklahoma City OK 73160-2937

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** F2594F0A58F868D3DEA

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Alden Leifer

Mailing Address 680 Broadway  
Suite 1H

City State Zip Code  
Paterson NJ 07514-1422

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 2813F5AE072C641C975

Amount of Each Receipt this Period  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite A  
203 Rue Louis Xiv

City State Zip Code  
Lafayette LA 70508-5736

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jay Harris Levy

Mailing Address 184 Northeast 168th Street

City State Zip Code  
Miami FL 33162-3412

FEC ID 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:** 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 State Zip Code  
Brigham City UT 84302-3077

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
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 State Zip Code  
Ponte Vedra FL 32082

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 299.00

Date of Receipt  
MM / DD / YYYY  
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 85 / 171  
(check only one)

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

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

**A.**

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

Mailing Address 144 N Main Street

City Branford State CT Zip Code 06405-3044

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 22 / 2010  
**Transaction ID:** 35EAEB2E-4F6F-43F2-  
Amount of Each Receipt this Period 365.00

**B.**

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

Mailing Address Suite 100  
20669 Bond Road Northeast

City Poulsbo State WA Zip Code 98370-6525

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2010  
**Transaction ID:** 4BFB79188BE66361B94  
Amount of Each Receipt this Period 1000.00

**C.**

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

Mailing Address Suite B  
752 Brookshire Drive

City Hermitage State PA Zip Code 16148-4510

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 07 / 2010  
**Transaction ID:** 436D19C76F3DD7ABD73  
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 86 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y Y  
0 4 / 0 9 / 2 0 1 0

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gerald Loushin		Date of Receipt MM / DD / YYYY 04 / 01 / 2010
	Mailing Address 5025 Drew Avenue S		<b>Transaction ID:</b> A89DB1891E76239E1B6
	City Minneapolis	State MN	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Lowery		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 105 Central Avenue		<b>Transaction ID:</b> D25605D5F3D7272C165
	City Searcy	State AR	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
	Name of Employer Self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Lueth		Date of Receipt MM / DD / YYYY 04 / 02 / 2010
	Mailing Address 3930 Hoyt Avenue		<b>Transaction ID:</b> 9A3EDE490FE7849D65B
	City Everett	State WA	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1500.00
	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 ▼ 1500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
James 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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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 / 171  
(check only one)

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

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

**A.**

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

Mailing Address Suite 200  
2800 N Sheridan Road

City Chicago State IL Zip Code 60657-6160

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 13 / 2010  
Transaction ID: A2025233D4ED44615BB  
Amount of Each Receipt this Period 365.00

**B.**

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

Mailing Address 2800 N Sheridan Rd

City Chicago State IL Zip Code 60657-6160

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 23 / 2010  
Transaction ID: BFBFB583-C931-403B-  
Amount of Each Receipt this Period 135.00

**C.**

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

Mailing Address Suite 150  
150 Taylor Station Road

City Columbus State OH Zip Code 43213-4440

FEC 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: E7B117AEE00F4C1F0A0  
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: (check only one)	PAGE 90 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeff Maltzman		Date of Receipt
	Mailing Address 5670 N. Camino Arturo		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 19 / 2010
	City	State	Zip Code
	Tucson	AZ	85718
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> E2CCA595-474C-4067-
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 1200.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1200.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Delia Manjoney		Date of Receipt
	Mailing Address 2720 Main Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 09 / 2010
	City	State	Zip Code
	Bridgeport	CT	06606-5363
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> B26C56D71641D49EB7B
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 2500.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mark Mannis		Date of Receipt
	Mailing Address Uc Davis Department of Ophthalmolo 4860 Y Street #2400		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 07 / 2010
	City	State	Zip Code
	Sacramento	CA	95817-2307
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> ED7C5B91A35AA01CA95
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 4065.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 91 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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: PAGE 92 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) William Maron		Date of Receipt MM / DD / YYYY 04 / 02 / 2010	
Mailing Address Suite 222 21 Woodland Street		<b>Transaction ID:</b> 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		<b>Transaction ID:</b> 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		<b>Transaction ID:</b> 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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 171  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

**Transaction ID:** 3C04CCEB8CCB2680242

Amount of Each Receipt this Period  
75.00

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

**Transaction ID:** BDDD40748BBD5E163BF

Amount of Each Receipt this Period  
425.00

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

**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 / 171

(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark Mayle Mailing Address 2071 Lakeside Estates City State Zip Code Morgantown WV 26508-5618 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 1 0 <b>Transaction ID:</b> FE677357-9F1B-47C6- Amount of Each Receipt this Period 500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) James McDonald, II Mailing Address 3318 N Northhills Boulevard City State Zip Code Fayetteville AR 72703-4008 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 1 0 <b>Transaction ID:</b> 9674E1A62CB07ADD546 Amount of Each Receipt this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) J. Kevin McKinney Mailing Address 12520 SE 130th Ave City State Zip Code Clackamas OR 97086 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self Occupation Self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0 <b>Transaction ID:</b> D4B1328B-44FB-4830- Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 96 / 171  
(check only one)

