

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 San Francisco CA 94109 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2008 through 06 30 2008

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

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 07 18 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		896421.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	858244.70									
(c) Total Receipts (from Line 19)	132467.63	422558.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	990712.33	1318980.26								
7. Total Disbursements (from Line 31)	87120.77	415388.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	903591.56	903591.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	118474.57	370359.71
(i) Itemized (use Schedule A)	12619.00	31402.75
(ii) Unitemized	131093.57	401762.46
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	131093.57	401762.46
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.)	1374.06	20796.44
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))	132467.63	422558.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	132467.63	422558.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1120.77	9788.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1120.77	9788.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	86000.00	369500.00
24. Independent Expenditure (use Schedule E)	0.00	15030.00
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	0.00	21070.00
(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))	0.00	21070.00
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))..	87120.77	415388.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87120.77	415388.70

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	131093.57	401762.46
34. Total Contribution Refunds (from Line 28(d))	0.00	21070.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	131093.57	380692.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1120.77	9788.70
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1120.77	9788.70

**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 6 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) David Abramson		Date of Receipt
	Mailing Address 70 East 66th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 11 / 2008
	City	State	Zip Code
	New York	NY	10065-6528
	FEC ID number of contributing federal political committee. C		Transaction ID: F7VR9Z367771
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Scott Allan		Date of Receipt
	Mailing Address 526-H Shoup Avenue West		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 24 / 2008
	City	State	Zip Code
	Twin Falls	ID	83301-5050
	FEC ID number of contributing federal political committee. C		Transaction ID: 4J0S7F683670
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Chad Anderson		Date of Receipt
	Mailing Address Suite 1 1811 W Royal Hunte Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 23 / 2008
	City	State	Zip Code
	Cedar City	UT	84720-8274
	FEC ID number of contributing federal political committee. C		Transaction ID: F774HY161524
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1865.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 / 99
(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 Apt
 Mailing Address Suite 803
2080 Century Park E
 City State Zip Code
Los Angeles CA 90067-2011
 FEC ID 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
06 / 09 / 2008
Transaction ID: BO1590778282
 Amount of Each Receipt this Period
365.00
 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Colin Arnold
 Mailing Address Suite 105
7501 Hospital Drive
 City State Zip Code
Sacramento CA 95823-5405
 FEC ID 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
06 / 12 / 2008
Transaction ID: 0545784
 Amount of Each Receipt this Period
1000.00
 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Amin Ashrafzadeh
 Mailing Address 3209 Papillon Court
 City State Zip Code
Modesto CA 95356-9307
 FEC ID 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
06 / 26 / 2008
Transaction ID: 2G8EP0610353
 Amount of Each Receipt this Period
1000.00
 Batch Tool - PAC

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 8 / 99
(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 Atkins

Mailing Address 150 Market Hills Drive

City State Zip Code
Boone NC 28607-3678

FEC ID 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 06 / 16 / 2008

Transaction ID: F85EQX482754

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

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

Mailing Address 908 Rolandvue Road

City State Zip Code
Baltimore MD 21204-6813

FEC ID 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 06 / 24 / 2008

Transaction ID: 4J0S7F418187

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Brock Bakewell

Mailing Address 5599 N Oracle Road

City State Zip Code
Tucson AZ 85704-3821

FEC ID 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 06 / 10 / 2008

Transaction ID: BO1513832804

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mark Balles

Mailing Address 100 Foden Road

City State Zip Code
South Portland ME 04106-2327

FEC ID 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 06 / 23 / 2008
Transaction ID: F774HY938135
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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

Mailing Address 639 W 15th Street

City State Zip Code
Washington NC 27889-3526

FEC ID 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 06 / 24 / 2008
Transaction ID: 4J0S7F577168
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Ray Balyeat

Mailing Address Suite 400
2000 S Wheeling Avenue

City State Zip Code
Tulsa OK 74104-5641

FEC ID 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 06 / 20 / 2008
Transaction ID: 83R55O059167
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

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 10 / 99		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) Roxana Barad		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address Suite 103 4424 Penn Avenue		Transaction ID: F774H9753280		
	City Pittsburgh	State PA	Zip Code 15224-1338	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Joseph Barron		Date of Receipt MM / DD / YYYY 06 / 26 / 2008		
	Mailing Address 3101 Mercedes Drive		Transaction ID: 2G8EP0444747		
	City Monroe	State LA	Zip Code 71201-5153	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Arthur Basham		Date of Receipt MM / DD / YYYY 06 / 18 / 2008		
	Mailing Address 212 Oak Meadow Drive		Transaction ID: F774JO522655		
	City Los Gatos	State CA	Zip Code 95032-4407	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 11 / 99
	(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) Vineet Batra		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 15051 Hesperian Blvd#A		Transaction ID: D5B48D5D-6745-4886-
	City San Leandro	State CA	Zip Code 94578
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Baumann		Date of Receipt MM / DD / YYYY 06 / 27 / 2008
	Mailing Address 17560 W Highway 441		Transaction ID: 9KG031161000
	City Mount Dora	State FL	Zip Code 32757-6711
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Thomas Bennett		Date of Receipt MM / DD / YYYY 06 / 25 / 2008
	Mailing Address 749 Central Avenue		Transaction ID: 4J0S80827465
	City Dover	State NH	Zip Code 03820-3404
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 99
(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 Bentivegna
Mailing Address 541 Cromwell Avenue
City Rocky Hill State CT Zip Code 06067-1805
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date 350.00
Date of Receipt 06 / 12 / 2008
Transaction ID: F85FND502734
Amount of Each Receipt this Period 350.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Roberto Beraja
Mailing Address 2550 S Douglas Road
City Coral Gables State FL Zip Code 33134-6126
FEC 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 06 / 27 / 2008
Transaction ID: 9KG031150144
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Carlo Bernardino
Mailing Address 620 Quinnipiac Avenue
City New Haven State CT Zip Code 06513-4003
FEC 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 06 / 17 / 2008
Transaction ID: 83R52C656922
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1715.00
TOTAL This Period (last page this line number 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 / 99

(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)

Janet Betchkal

Mailing Address 1820 Barrs Street
Dillon Building Suite 134

City State Zip Code
Jacksonville FL 32204

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.75

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 8

Transaction ID: 4a8088edb3d116a55054

Amount of Each Receipt this Period

91.25

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

John Bishop

Mailing Address Suite 108
4707 Everhart Road

City State Zip Code
Corpus Christi TX 78411-2751

FEC ID 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 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590713389

