

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2011 through 01 31 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer Electronically Filed by Steven Rausch Date 02 11 2011

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

The 1/4/11 Independent Expenditure disbursement is additional video production expenses for a Nan Hayworth cable ad that began airing on 9/15/10. The vendor did not send us an invoice for these additional expenses until 1/4/11. We did not include it in any 24-hour notice because we were unaware of the expenses at the time.

**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	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	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>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		353076.28
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	353076.28									
(c) Total Receipts (from Line 19) .....	29888.21	29888.21								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	382964.49	382964.49								
7. Total Disbursements (from Line 31) .....	12935.32	12935.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	370029.17	370029.17								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:    To:

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) .....	20133.66	20133.66
(ii) Unitemized .....	9729.55	9729.55
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29863.21	29863.21
(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) .....	29863.21	29863.21
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.) .....	25.00	25.00
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)) .....	29888.21	29888.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29888.21	29888.21

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10473.32	10473.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10473.32	10473.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-2500.00	-2500.00
24. Independent Expenditure (use Schedule E) .....	3900.00	3900.00
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 .....	1062.00	1062.00
(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)) .....	1062.00	1062.00
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))..	12935.32	12935.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12935.32	12935.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 26

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) .....	29863.21	29863.21
34. Total Contribution Refunds (from Line 28(d)) .....	1062.00	1062.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28801.21	28801.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10473.32	10473.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10473.32	10473.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Abbott		Date of Receipt	
	Mailing Address Ucsf Beckman Vision Ctr 10 Koret Way K-301		M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> 57C71AC6-D994-4428-
	San Francisco	CA	94143-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
	Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1050.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Abbott		Date of Receipt	
	Mailing Address Ucsf Beckman Vision Ctr 10 Koret Way K-301		M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> 497A8DEE8FB8DA43324D
	San Francisco	CA	94143-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
	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 ▼ 1050.00		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas Allison		Date of Receipt	
	Mailing Address 2700 10th Ave S Ste 402		M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> 7B4C9E089307EF7BF99
	Birmingham	AL	35205-1250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<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 8 / 26  
(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)  
Amin Ashrafzadeh

Mailing Address 1741 Coffee Rd

City Modesto State CA Zip Code 95355-2807

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 11 / 2011  
**Transaction ID:** 632D53A4E252DA6BF9B  
Amount of Each Receipt this Period: 1000.00

**B.**

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

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland State FL Zip Code 32751-6114

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 01 / 05 / 2011  
**Transaction ID:** C625016FBB3B2227F83  
Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Priscilla Berry

Mailing Address 8222 Douglas Ave Ste 400

City Dallas State TX Zip Code 75225-5935

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 / 04 / 2011  
**Transaction ID:** 90B07FBC0E0A6BADFFE  
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 9 / 26  
(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)  
Janet Betchkal

Mailing Address 3 Shircliff Way  
Dillon Building Suite 134

City Jacksonville State FL Zip Code 32204-4757

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 03 / 2011  
Transaction ID: 0F356336-12B5-41A9-  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Adam Bloom

Mailing Address 1700 E Jericho Tpk  
Precision Eye Care

City Huntington State NY Zip Code 11743-5614

FEC 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 01 / 06 / 2011  
Transaction ID: F6F095040A99C2ADC90  
Amount of Each Receipt this Period 400.00

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

Mailing Address 331 Laidley St  
Ste 102

City Charleston State WV Zip Code 25301-1605

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 ▼ 500.00

Date of Receipt 01 / 06 / 2011  
Transaction ID: 2B6DF864E3BB0BD582E  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) S. William Clark		Date of Receipt	
	Mailing Address 502 Isabella St		M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> 4DBDA28DD58CCF5CE9E4
	Waycross	GA	31501-3638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		416.66	
Name of Employer Self		Occupation		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Self		Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.66		