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

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

**A.**

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

Mailing Address Apt. 308  
9301 N 76th Street

City Milwaukee State WI Zip Code 53223-1049

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

Name of Employer self Occupation ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 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 Metairie State LA Zip Code 70005-1750

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 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 Scottsdale State AZ Zip Code 85260-5236

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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

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

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

Mailing Address 300 E Osborn Road  
Suite 203

City Phoenix State AZ Zip Code 85012-2396

FEC 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 / 06 / 2010  
**Transaction ID: 417ACE2430CB62EB3CC**  
Amount of Each Receipt this Period 365.00

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

Mailing Address 735 Grey Hawk Drive Northeast

City Rio Rancho State NM Zip Code 87144-4709

FEC 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: 1FCEBF6E-FD99-4EFE-**  
Amount of Each Receipt this Period 500.00

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

Mailing Address 1885 W Pointe Drive

City Oshkosh State WI Zip Code 54902-4174

FEC 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 / 20 / 2010  
**Transaction ID: 358C1DE354AE33517AB**  
Amount of Each Receipt this Period 365.00

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

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

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

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

FOR LINE NUMBER: PAGE 98 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 8230 Walnut Hill Lane  
Suite 508

City State Zip Code  
Dallas TX 75231-4400

FEC ID 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:** B70373743DAB9636268

Amount of Each Receipt this Period  
165.00

**B.** Full Name (Last, First, Middle Initial)  
Dale Meyer

Mailing Address 1220 New Scotland Road Suite 302

City State Zip Code  
Slingerlands NY 12159-9386

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

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

**Transaction ID:** 4872A138A863966894B

Amount of Each Receipt this Period  
100.00

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

Mailing Address Suite 350  
3399 Pga Boulevard

City State Zip Code  
Palm Beach Gardens FL 33410-2831

FEC ID 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:** 44D48A9617325DEA16D6

Amount of Each Receipt this Period  
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: PAGE 99 / 171  
 (check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 5740 S Kimbark Avenue

City State Zip Code  
Chicago IL 60637-1615

FEC ID 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:** 3AAAE5E75C0732BFA64

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Carl Migliazzo

Mailing Address 7504 Antioch Road

City State Zip Code  
Overland Park KS 66204-2622

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 1E42476642A3539AD3D

Amount of Each Receipt this Period  
500.00

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

Mailing Address 22 Old Short Hills Road  
Suite 104

City State Zip Code  
Livingston NJ 07039-5605

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 7BB5842AB5969691C73

Amount of Each Receipt this Period  
500.00

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frederick Miller		Date of Receipt	
	Mailing Address Suite 1 15 Lowell Street		M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 1 0	
	City Portland	State ME	Zip Code 04102-2726	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 869432EE1D5499815C0	
	Name of Employer Self		Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen Miller		Date of Receipt	
	Mailing Address 800 N Prince Frederick Boulevard		M M / D D / Y Y Y Y Y 0 4 / 1 6 / 2 0 1 0	
	City Prince Frederick	State MD	Zip Code 20678-3145	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 78B0C7E3228A983661B	
	Name of Employer Self		Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Helen Mintz-Hittner		Date of Receipt	
	Mailing Address 6410 Fannin Street Suite 920		M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 1 0	
	City Houston	State TX	Zip Code 77030-5204	
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 2B0ECEF202379A39543	
	Name of Employer Self		Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 101 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 4594AB6F8C19FC0300DD

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**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  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**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  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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: (check only one)	PAGE 104 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) W. Stanley Muenzler		Date of Receipt																					
	Mailing Address Suite E 4215 N Classen Boulevard		<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 Oklahoma City OK 73118-2428		<b>Transaction ID:</b> F1A6A2633BEAFED1061																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00																					
Name of Employer Self Occupation Self Ophthalmologist																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Munsch		Date of Receipt																					
	Mailing Address 7406 Buckingham Court		<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>1</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	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	1		2	0	1	0														
	City State Zip Code St. Louis MO 63105		<b>Transaction ID:</b> 1E233A940269832D8FE																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00																					
Name of Employer Self Occupation Self Ophthalmologist																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Benton Murphy		Date of Receipt																					
	Mailing Address 27 Montebello Road		<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>9</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	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	9		2	0	1	0														
	City State Zip Code Pueblo CO 81001-1236		<b>Transaction ID:</b> F7F4D1C89755BB006DC																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00																					
Name of Employer Self Occupation Self Ophthalmologist																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Anne Nachazel