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Evan Black

Mailing Address 4717 Saint Antoine Street

City State Zip Code
Detroit MI 48201-1423

FEC ID 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 6 / 1 6 / 2 0 0 8

Transaction ID: F85EQX306098

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1456.25

TOTAL This Period (last page this line number 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 / 99
(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 Blaydes
Mailing Address PO Box 1380
City Bluefield State WV Zip Code 24701-1380
FEC 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 06 / 09 / 2008
Transaction ID: BO1590325615
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
James Bobrow
Mailing Address Suite 304
211 N Meramec Avenue
City Clayton State MO Zip Code 63105-3745
FEC 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 06 / 16 / 2008
Transaction ID: F85EQX861959
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
David Bogorad
Mailing Address 2509 Walton Way
City Augusta State GA Zip Code 30904-4561
FEC 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 06 / 10 / 2008
Transaction ID: BO1513320786
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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 15 / 99
	(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) Peter Branden		Date of Receipt
	Mailing Address Suite 100 1201 W Main Street		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Waterbury	CT	06708-3105
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	
		Transaction ID: 83R52C961878	
		Amount of Each Receipt this Period <input type="text" value="365.00"/>	
		Batch Tool - PAC	

B.	Full Name (Last, First, Middle Initial) James Braun		Date of Receipt
	Mailing Address 114 Country Club		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hot Springs	AR	71901-8034
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	
		Transaction ID: F7VQNR263037	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>	
		Batch Tool - PAC	

C.	Full Name (Last, First, Middle Initial) William Bridges		Date of Receipt
	Mailing Address 21 Medical Park Drive		<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Asheville	NC	28803-2493
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	
		Transaction ID: BO1513773263	
		Amount of Each Receipt this Period <input type="text" value="500.00"/>	
		Batch Tool - PAC	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1115.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 16 / 99
(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)
Jill Brody

Mailing Address McDonough Eye Assoc
505 E Grant Street

City Macomb State IL Zip Code 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 06 / 17 / 2008
Transaction ID: 83R52C318749
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 2616 Warm Springs Road

City Columbus State GA Zip Code 31904-5323

FEC 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 06 / 10 / 2008
Transaction ID: BO1513091116
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

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

Mailing Address 4500 Coventry Road

City Richmond State VA Zip Code 23221-3104

FEC 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 06 / 19 / 2008
Transaction ID: F774JZ877116
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1865.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 99
(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)
Howard Bruckner
Mailing Address 909 Fifteenth Street
City Augusta State GA Zip Code 30901-2607
FEC 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 06 / 25 / 2008
Transaction ID: 4JOS80944307
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Frederick Bruening
Mailing Address 5014 Villa Linde Parkway
City Flint State MI Zip Code 48532-3411
FEC 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 06 / 09 / 2008
Transaction ID: 0293671
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Daniel Joseph 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 ▼ 365.00
Date of Receipt 06 / 23 / 2008
Transaction ID: F774H9463271
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

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

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

FOR LINE NUMBER: PAGE 18 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Bascom Palmer Eye Inst
900 Northwest 17th Street

City Miami State FL Zip Code 33136

FEC 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 06 / 16 / 2008
Transaction ID: F85EQX077254
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 414 Navarro Street Suite 400

City San Antonio State TX Zip Code 78205-2505

FEC 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 06 / 23 / 2008
Transaction ID: F774H9637474
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

Mailing Address 3975 Lawrenceville Highway Northwe

City Lilburn State GA Zip Code 30047-2817

FEC 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 06 / 12 / 2008
Transaction ID: 0142232
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 99
(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)
Jose Carro Soto

Mailing Address PO Box 9924

City State Zip Code
Arecibo PR 00613-9924

FEC ID 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
06 / 09 / 2008

Transaction ID: 0475678

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1750 Pine Street

City State Zip Code
Abilene TX 79601-3044

FEC ID 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
06 / 13 / 2008

Transaction ID: 4OKNNE055683

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Ruxton Towers Suite 104
8415 Bellona Lane

City State Zip Code
Towson MD 21204

FEC ID 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
06 / 23 / 2008

Transaction ID: F774HY013551

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 99
(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)
Audrey Chan
Mailing Address 282 Route 130
City Sandwich State MA Zip Code 02563-2363
FEC 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 06 / 11 / 2008
Transaction ID: F7VR9Z393593
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jack Mabry Chapman
Mailing Address 2061 Beverly Road
City Gainesville State GA Zip Code 30501-2034
FEC 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 06 / 10 / 2008
Transaction ID: BO1513264141
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Joseph Chappell
Mailing Address 610 Brunson Drive
City Tupelo State MS Zip Code 38801-4947
FEC 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 06 / 26 / 2008
Transaction ID: 2G8EP0504828
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1615.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 99
(check only one)

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

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

A.

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

Mailing Address Suite 400
2005 Franklin Street

City State Zip Code
Denver CO 80205-5405

FEC ID 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 6 / 2 3 / 2 0 0 8

Transaction ID: F774HY768155

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Joseph Conner

Mailing Address 707 W Tipton Street

City State Zip Code
Seymour IN 47274-2157

FEC ID 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 6 / 2 4 / 2 0 0 8

Transaction ID: 4J0S7F778542

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Anastasios Costarides

Mailing Address 1365B Clifton Road Northeast

City State Zip Code
Atlanta GA 30322-1013

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: BO1513114024

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 99
(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 Cox

Mailing Address Building No2
2 Hamilton Health Place

City Hamilton State NJ Zip Code 08690-3563

FEC 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 06 / 09 / 2008

Transaction ID: 0864422

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

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

Mailing Address 613 Del Prado Boulevard

City Cape Coral State FL Zip Code 33990-2611

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 ▼ 1000.00

Date of Receipt 06 / 04 / 2008

Transaction ID: F8QS2F825370

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

C.

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

Mailing Address Suite 110
1311 W Chandler Boulevard

City Chandler State AZ Zip Code 85224-6136

FEC 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 06 / 10 / 2008

Transaction ID: BO1513964828

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 99
(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)
Vincent De Luise

Mailing Address Suite B
87 Grandview Avenue

City Waterbury State CT Zip Code 06708-2514

FEC 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 06 / 17 / 2008

Transaction ID: 83R52C321668

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

B.