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Cook		Date of Receipt	
	Mailing Address 1718 Mariners Woods Dr		M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> E24CCEF8CCBA78E4336
	Hartfield	VA	23071-3092	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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) John Cooksey		Date of Receipt	
	Mailing Address 1310 N 19th St		M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> 4B8700CCFD5C61D9473
	Monroe	LA	71201-5044	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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) .....	▶	1281.66
<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 11 / 26

(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)

Linda Day

Mailing Address 6309 Evanston Ave N

City State Zip Code  
Seattle WA 98103-5642

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 37D671C73E55180F33B

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

David Fuerst

Mailing Address 1135 S Sunset Ave  
Ste 312

City State Zip Code  
West Covina CA 91790-3965

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 1BD2066183351C4D14E

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Gardner

Mailing Address 756 Marion St

City State Zip Code  
Denver CO 80218-3434

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

Name of Employer Self Occupation  
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 111F66315FB161F60FA

Amount of Each Receipt this Period  
365.00

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

1115.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 26  
(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 Gilliam

Mailing Address PO Box 3330

City State Zip Code  
Victoria TX 77903-3330

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 10 / 2011

**Transaction ID:** B7B34569F69F47AB38C

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory Haffner

Mailing Address 2200 Whitney Ave  
Ste 300

City State Zip Code  
Hamden CT 06518-3602

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 06 / 2011

**Transaction ID:** D0D138026D9D2A8BD96

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Cynthia Hampton

Mailing Address 451 Ruin Creek Rd  
Ste 204

City State Zip Code  
Henderson NC 27536-5920

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 21 / 2011

**Transaction ID:** CB0BDCB495A5FD5A657

Amount of Each Receipt this Period  
1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26  
(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)  
Christopher Hauptert

Mailing Address 1501 50th St  
Ste 133

City State Zip Code  
West Des Moines IA 50266-5920

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
01 / 27 / 2011

**Transaction ID:** 0EBB33FB-1B12-4C9B-

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 3 Woodland Rd  
Ste 210

City State Zip Code  
Stoneham MA 02180-1711

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.66

Date of Receipt  
MM / DD / YYYY  
01 / 11 / 2011

**Transaction ID:** 46E9BA5F41927BA6FA2E

Amount of Each Receipt this Period  
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Lance Lemon

Mailing Address 1586 Picadilly Dr

City State Zip Code  
Haslett MI 48840-8480

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 29 / 2011

**Transaction ID:** 2CA16FBC-917E-40FA-

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1281.66**

**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 14 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Lores		Date of Receipt
	Mailing Address 4950 S Le Jeune Rd Ste D		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 0 / 2 0 1 1
	City State Zip Code Coral Gables FL 33146-2231		<b>Transaction ID:</b> 180F23465B0264F2E42
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
	Name of Employer Self Occupation Self Ophthalmologist		<input type="text"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		225.00
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sid Mandelbaum		Date of Receipt
	Mailing Address 178 E 71st St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 6 / 2 0 1 1
	City State Zip Code New York NY 10021-5131		<b>Transaction ID:</b> CC4A7A18A6EEB6552EF
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
	Name of Employer Self Occupation Self Ophthalmologist		<input type="text"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		500.00
		<input type="text"/> 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David McCullough		Date of Receipt
	Mailing Address 33 King St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 6 / 2 0 1 1
	City State Zip Code Stratford CT 06615-5849		<b>Transaction ID:</b> E1A19158C5EA6A00D2E
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
	Name of Employer Self Occupation Self Ophthalmologist		<input type="text"/>
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼		365.00
		<input type="text"/> 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1090.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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) Jerry Neuwirth		Date of Receipt MM / DD / YYYY 01 / 28 / 2011
Mailing Address 85 Seymour St Ste 822		<b>Transaction ID:</b> 3A3E22A25FB7EA7CD81
City Hartford	State Zip Code CT 06106-5527	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Sara O'Connell		Date of Receipt MM / DD / YYYY 01 / 06 / 2011
Mailing Address 7504 Antioch Rd		<b>Transaction ID:</b> 0041DC93FE83F81164F
City Overland Park	State Zip Code KS 66204-2622	
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	