Mailing Address Suite A  
25511 Little Mack Avenue

City State Zip Code  
St. Clair Shores MI 48081-3300

FEC ID 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:** 47A0D1DA695236284BE

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
George Nardin

Mailing Address Suite 214  
407 Uluniu Street

City State Zip Code  
Kailua HI 96734-2537

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

Name of Employer Self Occupation  
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:** CD47141E62A0981BF1B

Amount of Each Receipt this Period  
365.00

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

Mailing Address 6405 France Ave S

City State Zip Code  
Edina MN 55435

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

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

**Transaction ID:** 292FE1A4-A182-4F9D-

Amount of Each Receipt this Period  
250.00

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 MM / DD / YYYY  
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 MM / DD / YYYY  
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 MM / DD / YYYY  
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 / 171  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael 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 / 171

(check only one)

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

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

**A.**

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

Mailing Address 1490 Pinehurst Drive

City State Zip Code  
Defiance OH 43512-8670

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

Name of Employer Self Occupation  
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: 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 State Zip Code  
Poulsbo WA 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

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

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 State Zip Code  
Wheaton IL 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

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

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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY  
04 / 02 / 2010

**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  
MM / DD / YYYY  
04 / 21 / 2010

**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  
MM / DD / YYYY  
04 / 07 / 2010

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon Page		Date of Receipt
	Mailing Address 622 Abbott Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 6 / 2 0 1 0
	City	State	Zip Code
	Salinas	CA	93901-4315
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> B93B82863F431D82C6C
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory Panzo		Date of Receipt
	Mailing Address 17560 Highway 441		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 2 / 2 0 1 0
	City	State	Zip Code
	Mount Dora	FL	32757-6711
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 0EC92C37C3862991BF9
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) David Parke, II		Date of Receipt
	Mailing Address 655 Beach Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 0 1 / 2 0 1 0
	City	State	Zip Code
	San Francisco	CA	94109-1342
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C08CE21C6D93A0D1A74
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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  
MM / DD / YYYY  
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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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

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

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

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

Transaction ID: 5043510D4D309F71A18

Amount of Each Receipt this Period  
199.00

**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

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

Transaction ID: 43BDA9CBA5D936B2582F

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**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 / 171  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)

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

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

**A.**

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

Mailing Address 1020 W Buena Vista Road

City State Zip Code  
Evansville IN 47710-5150

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** B7A13791D5775A601C9

Amount of Each Receipt this Period  
500.00

**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  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 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  
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:** 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 / 171  
(check only one)

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

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

**A.**

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

Mailing Address Suite 217  
10611 Garland Road

City State Zip Code  
Dallas TX 75218-4801

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 0048A03503F44B34EFA

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dante Pieramici

Mailing Address Ca Retina Consultants  
515 E Micheltorena Suite C

City State Zip Code  
Santa Barbara CA 93103

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

Name of Employer Self Occupation  
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: B8B9A5F88F6E0D56218

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 5011 Burnet Road

City State Zip Code  
Austin TX 78756-2611

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

Name of Employer Self Occupation  
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: 8C4253D52D5E67E5DE

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 118 / 171  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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

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

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

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
John 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 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael 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  
M M / D D / Y Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

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

**Transaction ID:** D5D8AB60-B99C-417D-

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

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

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 121 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Tony Pruthi

Mailing Address 403 Estrella Doro

City Monterey State CA Zip Code 93940-7607

FEC 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 / 06 / 2010

**Transaction ID:** 528F2E72DFBCE4958DA

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2640 W 183rd Street

City Homewood State IL Zip Code 60430-2914

FEC 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:** 622ABCB0-39CB-4595-

Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Jean Ramsey

Mailing Address Floor 2  
850 Harrison Avenue

City Boston State MA Zip Code 02118-4001

FEC 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:** 2936C2DC3D4D6C38731

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 122 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Annette Reda

Mailing Address Suite 101  
885 Kempsville Road

City State Zip Code  
Norfolk VA 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

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

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 State Zip Code  
Albuquerque NM 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

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

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 State Zip Code  
Newport News VA 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