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

Mailing Address PO Box 1275

City Columbus State NE Zip Code 68602-1275

FEC 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 06 / 16 / 2008

Transaction ID: F85FSC138163

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 7
1111 E Ocean Avenue

City Lompoc State CA Zip Code 93436-2501

FEC 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 06 / 12 / 2008

Transaction ID: 0258582

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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 24 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) William Eads	Date of Receipt MM / DD / YYYY 06 / 16 / 2008
	Mailing Address 1230 Cumberland Falls Highway	Transaction ID: F85FSC649787
	City State Zip Code Corbin KY 40701-2717	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Paul Andrew Edwards	Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address Suite 5A 1 Ford Place	Transaction ID: BO1590285383
	City State Zip Code Detroit MI 48202-3450	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) William Ehlers	Date of Receipt MM / DD / YYYY 06 / 22 / 2008
	Mailing Address 125 Secret Lake Road	Transaction ID: 4288ba7953dbe3a3cf8b
	City State Zip Code Avon CT 06001-3465	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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 25 / 99
(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)
Dion Ehrlich

Mailing Address Suite 103
7500 Central Avenue

City Philadelphia State PA Zip Code 19111-2431

FEC 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 06 / 09 / 2008

Transaction ID: F7VQO3754045

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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 06 / 09 / 2008

Transaction ID: 0544623

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 310
9114 Philadelphia Road

City Baltimore State MD Zip Code 21237-4350

FEC 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 06 / 23 / 2008

Transaction ID: F774HY415216

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 99

(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 Ervin

Mailing Address 1429 Oglethorpe Street

City State Zip Code
Macon GA 31201-1512

FEC ID 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 06 / 10 / 2008

Transaction ID: BO1513445186

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Ofer Eytan

Mailing Address 2525 W Greenway Road Suite 120

City State Zip Code
Phoenix AZ 85023-4280

FEC ID 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 06 / 10 / 2008

Transaction ID: BO1513822266

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Misha Faustina

Mailing Address 9460 N 105th Street

City State Zip Code
Scottsdale AZ 85258-6042

FEC ID 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 06 / 09 / 2008

Transaction ID: BO1598802757

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 99
(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)
Raul Franceschi

Mailing Address Suite 707
29 Calle Washington

City San Juan State PR 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 ▼ 750.00

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

Transaction ID: 40eabe46f3ebbe6f144e

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Walter Fried

Mailing Address Surevision Eye Center
3477 Grand Avenue

City Gurnee State IL Zip Code 60031-3734

FEC 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 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQOE147159

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address 212 N Larkin Avenue

City Joliet State IL Zip Code 60435-6604

FEC 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 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3349535

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 99
(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)
Luther Fry

Mailing Address 310 E Walnut Street

City State Zip Code
Garden City KS 67846-5560

FEC ID 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 06 / 24 / 2008

Transaction ID: 4JOS7F469141

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

B.

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

Mailing Address 1645 N Alvernon Way

City State Zip Code
Tucson AZ 85712-3353

FEC ID 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 06 / 10 / 2008

Transaction ID: BO1513092146

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 4JOS7F467642

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

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 29 / 99
(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)
Joel Geffin

Mailing Address 1201 W Main Street

City Waterbury State CT Zip Code 06708-3105

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 17 / 2008

Transaction ID: 83R52C131231

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

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

Mailing Address 3039 Ocean Parkway

City Brooklyn State NY Zip Code 11235-8370

FEC 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 06 / 03 / 2008

Transaction ID: BP4COM510433

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
C Mitchell Gilbert

Mailing Address 396 old mountain road

City farmington State CT Zip Code 06032

FEC 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 06 / 24 / 2008

Transaction ID: 200645DD-FAC1-43B1-

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 99
(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 Gilbert

Mailing Address Suite 200
12301 Northeast 10th Place

City State Zip Code
Bellevue WA 98005-2487

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2008

Transaction ID: 4475b6f490d25a7c5ab5

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Walter Gilbert

Mailing Address 1820 Barrs Street Suite 122

City State Zip Code
Jacksonville FL 32204-4755

FEC ID 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
06 / 24 / 2008

Transaction ID: 4J0S7F115873

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jay Gooze

Mailing Address 21 Gonic Road

City State Zip Code
Rochester NH 03867-3926

FEC ID 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
06 / 09 / 2008

Transaction ID: BO1590420215

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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 31 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Suite 256E
800 Austin Street

City State Zip Code
Evanston IL 60202-3477

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: 0375584

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Christopher Greer

Mailing Address PO Box 3528

City State Zip Code
Fort Smith AR 72913-3528

FEC ID 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
06 / 26 / 2008

Transaction ID: 82OJ4G226643

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jacqueline Griffiths

Mailing Address Suite C-50
12110 Sunset Hills Road

City State Zip Code
Reston VA 20190-5852

FEC ID 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
06 / 26 / 2008

Transaction ID: 82OJ4G946657

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 99
(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)
Kenneth Grossman

Mailing Address 580 Collins Drive

City State Zip Code
Merced CA 95348-3121

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2008

Transaction ID: F774JO168348

Amount of Each Receipt this Period
2500.00

Batch Tool - PAC

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

Mailing Address 2251 Dubois Drive

City State Zip Code
Warsaw IN 46580-3212

FEC ID 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
06 / 09 / 2008

Transaction ID: 0522783

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. 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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 83R52C527945

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **3500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 99
(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 Hall

Mailing Address 3303 Indiana Avenue

City State Zip Code
Vicksburg MS 39180-4540

FEC ID 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
06 / 24 / 2008

Transaction ID: 4JOS7F521549

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

Mailing Address Suite 204
451 Ruin Creek Road

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2008

Transaction ID: 44e093ab1c316ff925dc

Amount of Each Receipt this Period
125.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 4803 Saint Johns Place

City State Zip Code
Murrells Inlet SC 29576-6808

FEC ID 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
06 / 05 / 2008

Transaction ID: F7VQNR715843

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **875.00**

TOTAL This Period (last page this line number 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 / 99
(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)
Raymond Hernandez

Mailing Address 19292 Stone Oak Parkway

City San Antonio State TX Zip Code 78258-3222

FEC 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 06 / 16 / 2008
Transaction ID: F85FSC180344
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Gary Hirshfield

Mailing Address Suite 102
4231 Colden Street

City Flushing State NY Zip Code 11355-3981

FEC 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 06 / 25 / 2008
Transaction ID: 4J0S80199315
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Elizabeth Hodapp

Mailing Address 245 E Rivo Alto Drive

City Miami Beach State FL Zip Code 33139-1267

FEC 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 06 / 12 / 2008
Transaction ID: 0562829
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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 35 / 99
(check only one)

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

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

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

A.