**C.**

Full Name (Last, First, Middle Initial) Paul Olson		Date of Receipt MM / DD / YYYY 01 / 20 / 2011
Mailing Address 1055 N 300 W Ste 204		<b>Transaction ID:</b> 400E881EB70179AEB1B7
City Provo	State Zip Code UT 84604-3374	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 208.34
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1208.34
<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 16 / 26  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Packer

Mailing Address 85 Seymour St  
Ste 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  
01 / 21 / 2011

**Transaction ID:** 09544412066498A207A

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 231 Windermere Blvd

City State Zip Code  
Alexandria LA 71303-3538

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
01 / 19 / 2011

**Transaction ID:** 0031CEFAFD0C2ED2B6C

Amount of Each Receipt this Period  
500.00

**C.**

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

Mailing Address 207 S Santa Anita Ave  
Ste P25

City State Zip Code  
San Gabriel CA 91776-1145

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
317.00

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2011

**Transaction ID:** 47AF9AAE74C263A91A7F

Amount of Each Receipt this Period  
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1317.00**

**TOTAL** This Period (last page this line number 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 / 26
	(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)  
Michael Ruddat

Mailing Address 85 Seymour St  
Ste 822

City Hartford State CT Zip Code 06106-5527

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 28 / 2011  
**Transaction ID: 83EB42A318B7CCECDA0**  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
David Daniel Saggau

Mailing Address 2441 Jordan Trl

City West Des Moines State IA Zip Code 50265-5549

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 21 / 2011  
**Transaction ID: 0A020ECF34CE3CA2D04**  
Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 5162 Linton Blvd  
Ste 203

City Delray Beach State FL Zip Code 33484-6567

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 01 / 27 / 2011  
**Transaction ID: 9BB0B3BBAE8E6DFD698**  
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: (check only one)	PAGE 18 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <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) Cynthia Self		Date of Receipt MM / DD / YYYY 01 / 04 / 2011		
	Mailing Address 50 Meadowbrook Rd		Transaction ID: D7471EE5-8803-4BC1-		
	City Bangor	State ME	Zip Code 04401-5633	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) Harry Stephenson		Date of Receipt MM / DD / YYYY 01 / 25 / 2011		
	Mailing Address 4001 Kresge Way 200 Baptist E Office Park		Transaction ID: 87331BB4D9730CAAA45		
	City Louisville	State KY	Zip Code 40207-4640	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) Marion Joseph Stoj		Date of Receipt MM / DD / YYYY 01 / 28 / 2011		
	Mailing Address 191 Main St		Transaction ID: 3BB06E599C532926D17		
	City Manchester	State CT	Zip Code 06042-3556	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) .....	▶	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 19 / 26  
(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 Strelow  
Mailing Address 5770 Club Ln  
City Roanoke State VA Zip Code 24018-1004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 01 / 15 / 2011  
Transaction ID: 2C14C7A9-1324-4503-  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
John Stump  
Mailing Address 200 Kona Cir  
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 01 / 06 / 2011  
Transaction ID: 28AEA592056EAC7095C  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Lyle Thorstenson  
Mailing Address PO Box 632020  
City Nacogdoches State TX Zip Code 75963-2020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 07 / 2011  
Transaction ID: 5352EF72-AB56-4327-  
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 20 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Craig Wells		Date of Receipt MM / DD / YYYY 01 / 28 / 2011
Mailing Address 1221 Madison St Ste 1002		<b>Transaction ID:</b> 6D065729-99CE-44E4-
City Seattle	State Zip Code WA 98104-1380	
FEC ID number of contributing federal political committee. C		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) Patricia Wong		Date of Receipt MM / DD / YYYY 01 / 11 / 2011
Mailing Address 1515 Scott St Ste 2		<b>Transaction ID:</b> 3802DD387581E87D2ED
City San Francisco	State Zip Code CA 94115-3511	
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) .....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	20133.66