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

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: (check only one)	PAGE 124 / 171
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kristin Reidy		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 1909 Proctor Court		Transaction ID: E027012E17B65209B86		
	City Santa Fe	State NM	Zip Code 87505-4535	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>B.</b>	Full Name (Last, First, Middle Initial) Harvey Reiser		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 945 Lantern Hill Road		Transaction ID: 6D9342BD0583EB51AF3		
	City Shavertown	State PA	Zip Code 18708-9474	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David Richardson		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address Suite P25 207 S Santa Anita Street		Transaction ID: 4DA18B6DDB7DC8232AB4		
	City San Gabriel	State CA	Zip Code 91776-1145	Amount of Each Receipt this Period 317.00	
	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 ▼ 1268.00			

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1067.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 125 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Harvey Rosenblum  
Mailing Address 220 Madison Avenue  
City New York State NY Zip Code 10016-3422  
FEC 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: 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 Moses Lake State WA Zip Code 98837-4107  
FEC 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: 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 Little Rock State AR Zip Code 72205-5415  
FEC 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: 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 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Jay 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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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)  
Delia Sang  
Mailing Address 3934 S Americus Street  
City State Zip Code  
Seattle WA 98118-1640  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation  
Self Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1666.64  
Date of Receipt MM / DD / YYYY  
04 / 01 / 2010  
Transaction ID: 419F8AAF77322FC14B8C  
Amount of Each Receipt this Period 416.66  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** 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

**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 131 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Gary Schemmer		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address Suite 200 215 1st St. N		Transaction ID: E37863DAF5954E886D0
City Winter Haven	State Zip Code FL 33881-4507	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 699.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Todd Schneiderman		Date of Receipt MM / DD / YYYY 04 / 09 / 2010
Mailing Address Suite 203 9800 Levin Road Northwest		Transaction ID: 92A51101D3B0E4714A6
City Silverdale	State Zip Code WA 98383-7849	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Todd Schneiderman		Date of Receipt MM / DD / YYYY 04 / 20 / 2010
Mailing Address Suite 203 9800 Levin Road Northwest		Transaction ID: 47D4BDF891D23581F25C
City Silverdale	State Zip Code WA 98383-7849	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 132 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joel Schuman

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

City Pittsburgh State PA Zip Code 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 04 / 16 / 2010  
**Transaction ID: 3B443DD29109D5B3F1C**  
Amount of Each Receipt this Period 365.00

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

Mailing Address 935 Bellview Road

City Mc Lean State VA Zip Code 22102-1213

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 21 / 2010  
**Transaction ID: B638970D-E824-47CE-**  
Amount of Each Receipt this Period 300.00

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

Mailing Address Suite 108  
2650 Elm Avenue

City Long Beach State CA Zip Code 90806-1600

FEC 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: 099C609277C8980FE85**  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1030.00

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

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

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

FOR LINE NUMBER: PAGE 133 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**B.** 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

**C.** 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

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 171

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

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  
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: EA83D4B668EDE7D35D8

Amount of Each Receipt this Period  
365.00

**B.**

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  
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 7 / 2 0 1 0

Transaction ID: 1992D77A68F80CBF87C

Amount of Each Receipt this Period  
250.00

**C.**

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  
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: 4C4E72718B6F1DEAB11

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 135 / 171

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Peter 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  
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: 81606D9BEE59882D6A

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address Suite 234  
2500 Grubb Road

City State Zip Code  
Wilmington DE 19810-4796

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 8C5C9BE9ACB72A6D285

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Bradford Shingleton

Mailing Address Suite 600  
50 Staniford Street

City State Zip Code  
Boston MA 02114-2539

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

Name of Employer Self Occupation  
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 9 / 2 0 1 0

Transaction ID: 3088FAFC5330244F494

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 136 / 171  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Shugarman

Mailing Address Suite 1001

City State Zip Code  
West Palm Beach FL 33401

FEC ID 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:** 89B38B88-84D3-42C4-

Amount of Each Receipt this Period  
1000.00

**B.** 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

**C.** 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

**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 137 / 171
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brian Sippy		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 700 W Kent Avenue		<b>Transaction ID:</b> 213CA20C775E602E003
	City Missoula	State MT	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory Skuta		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
	Mailing Address 608 Stanton L Young Boulevard		<b>Transaction ID:</b> E0B4274CCE689D50699
	City Oklahoma City	State OK	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Brian Smith		Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 138 W Avon Parkway		<b>Transaction ID:</b> 5A3AC449-B273-4093-
	City Asheville	State NC	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
	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 ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 138 / 171  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Daniel Smith		Date of Receipt MM / DD / YYYY 04 / 29 / 2010		
	Mailing Address 110 Pepper Hill Way		<b>Transaction ID:</b> B85B4E7DDE04E3C5BC7		
	City Aiken	State SC	Zip Code 29801-2818	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>B.</b>	Full Name (Last, First, Middle Initial) Kevin Smith		Date of Receipt MM / DD / YYYY 04 / 28 / 2010		
	Mailing Address 408 S Main Street		<b>Transaction ID:</b> 3794AFF3935B11F3C71		
	City Greenville	State PA	Zip Code 16125-1773	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>C.</b>	Full Name (Last, First, Middle Initial) L. Douglas Smith		Date of Receipt MM / DD / YYYY 04 / 23 / 2010		
	Mailing Address 10 Vision Lane		<b>Transaction ID:</b> EF561EAA8CB78BBD44C		
	City Natchez	State MS	Zip Code 39120-4607	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 139 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Ronald Smith