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

Mailing Address 8025 Daytona Dr.

City Clayton State MO Zip Code 63105

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt 06 / 30 / 2008

Transaction ID: 0D898F9F-9B21-438D-

Amount of Each Receipt this Period 300.00

B.

Full Name (Last, First, Middle Initial)
H Dunbar Hoskins

Mailing Address 655 Beach Street

City San Francisco State CA Zip Code 94109-1342

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2008

Transaction ID: F8QS2F908316

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

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 ▼ 1249.98

Date of Receipt 06 / 11 / 2008

Transaction ID: 4f3aba8e89c3daa64d4e

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1216.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 99
	<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) Kathy Hwang		Date of Receipt
	Mailing Address Suite 314 3301 New Mexico Avenue Northwest		<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 6 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20016-3624
	FEC ID number of contributing federal political committee.		Transaction ID: 0230555
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 365.00		

B.	Full Name (Last, First, Middle Initial) Morton Israel		Date of Receipt
	Mailing Address Suite 1X 770 Magnolia Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 6 / 2 4 / 2 0 0 8
	City	State	Zip Code
	Corona	CA	92879-3122
	FEC ID number of contributing federal political committee.		Transaction ID: 4J0S7F623461
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 365.00		

C.	Full Name (Last, First, Middle Initial) Cameron Javid		Date of Receipt
	Mailing Address 6561 E Carondelet Drive		<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 6 / 1 0 / 2 0 0 8
	City	State	Zip Code
	Tucson	AZ	85710-2156
	FEC ID number of contributing federal political committee.		Transaction ID: BO1513245112
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 99
(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)
Johanna Jensen

Mailing Address Suite A
1615 12th Avenue Road

City Nampa State ID Zip Code 83686-6184

FEC 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 06 / 22 / 2008

Transaction ID: 463899980521237b8f99

Amount of Each Receipt this Period 250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 6561 E Carondelet Drive

City Tucson State AZ Zip Code 85710-2156

FEC 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 06 / 10 / 2008

Transaction ID: BO1513966726

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

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

Mailing Address 204B Allandale Rd

City Chestnut Hill State MA Zip Code 02467-3200

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 ▼ 250.00

Date of Receipt 06 / 11 / 2008

Transaction ID: F7VR9Z280828

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

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 38 / 99
(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)
Walter Kahn

Mailing Address 70 E Front Street

City State Zip Code
Red Bank NJ 07701-1851

FEC ID 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
06 / 09 / 2008

Transaction ID: BO1590953026

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. 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
06 / 17 / 2008

Transaction ID: 83R52C415266

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Joseph Matthew Kaspareck

Mailing Address 56 Union Avenue

City State Zip Code
Somerville NJ 08876-2017

FEC ID 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
06 / 13 / 2008

Transaction ID: 40KNNNE733248

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 39 / 99
(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)
Curtin Kelley

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 ▼ 250.00

Date of Receipt 06 / 09 / 2008
Transaction ID: BO1590835053
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
David Kim

Mailing Address 1316 Wilmington Island Road

City Savannah State GA Zip Code 31410-4513

FEC 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 06 / 24 / 2008
Transaction ID: 4J0S7F753872
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Laura King

Mailing Address 106 Brighton Road Northeast

City Atlanta State GA Zip Code 30309-1521

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt 06 / 22 / 2008
Transaction ID: 45ee8213ad7378cb9065
Amount of Each Receipt this Period 91.25
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 841.25

TOTAL This Period (last page this line number 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 / 99

(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 Kinsler

Mailing Address 426 W Main Street

City State Zip Code
Salem VA 24153-3610

FEC ID 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 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O451816

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Steven Koenig

Mailing Address 30 E 40th Street

City State Zip Code
New York NY 10016-1201

FEC ID 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 6 / 1 3 / 2 0 0 8

Transaction ID: 4OKNNE444434

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Alexandra Kostick

Mailing Address Suite 104
3 Pine Cone Drive

City State Zip Code
Palm Coast FL 32137-8684

FEC ID 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 6 / 2 5 / 2 0 0 8

Transaction ID: 4JOS80780014

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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 41 / 99
(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)
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
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: F85FSC316246

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 10720 Edgewater Dr.

City State Zip Code
Cleveland OH 44102

FEC ID 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
06 / 05 / 2008

Transaction ID: 459D1867-CB2C-40D9-

Amount of Each Receipt this Period
500.00

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

Mailing Address 23 Oceanic Avenue

City State Zip Code
Staten Island NY 10312-6511

FEC ID 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
06 / 09 / 2008

Transaction ID: BO1590881616

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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 42 / 99
(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) Phillips Labor		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
Mailing Address Eye Consultants of Texas Pa 1643 Lancaster Drive Suite 305		Transaction ID: BO1590347156
City Grapevine	State TX	Zip Code 76051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 500.00	

B.

Full Name (Last, First, Middle Initial) Ralph Lanciano		Date of Receipt MM / DD / YYYY 06 / 24 / 2008
Mailing Address Lanciano Professional Center 7703 Maple Avenue		Transaction ID: 4J0S7F115243
City Pennsauken	State NJ	Zip Code 08109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 500.00	

C.

Full Name (Last, First, Middle Initial) Mary Lansing		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
Mailing Address Suite 100 90 Health Park Drive		Transaction ID: 83R550311852
City Louisville	State CO	Zip Code 80027-9586
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 365.00	

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 43 / 99
(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)
Wayne Larrison

Mailing Address Suite 402A
46 Prince Street

City State Zip Code
New Haven CT 06519-1600

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2008

Transaction ID: 0800441

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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
06 / 19 / 2008

Transaction ID: F774JZ263242

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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
MM / DD / YYYY
06 / 23 / 2008

Transaction ID: F774HY498757

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 99
(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 Lee

Mailing Address 205 Black Springs Circle

City State Zip Code
Iowa City IA 52246-3801

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2008

Transaction ID: F7VR9Z904987

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

Mailing Address Suite 215
222 N 2nd Street

City State Zip Code
Boise ID 83702-6130

FEC ID 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
06 / 19 / 2008

Transaction ID: 4eddec9dfcc65817c9e

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 State Zip Code
Lafayette LA 70508-5736