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

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) AAO</p> <p>Mailing Address 655 Beach St.</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement void ck reported on 11/29/10</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V11456-9173089861869</p> <p>Date of Disbursement 01 / 04 / 2011</p> <p>Amount of Each Disbursement this Period -375.00</p> <p>001 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SNR Denton US LLP</p> <p>Mailing Address Dept 7247-6670</p> <p>City Philadelphia State PA Zip Code 19170-6670</p> <p>Purpose of Disbursement Legal services - invoices 1269550 &amp; 1256463</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V26802-1780969500541</p> <p>Date of Disbursement 01 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 10000.00</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement Bank charges - Jan 2011</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 0D499E129A57364CA29</p> <p>Date of Disbursement 01 / 31 / 2011</p> <p>Amount of Each Disbursement this Period 602.58</p> <p>001 Category/ Type</p>

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

10227.58

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 26

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
AMEX discount - Jan 2011

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D63F4CAF403E0279C2F

Date of Disbursement

01 / 31 / 2011

Amount of Each Disbursement this Period

245.74

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

245.74

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

10473.32

# 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)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Nan Hayworth</p> <p>Mailing Address 51 Gleneida Avenue</p> <p>City Carmel State NY Zip Code 10512</p> <p>Purpose of Disbursement 2010 General Debt Retirement</p> <p>Candidate Name Nan S. Hayworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 19</p>	<p><b>Transaction ID:</b> 47123-4924432635307</p> <p>Date of Disbursement 01 / 14 / 2011</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Scott Desjarlais</p> <p>Mailing Address PO Box 90133</p> <p>City Nashville State TN Zip Code 37209</p> <p>Purpose of Disbursement void Debt Retirement ck reported 11/29/10</p> <p>Candidate Name Scott Eugene Desjarlais</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 04</p>	<p><b>Transaction ID:</b> 84454-73710268735886</p> <p>Date of Disbursement 01 / 18 / 2011</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan for Congress</p> <p>Mailing Address 50 S. Providence Road</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement void Debt Retirement ck reported on 11/29/10</p> <p>Candidate Name Patrick L. Meehan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p>	<p><b>Transaction ID:</b> 84454-50265139341354</p> <p>Date of Disbursement 01 / 18 / 2011</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>

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

-2500.00

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

-2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Hutchins <hr/> Mailing Address 3219 Clifton Ave Ste 210 <hr/> City Cincinnati State OH Zip Code 45220-3041 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: AA0E24180188CDCC6FE Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 199.00
	010 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Carolyn Sakauye <hr/> Mailing Address 1360 E Herndon Ave Eye Medical Clinic of Fresno Inc, <hr/> City Fresno State CA Zip Code 93720-3326 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10586CEB91AAD70147 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 199.00
	010 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Joanne Shen <hr/> Mailing Address 13400 E Shea Blvd <hr/> City Scottsdale State AZ Zip Code 85259-5452 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2FC9F63C60152FAB937 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 100.00
	010 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

498.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Storm

Mailing Address 303 E Park Ave

City Long Beach State NY Zip Code 11561-3600

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

**Transaction ID:** E611F0BB2718ED64A3F

Date of Disbursement

01 / 19 / 2011

Amount of Each Disbursement this Period

365.00

010  
Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)

Mark Wolken

Mailing Address 1655 E Greenville St

City Anderson State SC Zip Code 29621-2062

Purpose of Disbursement  
Ophthpac Contribution-duplicate see VRCA6BB2B08D

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

**Transaction ID:** 5149726F222080D02DC

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

199.00

010  
Category/  
Type

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

564.00

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

1062.00

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)		FEC IDENTIFICATION NUMBER <b>C</b> C00196246	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee DMI		Date M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 1	
Mailing Address 1145 W Collins Ave		Amount 3900.00	
City State Zip Code Orange CA 92867		Transaction ID: V54982-0178186297416	
Purpose of Expenditure Additional exps for Hayworth cable ad beg 9/15/10		Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Nan S. Hayworth		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3900.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

(a) SUBTOTAL of Itemized Independent Expenditures .....	3900.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	3900.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Steven Rausch Signature	Date M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1