Mailing Address Suite 5706  
1450 San Pablo Street

City State Zip Code  
Los Angeles CA 90033-4500

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

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

**Transaction ID:** 561A0996A9A92E6B306

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald Smith

Mailing Address Suite 5706  
1450 San Pablo Street

City State Zip Code  
Los Angeles CA 90033-4500

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

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

**Transaction ID:** 4C1BFB9C3A913BFF282

Amount of Each Receipt this Period  
365.00

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

Mailing Address Suite 214  
2100 Webster Street

City State Zip Code  
San Francisco CA 94115-2375

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

**Transaction ID:** 4283A220529E2E6B6061

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **830.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 820  
7940 Floyd Curl

City San Antonio State TX Zip Code 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

**B.** 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 MM / DD / YYYY  
04 / 21 / 2010

**Transaction ID:** 766BB71B-4C9F-4CD7-

Amount of Each Receipt this Period 500.00

**C.** 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 MM / DD / YYYY  
04 / 21 / 2010

**Transaction ID:** 81B2AEE0-E0CE-49B7-

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 141 / 171  
(check only one)

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

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

**A.**

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

Mailing Address 111 Dean Drive

City State Zip Code  
Tenafly NJ 07670-2764

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: A513CE8984F3E8933CE

Amount of Each Receipt this Period  
1200.00

**B.**

Full Name (Last, First, Middle Initial)  
Jay Bennett Stallman

Mailing Address 1100 Johnson Ferry Road  
Building 2 Suite 593

City State Zip Code  
Atlanta GA 30342-1709

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: FB21E756CC40A613D58

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address Ucsf Department Ophthalmology  
10 Koret Way Room K-301

City State Zip Code  
San Francisco CA 94143-0001

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

Name of Employer Self Occupation  
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 7 / 2 0 1 0

Transaction ID: C808170E74CC73481FE

Amount of Each Receipt this Period  
250.00

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

1815.00

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

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

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

FOR LINE NUMBER: PAGE 142 / 171  
(check only one)  
 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 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

**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 / 18 / 2010  
Transaction ID: 5ECF2592-BC6F-4E0C-  
Amount of Each Receipt this Period 365.00

**C.** 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

**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 143 / 171  
(check only one)

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

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

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

**B.** 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

**C.** 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 144 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Storm

Mailing Address 303 East Park Avenue

City State Zip Code  
Long Beach NY 11561-3600

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

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

**Transaction ID:** 494738B2E4B3DCCF06E

Amount of Each Receipt this Period  
365.00

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

Mailing Address 303 East Park Avenue

City State Zip Code  
Long Beach NY 11561-3600

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

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

**Transaction ID:** 478889D44FE8FC50D905

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 1306 Division Street

City State Zip Code  
Oregon City OR 97045-1523

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

**Transaction ID:** 6A3DC240CC30D9F2DC3

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **640.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

Full Name (Last, First, Middle Initial)  
John 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

**B.**

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

**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 / 02 / 2010  
**Transaction ID:** 647B022AB46FFA1DAAF  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1765.00

**TOTAL** This Period (last page this line number 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 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Shigemi Sugiki  
 Mailing Address 1380 Lusitana Street Suite 714  
 City Honolulu State HI Zip Code 96813-2443  
 Date of Receipt 04 / 24 / 2010  
**Transaction ID:** 4747A860554B2B658E7F  
 Amount of Each Receipt this Period 100.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1400.00

**B.** Full Name (Last, First, Middle Initial)  
Stephanie Sugin  
 Mailing Address 1201 W Main Street Suite 100  
 City Waterbury State CT Zip Code 06708-3105  
 Date of Receipt 04 / 02 / 2010  
**Transaction ID:** 8FCC6A0176BEB9AE488  
 Amount of Each Receipt this Period 365.00  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 465.00