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2008

Transaction ID: 82OJ4G153692

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 99

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

David 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

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 8

Transaction ID: 0166517

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jason Levine

Mailing Address 5790 N Camino De La Sombra

City

State

Zip Code

Tucson

AZ

85718-3919

FEC 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 6 / 0 4 / 2 0 0 8

Transaction ID: 444eabe10a332b6cf718

Amount of Each Receipt this Period

100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Eric Lichtenstein

Mailing Address 192-13 Union Turnpike

City

State

Zip Code

Fresh Meadows

NY

11366

FEC 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 6 / 2 3 / 2 0 0 8

Transaction ID: 7BEC3634-80EB-4651-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 99
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Todd Liegner

Mailing Address 350 sparta ave

City sparta State NJ Zip Code 07871

FEC 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 06 / 23 / 2008
Transaction ID: BD4E70F1-8A5A-4AEB-
 Amount of Each Receipt this Period 1000.00

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

Mailing Address Suite 420
419 W Redwood Street

City Baltimore State MD Zip Code 21201-7002

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 112.50

Date of Receipt 06 / 22 / 2008
Transaction ID: 474380f0431b748cec45
 Amount of Each Receipt this Period 37.50
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Samuel Lo

Mailing Address Suite 418
1441 Kapiolani Boulevard

City Honolulu State HI Zip Code 96814-4400

FEC 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 06 / 09 / 2008
Transaction ID: BO1590621713
 Amount of Each Receipt this Period 500.00
 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1537.50

TOTAL This Period (last page this line number 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 / 99
(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)
Gerald Loushin

Mailing Address 8642 Upland Lane N

City State Zip Code
Maple Grove MN 55311-1561

FEC ID 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
06 / 19 / 2008

Transaction ID: F774JZ569168

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

Transaction ID: F85EQX774306

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 5
51 Main Street

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 ▼ 875.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2008

Transaction ID: 4ec8b1519db44cf1ab9a

Amount of Each Receipt this Period
125.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

TOTAL This Period (last page this line number 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 / 99
(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)
Scott MacRae

Mailing Address Univ of Rochester - Strong Vision
100 Meridian Centre Suite 125

City Rochester State NY Zip Code 14618

FEC 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 06 / 20 / 2008
Transaction ID: 83R55O718442
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Ahad Mahootchi

Mailing Address PO Box 1059

City Zephyrhills State FL Zip Code 33539-1059

FEC 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 06 / 23 / 2008
Transaction ID: F774H9013261
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Louis Maisel

Mailing Address po box 547

City new city State NY Zip Code 10956

FEC 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 06 / 24 / 2008
Transaction ID: F24F46C7-3E40-42D5-
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 49 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Louis Maisel

Mailing Address PO Box 547

City State Zip Code
New City NY 10956-0547

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
MM / DD / YYYY
06 / 27 / 2008

Transaction ID: 9KG031372988

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address 3500 US 1

City State Zip Code
Vero Beach FL 32960-4511

FEC ID 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
06 / 23 / 2008

Transaction ID: F774H9119744

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Delia Manjoney

Mailing Address 2720 Main Street

City State Zip Code
Bridgeport CT 06606-5363

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: 83R52C105790

Amount of Each Receipt this Period
1200.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **2065.00**

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

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

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

FOR LINE NUMBER: PAGE 50 / 99
(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)
Carlos Manrique

Mailing Address 116 Cardinal Avenue

City State Zip Code
McAllen TX 78504-2217

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2008

Transaction ID: F7VQNR728902

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Suite 205
3355 Burns Road

City State Zip Code
Palm Beach Gardens FL 33410-4356

FEC ID 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
06 / 13 / 2008

Transaction ID: 40KNNNE831298

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Suite 222
21 Woodland Street

City State Zip Code
Hartford CT 06105-4318

FEC ID 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
06 / 13 / 2008

Transaction ID: 40KNNNE867665

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 99
(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 Marquardt

Mailing Address 116 Andros Road

City State Zip Code
Key Largo FL 33037-5204

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 4JOS7F742120

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Benjamin Mason

Mailing Address 1110 Eagle Ridge Road

City State Zip Code
Cedar Falls IA 50613-1514

FEC ID 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 06 / 16 / 2008

Transaction ID: F85FSC291827

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Raul Masvidal

Mailing Address 250 Southwest Le Jeune Road

City State Zip Code
Miami FL 33134-1755

FEC ID 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 06 / 25 / 2008

Transaction ID: 4JOS80654299

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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 52 / 99
(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)
Silviano Matamoros

Mailing Address 1821 Southeast Port St. Lucie Boul

City State Zip Code
Port St. Lucie FL 34952-5544

FEC ID 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
06 / 24 / 2008

Transaction ID: 4JOS7F745352

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Thomas Harold Matsko

Mailing Address 2800 11th Avenue S

City State Zip Code
Great Falls MT 59405-5263

FEC ID 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
06 / 09 / 2008

Transaction ID: 0169756

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Raj Maturi

Mailing Address 201 Pennsylvania Parkway

City State Zip Code
Indianapolis IN 46280-2301

FEC ID 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
06 / 23 / 2008

Transaction ID: F774H9663134

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 99
	(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) Kevin McAuliffe		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 9925 San Jose Boulevard		Transaction ID: BP4COM604605
	City Jacksonville	State FL	Zip Code 32257-5851
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) David McCullough		Date of Receipt MM / DD / YYYY 06 / 12 / 2008
	Mailing Address 33 King Street		Transaction ID: 0074414
	City Stratford	State CT	Zip Code 06615-5849
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Patricia McDonald		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
	Mailing Address Building C 1 Lake Street		Transaction ID: 83R52C790552
	City New Britain	State CT	Zip Code 06052-1396
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 54 / 99
(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 McGetrick
Mailing Address 53 SKIDMORE RD
City State Zip Code
WINTER HAVEN FL 33884
FEC ID 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 6 / 2 1 / 2 0 0 8
Transaction ID: 51AFAB44-A742-4882-
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Fred McMillan
Mailing Address Suite 503
1421 N State Street
City State Zip Code
Jackson MS 39202-1658
FEC ID 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 6 / 1 1 / 2 0 0 8
Transaction ID: F7VR9Z820631
Amount of Each Receipt this Period
500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
James Meador
Mailing Address Suite 203
300 E Osborn Road
City State Zip Code
Phoenix AZ 85012-2396
FEC ID 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 6 / 1 0 / 2 0 0 8
Transaction ID: BO1513158483
Amount of Each Receipt this Period
365.00
Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 99
	<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 Edward Migliori	Date of Receipt MM / DD / YYYY 06 / 04 / 2008
	Mailing Address Suite 301 120 Dudley Street	Transaction ID: 44c29e7876d642446ee8
	City Providence State RI Zip Code 02905-2429	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Duane Mitzel	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 9797 E Larkspur Drive	Transaction ID: BO1513453403
	City Scottsdale State AZ Zip Code 85260-4647	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Perry Mollick	Date of Receipt MM / DD / YYYY 06 / 20 / 2008
	Mailing Address One Center Lane	Transaction ID: 83R550623467
	City Levittown State NY Zip Code 11756-1032	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	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	