**C.** Full Name (Last, First, Middle Initial)  
Stephanie Sugin  
 Mailing Address 1201 W Main Street Suite 100  
 City Waterbury State CT Zip Code 06708-3105  
 Date of Receipt 04 / 10 / 2010  
**Transaction ID:** 4B14936E1637442F3A4F  
 Amount of Each Receipt this Period 25.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 465.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 490.00  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 147 / 171  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen Sullivan		Date of Receipt MM / DD / YYYY 04 / 05 / 2010		
	Mailing Address 51 State Road		<b>Transaction ID:</b> CFDFAD10FA74A7C4533		
	City North Dartmouth	State MA	Zip Code 02747-3319	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) C. Gail Summers		Date of Receipt MM / DD / YYYY 04 / 02 / 2010		
	Mailing Address 420 Delaware Street Southeast		<b>Transaction ID:</b> 246BB43C28EDA2EF729		
	City Minneapolis	State MN	Zip Code 55455-0341	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) John Sutphin		Date of Receipt MM / DD / YYYY 04 / 19 / 2010		
	Mailing Address Suite 100 7400 State Line Road		<b>Transaction ID:</b> A7276DFF1E395E8CB52		
	City Prairie Village	State KS	Zip Code 66208-3447	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 148 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mark 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

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

Transaction ID: 20DAE8B8EEA03BB775D

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Gareth Tabor

Mailing Address Suite 240  
27 S State Street

City State Zip Code  
Lake Oswego OR 97034-3935

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Rashid Taher

Mailing Address 184 Northeast 168th Street

City State Zip Code  
Miami FL 33162-3412

FEC ID 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	8		2	0	1	0

Transaction ID: B6768DDCBE2E67040BF

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 149 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Leiv Takle

Mailing Address 646 South Eighth Street

City State Zip Code  
Griffin GA 30224-4214

FEC ID 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:** 1A916C6305A9CC5CDDC

Amount of Each Receipt this Period  
1000.00

**B.** 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:** 0BF2C0720B254F18E36

Amount of Each Receipt this Period  
500.00

**C.** 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

**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 150 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) John Thompson		Date of Receipt MM / DD / YYYY 04 / 23 / 2010
Mailing Address Suite 605 6569 N Charles Street		<b>Transaction ID:</b> 5702D5E9984F3AEE2D3
City Baltimore	State Zip Code MD 21204-6833	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) John Thompson		Date of Receipt MM / DD / YYYY 04 / 27 / 2010
Mailing Address Suite 605 6569 N Charles Street		<b>Transaction ID:</b> FD3D42B014665FBE3FE
City Baltimore	State Zip Code MD 21204-6833	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Monica Thoms		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
Mailing Address 1211 S Arlington Heights Road		<b>Transaction ID:</b> 9E145B8E97470B38D61
City Arlington Heights	State Zip Code IL 60005-3142	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 151 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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: 04 / 23 / 2010  
**Transaction ID: 36B5AB13CDCCD737E13**  
Amount of Each Receipt this Period 365.00

**B.**

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

**C.**

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

**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 152 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Kevin Toller

Mailing Address PO Box 450400

City State Zip Code  
Grove OK 74345-0400

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

**Transaction ID:** 9BD3E71E5DEDC6175D8

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Randall Tozer

Mailing Address 9811 N 95th Street Suite 101

City State Zip Code  
Scottsdale AZ 85258-4527

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 75AA9FECB184284D141

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Alfredo Trevino

Mailing Address 1006 East Hillside Road

City State Zip Code  
Laredo TX 78041-3287

FEC ID 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 / 08 / 2010

**Transaction ID:** 05C31350568FCB47704

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 153 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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  
MM / DD / YYYY  
04 / 02 / 2010

**Transaction ID:** 6973A428E9E29D8511E

Amount of Each Receipt this Period  
2500.00

**B.** 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  
MM / DD / YYYY  
04 / 07 / 2010

**Transaction ID:** 4D059DB8131D3C1E0DE9

Amount of Each Receipt this Period  
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** 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  
MM / DD / YYYY  
04 / 22 / 2010

**Transaction ID:** DD5DAE12AA22AA9CA34

Amount of Each Receipt this Period  
365.00

**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 154 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Cordelia Uddoh		Date of Receipt MM / DD / YYYY 04 / 05 / 2010
Mailing Address Premiervision Laser Center, Inc 608N Easton Rd. Suite C		<b>Transaction ID:</b> 9E0B05F817DE9C12DC3
City Willow Grove	State PA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Ira Udell		Date of Receipt MM / DD / YYYY 04 / 21 / 2010
Mailing Address 600 Northern Boulevard		<b>Transaction ID:</b> 4FC5EA6A-885C-407A-
City Great Neck	State NY	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 730.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Ira Udell		Date of Receipt MM / DD / YYYY 04 / 22 / 2010
Mailing Address 600 Northern Boulevard Suite 214		<b>Transaction ID:</b> 2C39AEAA6E43C9AD1A2
City Great Neck	State NY	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 730.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 155 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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:** A4DECD9EF019EDB5B5