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 56 / 99
(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)
Dan Montzka

Mailing Address Suite 106
11031 US Highway 19

City State Zip Code
Port Richey FL 34668-2213

FEC ID 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 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O059748

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Malcolm Sidney Moore

Mailing Address 1429 Oglethorpe Street

City State Zip Code
Macon GA 31201-1512

FEC ID 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 6 / 1 0 / 2 0 0 8

Transaction ID: BO1513315525

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Larry Moorman

Mailing Address 1803 Old Ocilla Road

City State Zip Code
Tifton GA 31794-1617

FEC ID 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 6 / 1 6 / 2 0 0 8

Transaction ID: F85FSC724222

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 99
(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

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)
Mansoor Movaghar

Mailing Address Apt. A
305 N Blount Street

City Madison State WI Zip Code 53703-3956

FEC 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 06 / 22 / 2008

Transaction ID: 41b186f43b9fbe8c69c8

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 520 Bruton Circle

City Kettering State OH Zip Code 45429-1624

FEC 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 06 / 12 / 2008

Transaction ID: 0783265

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Marietta Nelson

Mailing Address Suite 102
2800 N Tenaya Way

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 06 / 27 / 2008

Transaction ID: 9KG031133518

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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 58 / 99

(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)

Ngoc Nguyen

Mailing Address Suite 300
2380 Montpelier Drive

City State Zip Code
San Jose CA 95116-1620

FEC ID 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 6 / 0 9 / 2 0 0 8

Transaction ID: BO1590714325

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Marianne O'Connor Price

Mailing Address Suite 212
9002 N Meridian Street

City State Zip Code
Indianapolis IN 46260-5350

FEC ID 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 6 / 2 6 / 2 0 0 8

Transaction ID: 2G8EP0837245

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Richard Ou

Mailing Address 3929 Marquette Street

City State Zip Code
Houston TX 77005-4311

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 8

Transaction ID: 0379849

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

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 59 / 99
	(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) John Parkinson		Date of Receipt
	Mailing Address Suite 212 575 Rivergate		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Durango	CO	81301-7488
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: BO1598265567
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Sanjay Patel		Date of Receipt
	Mailing Address 300 Kings Lake Dr		<input type="text" value="06"/> / <input type="text" value="17"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	McKinney	TX	75070
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 167ACA7D-5AD1-40C4-
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Saurabh Patel		Date of Receipt
	Mailing Address Florida Retina Center 26800 S Tamiami Trail Suite 330		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Bonita Springs	FL	34134
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: BP4COM009297
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input type="checkbox"/> Other (specify) ▼			Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 99
	<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) Larry Patterson		Date of Receipt
	Mailing Address 15 Iris Lane		<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 06 / 26 / 2008
	City	State	Zip Code
	Crossville	TN	38555-7528
	FEC ID number of contributing federal political committee. C		Transaction ID: 82OJ4G152257
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) John Peters		Date of Receipt
	Mailing Address 7802 Davenport Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 26 / 2008
	City	State	Zip Code
	Omaha	NE	68114-3629
	FEC ID number of contributing federal political committee. C		Transaction ID: ce34979f07ccb71bbee
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"/> 730.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Michael Peterson		Date of Receipt
	Mailing Address Rocky Moutain Eye Center 700 W Kent Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 09 / 2008
	City	State	Zip Code
	Missoula	MT	59801
	FEC ID number of contributing federal political committee. C		Transaction ID: F7VQO3142063
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1365.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 99
(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)
Christodoulos Petras

Mailing Address 105-A Twin Ridge Lane

City Richmond State VA Zip Code 23235-5241

FEC 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 06 / 23 / 2008

Transaction ID: F774HY479179

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Lan Phuong Pham

Mailing Address 16 nottingham way

City Mahopac State NY Zip Code 10541

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 24 / 2008

Transaction ID: 0C00A84A-F667-4498-

Amount of Each Receipt this Period 200.00

C.

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

Mailing Address Suite 107
66 Sunset Strip

City Succasunna State NJ Zip Code 07876-1362

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 26 / 2008

Transaction ID: 09d5eef0ddd412bb3a2

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 99
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Anthony Pisacano

Mailing Address 2590 Frisby Avenue

City State Zip Code
Bronx NY 10461-3240

FEC ID 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
06 / 17 / 2008

Transaction ID: 83R52C172747

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

Mailing Address 3812 E Morning Dove Trail

City State Zip Code
Phoenix AZ 85050-5467

FEC ID 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
06 / 10 / 2008

Transaction ID: BO1513034195

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 280
3939 J Street

City State Zip Code
Sacramento CA 95819-3666

FEC ID 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
06 / 23 / 2008

Transaction ID: F774H9152371

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 99
(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)
Susan Jane Relf

Mailing Address 205 Norton Street

City Duluth State MN Zip Code 55803-2610

FEC 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 06 / 12 / 2008

Transaction ID: 0107634

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

B.

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

Mailing Address 5425Connecticut Ave, NW, #12

City Washington State DC Zip Code 20015

FEC 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 06 / 30 / 2008

Transaction ID: 32C91BBA-8A99-4041-

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Jesse Rigsby

Mailing Address Suite 103
834 N Seminary Street

City Galesburg State IL Zip Code 61401-2897

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2008

Transaction ID: F8QS2K377584

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 99

(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) Christian Risser		Date of Receipt MM / DD / YYYY 06 / 09 / 2008		
	Mailing Address Suite 104 9225 N 3rd Street		Transaction ID: F7VQO3667428		
	City Phoenix	State AZ	Zip Code 85020-2455	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Anthony Roberts		Date of Receipt MM / DD / YYYY 06 / 09 / 2008		
	Mailing Address 12523 Grey Fox Lane		Transaction ID: 0100573		
	City Potomac	State MD	Zip Code 20854-1903	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Elizabeth Rocco		Date of Receipt MM / DD / YYYY 06 / 17 / 2008		
	Mailing Address Suite 100 400 Saybrook Road		Transaction ID: 83R52C650787		
	City Middletown	State CT	Zip Code 06457-4774	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 99
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Steven Rosenfeld		Date of Receipt
	Mailing Address 16201 Military Trail		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Delray Beach	FL	33484-6503
	FEC ID number of contributing federal political committee. C		Transaction ID: 0929043
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Melvin Rothberger		Date of Receipt
	Mailing Address 575 Kings Highway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 2 6 / 2 0 0 8
	City	State	Zip Code
	Brooklyn	NY	11223-2046
	FEC ID number of contributing federal political committee. C		Transaction ID: 2G8EP0358653
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 250.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Jeffrey Rubin		Date of Receipt
	Mailing Address 1660 E 14th Street Suite LI1		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Brooklyn	NY	11229-1173
	FEC ID number of contributing federal political committee. C		Transaction ID: F7VR9Z870457
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 365.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 865.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 99
(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)
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
06 / 26 / 2008

Transaction ID: 82OJ4G830686

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Carolyn Sakauye

Mailing Address 776 E. Kelso Ave.