Amount of Each Receipt this Period  
2500.00

**B.**

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

Mailing Address 2139 Lower Saint Dennis Road

City State Zip Code  
Saint Paul MN 55116-2827

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

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

**Transaction ID:** 190CCFDF-719C-4F24-

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 State Zip Code  
Saint Paul MN 55116-2827

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 199.00

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

**Transaction ID:** FF40D21E-F619-49EA-

Amount of Each Receipt this Period  
199.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2898.00

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

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

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

FOR LINE NUMBER: PAGE 156 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Scott Uttley  
 Mailing Address 2139 Lower Saint Dennis Road  
 City State Zip Code  
 Saint Paul MN 55116-2827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation  
 Self Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 199.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 2 3 / 2 0 1 0  
**Transaction ID:** A4A1FE80-96E2-4D9D-  
 Amount of Each Receipt this Period 199.00

**B.** Full Name (Last, First, Middle Initial)  
Woodford Van Meter  
 Mailing Address Suite 203  
 1760 Nicholasville Road  
 City State Zip Code  
 Lexington KY 40503-1472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation  
 Self Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 2 2 / 2 0 1 0  
**Transaction ID:** C567EAC5C32E1F50A4E  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Volpicelli  
 Mailing Address Suite 100  
 1174 Castro Street  
 City State Zip Code  
 Mountain View CA 94040-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation  
 Self Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00  
 Date of Receipt M M / D D / Y Y Y Y Y  
 0 4 / 0 1 / 2 0 1 0  
**Transaction ID:** 736E1281AA30B61289F  
 Amount of Each Receipt this Period 365.00

**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: PAGE 157 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
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

**B.**

Full Name (Last, First, Middle Initial)  
Alan Wagner

Mailing Address 968 First Colonial Rd

City Virginia Beach State VA Zip Code 23454

FEC 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 / 21 / 2010

**Transaction ID:** F3E412EA-CD24-4033-

Amount of Each Receipt this Period  
1000.00

**C.**

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

Mailing Address Angelina Eye Center  
2801 S John Redditt Dr. Suite B

City Lufkin State TX Zip Code 75904-5666

FEC 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:** 88A229F4C533E2AE6BA

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 158 / 171
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Lee Waltz		Date of Receipt MM / DD / YYYY 04 / 09 / 2010		
	Mailing Address Suite 240 8103 Clearvista Parkway		<b>Transaction ID:</b> 8ED32D26F86CAE883C0		
	City Indianapolis	State IN	Zip Code 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		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ann Warn		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address Suite 200 3201 W Gore Boulevard		<b>Transaction ID:</b> 898446B9BB1937C7D91		
	City Lawton	State OK	Zip Code 73505-6350	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>C.</b>	Full Name (Last, First, Middle Initial) Dana Weinkle		Date of Receipt MM / DD / YYYY 04 / 08 / 2010		
	Mailing Address Suite 201 3131 South Tamiami Trail		<b>Transaction ID:</b> BABA312A515594BF31D		
	City Sarasota	State FL	Zip Code 34239-5101	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>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 159 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address PO Box 48  
5770 Commons Park

City De Witt State NY Zip Code 13214-0048

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** B33DE9907223EEA2A40

Amount of Each Receipt this Period 1000.00

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

Mailing Address 407 Avenue K Southeast

City Winter Haven State FL Zip Code 33880-4126

FEC 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 / 05 / 2010

**Transaction ID:** 0B1C708FB6B0ACDA29F

Amount of Each Receipt this Period 1000.00

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

Mailing Address 124 Sunset Court

City West Columbia State SC Zip Code 29169-2429

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 ▼ 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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 171  
(check only one)

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

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 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 04 / 20 / 2010  
**Transaction ID:** 4C64A7610502A5AF1B57

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 2450 12th Street Southeast

City 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 04 / 28 / 2010  
**Transaction ID:** 637F119FBC53F3547DD

Amount of Each Receipt this Period 1000.00

**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 04 / 05 / 2010  
**Transaction ID:** 84232666A178B1783A3

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

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

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

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

FOR LINE NUMBER: PAGE 161 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Amy Wexler