City State Zip Code
Fresno CA 93720

FEC ID 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
06 / 30 / 2008

Transaction ID: E0002EBE-087B-4B9B-

Amount of Each Receipt this Period
250.00

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
06 / 17 / 2008

Transaction ID: 83R52C090583

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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 67 / 99
(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) James Salz		Date of Receipt MM / DD / YYYY 06 / 26 / 2008
Mailing Address Suite 250 240 S La Cienega Boulevard		Transaction ID: 2G8EP0145024
City Beverly Hills	State CA	Zip Code 90211-3314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Ajay Sanan		Date of Receipt MM / DD / YYYY 06 / 10 / 2008
Mailing Address 7396 N La Cholla Boulevard		Transaction ID: BO1513768134
City Tucson	State AZ	Zip Code 85741-2305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Jeffrey Sandler		Date of Receipt MM / DD / YYYY 06 / 17 / 2008
Mailing Address Suite 106 4699 Main Street		Transaction ID: 83R52C455238
City Bridgeport	State CT	Zip Code 06606-1830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

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 68 / 99
(check only one)

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

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

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

A.

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

Mailing Address PO Box 728

City Middlesboro State KY Zip Code 40965-0728

FEC 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 06 / 23 / 2008

Transaction ID: F774HY346351

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Delia Sang

Mailing Address 73 Chatham Street

City Brookline State MA Zip Code 02446-5451

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 06 / 11 / 2008

Transaction ID: 453e939ccfe63b33b610

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address Suite 200
13624 W Camino Del Sol

City Sun City West State AZ Zip Code 85375-3401

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 06 / 02 / 2008

Transaction ID: 85IW8J678717

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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 69 / 99
(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 Schlichtemeier

Mailing Address 13923 Gold Circle

City State Zip Code
Omaha NE 68144-2379

FEC ID 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 06 / 26 / 2008
Transaction ID: 2G8EP0768481
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jean Schott

Mailing Address 2209 South Memorial Place

City State Zip Code
Sheboygan WI 53081-3715

FEC ID 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 06 / 20 / 2008
Transaction ID: 83R55O785105
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 9105 Edinburgh Lane

City State Zip Code
Saint Paul MN 55125-9191

FEC ID 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 06 / 19 / 2008
Transaction ID: F774JZ503799
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 99

(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)

Patrick Sciortino

Mailing Address 914 Bay Ridge Parkway

City State Zip Code
Brooklyn NY 11228-2302

FEC ID 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 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQO3568710

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Michael Scott

Mailing Address 515 Sunset Ridge

City State Zip Code
Dubuque IA 52003-7762

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 8

Transaction ID: F774JZ787466

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Barry Seibel

Mailing Address Suite 711
11620 Wilshire Boulevard

City State Zip Code
Los Angeles CA 90025-1781

FEC ID 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 6 / 1 1 / 2 0 0 8

Transaction ID: F7VR9Z610514

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

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 71 / 99

(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)

Stephen Olaf Sessums

Mailing Address 7763 Copperfield Ct

City State Zip Code
Baton Rouge LA 70808

FEC ID 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 6 / 1 8 / 2 0 0 8

Transaction ID: 76F5E9A8-467C-4B47-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Shanbom

Mailing Address 28747 Woodward Avenue

City State Zip Code
Berkley MI 48072-0914

FEC ID 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 6 / 2 0 / 2 0 0 8

Transaction ID: 83R55O291825

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Philip Shands

Mailing Address 22887 Holmwood Road

City State Zip Code
Shaker Heights OH 44122-3003

FEC ID 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 6 / 1 2 / 2 0 0 8

Transaction ID: F85FND555366

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

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 72 / 99
	(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) Peter Shelley		Date of Receipt
	Mailing Address Suite A3 32123 1st Avenue S		<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Federal Way	WA	98003-5720
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Transaction ID: F774H9874247 Amount of Each Receipt this Period <input type="text" value="365.00"/> Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) David Shepherd		Date of Receipt
	Mailing Address Suite 103 41935 W 12 Mile Road		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Novi	MI	48377-3111
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Transaction ID: F85FSC773914 Amount of Each Receipt this Period <input type="text" value="365.00"/> Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Richard Sherry		Date of Receipt
	Mailing Address Suite 234 2500 Grubb Road		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wilmington	DE	19810-4796
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer self		Occupation Ophthalmologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	Transaction ID: F7VR9Z335478 Amount of Each Receipt this Period <input type="text" value="365.00"/> Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1095.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 99
(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)
Elizabeth Siderides

Mailing Address # 101
1351 Washington Boulevard

City State Zip Code
Stamford CT 06902-7317

FEC ID 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
06 / 17 / 2008

Transaction ID: 83R52C738294

Amount of Each Receipt this Period
400.00

Batch Tool - PAC

B.

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

Mailing Address Suite 210
15340 Jog Road

City State Zip Code
Delray Beach FL 33446-2170

FEC ID 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
06 / 04 / 2008

Transaction ID: F8QS2F733113

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Kevin Smith

Mailing Address 408 S Main Street

City State Zip Code
Greenville PA 16125-1773

FEC ID 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
06 / 23 / 2008

Transaction ID: F774H9168723

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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

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

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

FOR LINE NUMBER: PAGE 74 / 99
(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 Christian Smith

Mailing Address Clearwater Eye and Laser Center
610 Lakeview Road

City Clearwater State FL Zip Code 33756-3336

FEC 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 06 / 12 / 2008
Transaction ID: 0623475
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

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

Mailing Address 600 N Wolfe Street

City Baltimore State MD Zip Code 21205-2101

FEC 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 06 / 18 / 2008
Transaction ID: F774JO246382
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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 06 / 26 / 2008
Transaction ID: 2G8EP0073929
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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 75 / 99
(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)
Drew Stoken

Mailing Address 338 Alexander Spring Road

City State Zip Code
Carlisle PA 17015-9129

FEC ID 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
06 / 20 / 2008

Transaction ID: 83R55O588563

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Domenic Strazzulla

Mailing Address Suite 1A1
500 Congress Street

City State Zip Code
Quincy MA 02169-0917

FEC ID 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
06 / 09 / 2008

Transaction ID: 0181204

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 1759 Prestwick Dr.