Mailing Address 509 S Lenola Road  
Suite 11

City Lenola State NJ Zip Code 08057-1556

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 17 / 2010  
Transaction ID: 4EBBB794522D0AF0879E  
Amount of Each Receipt this Period 25.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Maynard Wheeler

Mailing Address PO Box 538  
10 Sandy Brae

City Grantham State NH Zip Code 03753-0538

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 13 / 2010  
Transaction ID: 00AA65288B8557EA027  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Wayne Whitmore

Mailing Address 116 E 68th Street

City New York State NY Zip Code 10065-5955

FEC 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: C9C69DC73D24267731B  
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 162 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4353 Dodge Street

City Omaha State NE Zip Code 68131-2709

FEC 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: 320FB20DE9E02AB1F04  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Torsten Wiegand

Mailing Address 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 ▼ 250.00

Date of Receipt 04 / 16 / 2010  
Transaction ID: D5C1BAD1-9B81-4430-  
Amount of Each Receipt this Period 250.00

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

Mailing Address Unit B  
1800 E Pavilion Place

City Montrose State CO Zip Code 81401-5499

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 04 / 01 / 2010  
Transaction ID: 8953C6E000CCC883004  
Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 163 / 171  
(check only one)

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) John Wilcox, Jr.	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 2763 Holly Point Rd. E	<b>Transaction ID:</b> 5F7D00B8C3CC790CBD8
	City State Zip Code Orange Park FL 32073-5636	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Craig Wilkerson	Date of Receipt MM / DD / YYYY 04 / 22 / 2010
	Mailing Address Suite 5	<b>Transaction ID:</b> 941E9277-9CC2-47D8-
	City State Zip Code Helena MT 59601-8026	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) David Williams	Date of Receipt MM / DD / YYYY 04 / 23 / 2010
	Mailing Address 5014 Woodhurst Lane	<b>Transaction ID:</b> B04D2E0C-ABE5-48EB-
	City State Zip Code Minnetonka MN 55345	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**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 164 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
George Williams  
 Mailing Address 3535 W 13 Mile Road  
 City Royal Oak State MI Zip Code 48073  
 Date of Receipt 04 / 21 / 2010  
**Transaction ID:** 8DD69E85-4A39-44BD-  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ruth Williams  
 Mailing Address 2015 N Main Street  
 City Wheaton State IL Zip Code 60187-3152  
 Date of Receipt 04 / 26 / 2010  
**Transaction ID:** 086A2469C1AD0E714BF  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
James J. Wong  
 Mailing Address 102 East Avenue  
 City Norwalk State CT Zip Code 06851-5010  
 Date of Receipt 04 / 09 / 2010  
**Transaction ID:** DEC7E11C5E2D9C86FE2  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 165 / 171  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<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)  
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  
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: 6A8FB6C705751A12E37

Amount of Each Receipt this Period

1000.00

**B.**

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  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: 4D975A3B25F0182D58D

Amount of Each Receipt this Period

500.00

**C.**

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  
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 00DAF8686C26059E50E

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 166 / 171  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Charles 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  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 1 0

**Transaction ID:** AD67AB4D7B92DEABEDF

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address Floor 2

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

**Transaction ID:** 5EE189FA-618F-4723-

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address Suite 100  
14540 Prairie Lakes Boulevard

City State Zip Code  
Noblesville IN 46060-4370

FEC ID 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 5 / 2 0 1 0

**Transaction ID:** C327A1156727701EF94

Amount of Each Receipt this Period  
365.00

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

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

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

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

FOR LINE NUMBER: PAGE 167 / 171  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**B.** Full Name (Last, First, Middle Initial)  
Daryl Zelenak

Mailing Address 116 N Tuscola Road

City Bay City State MI Zip Code 48708-6961

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2010  
Transaction ID: 5F0A50DE-6C9C-4DD8-  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Harry Zink

Mailing Address 3519 Friendsville Road

City Wooster State OH Zip Code 44691-1241

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.33

Date of Receipt 04 / 22 / 2010  
Transaction ID: B7D5E606-9880-4E6E-  
Amount of Each Receipt this Period 417.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1417.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 168 / 171  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	244680.65

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 171  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Bank of America

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  
 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  
 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  
 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 170 / 171

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State Zip Code  
CA 94163

Purpose of Disbursement  
Bank charges - Apr 2010

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 62A47F8AF18B4B9D932

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

510.45

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State Zip Code  
CA 94163

Purpose of Disbursement  
AMEX discount - Apr 2010

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: FC0924A90306B14E7B6

Date of Disbursement

04 / 30 / 2010

Amount of Each Disbursement this Period

2253.68

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

2764.13

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

2764.13