City State Zip Code
Inverness IL 60067

FEC ID 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
06 / 27 / 2008

Transaction ID: 64A04D25-7AD2-4DF1-

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 76 / 99
(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)
Katia Taba

Mailing Address 1501 Kings Highway
PO Box 33932

City State Zip Code
Shreveport LA 71103-4228

FEC ID 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
06 / 23 / 2008

Transaction ID: F774H976511

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. 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
06 / 10 / 2008

Transaction ID: BO1513631493

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address Suite 102
40 Capri Boulevard

City State Zip Code
Lake Havasu City AZ 86403-5661

FEC ID 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
06 / 05 / 2008

Transaction ID: F7VQNR129447

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 99
	<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) Troy Tanji		Date of Receipt MM / DD / YYYY 06 / 03 / 2008
	Mailing Address 94-873 Farrington Highway		Transaction ID: BP4COM545097
	City Waipahu	State HI	Zip Code 96797-3150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

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

B.	Full Name (Last, First, Middle Initial) Dalel Tartak		Date of Receipt MM / DD / YYYY 06 / 09 / 2008
	Mailing Address 12 Sidra Cove		Transaction ID: 0531678
	City Newport Beach	State CA	Zip Code 92657-2115
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

C.	Full Name (Last, First, Middle Initial) Vance Michael Thompson		Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 1310 W 22nd Street		Transaction ID: F774H9822670
	City Sioux Falls	State SD	Zip Code 57105-1501
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 78 / 99
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Steven Thornquist	Date of Receipt MM / DD / YYYY 06 / 22 / 2008
	Mailing Address 25 Oak Ridge Drive	Transaction ID: 44b6badb82b64b69cb1d
	City State Zip Code Bethany CT 06524-3117	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

B.	Full Name (Last, First, Middle Initial) Alfredo Trevino	Date of Receipt MM / DD / YYYY 06 / 23 / 2008
	Mailing Address 1006 East Hillside Road	Transaction ID: F774H9145277
	City State Zip Code Laredo TX 78041-3287	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Karen Ullian	Date of Receipt MM / DD / YYYY 06 / 26 / 2008
	Mailing Address 1548 Ashley River Road	Transaction ID: 2G8EP0373326
	City State Zip Code Charleston SC 29407-5296	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1591.25
TOTAL This Period (last page this line number 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 / 99
(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)
Martin Uram

Mailing Address 39 Sycamore Avenue

City State Zip Code
Little Silver NJ 07739-1208

FEC ID 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 06 / 24 / 2008
Transaction ID: 4JOS7F373789
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Sara Vegh

Mailing Address Suite 105
1880 W Winchester Road

City State Zip Code
Libertyville IL 60048-5321

FEC ID 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 06 / 09 / 2008
Transaction ID: BO1590576416
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jonathan Walker

Mailing Address Suite 300
7900 W Jefferson Boulevard

City State Zip Code
Fort Wayne IN 46804-4128

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 12 / 2008
Transaction ID: 0575562
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 1865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 99

(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)

R Bruce Wallace

Mailing Address 4110 Parliament Drive

City State Zip Code
Alexandria LA 71303-2717

FEC ID 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 6 / 0 9 / 2 0 0 8

Transaction ID: 0778416

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

William Thomas Walton

Mailing Address 13919 Bluff Wind

City State Zip Code
San Antonio TX 78216-7923

FEC ID 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
0 6 / 0 4 / 2 0 0 8

Transaction ID: F7VQNR048617

Amount of Each Receipt this Period

50.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Nan Wang

Mailing Address Suite 1800
6610 Brompton Road

City State Zip Code
Houston TX 77005-3906

FEC ID 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 6 / 0 9 / 2 0 0 8

Transaction ID: F7VQOE655583

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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 81 / 99
(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)
Floyd Warren

Mailing Address 530 First Avenue Suite 3-B

City State Zip Code
New York NY 10016-6402

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 06 / 09 / 2008
Transaction ID: BO1590827843
Amount of Each Receipt this Period: 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Philip Watkins

Mailing Address 13301 Hugh Graham Road Northeast

City State Zip Code
Albuquerque NM 87111-5525

FEC ID 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: 06 / 09 / 2008
Transaction ID: 0401469
Amount of Each Receipt this Period: 400.00
Batch Tool - PAC

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

Mailing Address PO Box 48
5770 Commons Park

City State Zip Code
De Witt NY 13214-0048

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2008
Transaction ID: F7VR9Z696079
Amount of Each Receipt this Period: 1000.00
Batch Tool - PAC

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 82 / 99
(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)
Thomas Weiss

Mailing Address 4701 N. Meridian Ave.

City Miami Beach State FL Zip Code 33140

FEC 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
06 / 18 / 2008

Transaction ID: 80DAF912-D4D6-493D-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Barry Welch

Mailing Address Suite 280
721 Sheridan Avenue

City Cody State WY Zip Code 82414-3439

FEC 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
06 / 11 / 2008

Transaction ID: F7VR9Z101132

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C.

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

Mailing Address 9627 Echo Valley Dr

City Traverse City State MI Zip Code 49684

FEC 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
06 / 17 / 2008

Transaction ID: CADBBC67-917D-4862-

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 83 / 99
(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)
Wayne Whitmore

Mailing Address 116 E 68th Street

City State Zip Code
New York NY 10065-5955

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2008

Transaction ID: F85FND661937

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

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

Mailing Address Suite 340
1551 Renaissance Towne Drive

City State Zip Code
Bountiful UT 84010-7670

FEC ID 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
06 / 26 / 2008

Transaction ID: 2G8EP0748383

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Curtis Winkler

Mailing Address 2220 N Hunt Circle

City State Zip Code
Mesa AZ 85203-2085

FEC ID 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
06 / 09 / 2008

Transaction ID: F7VQO3282865

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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 84 / 99
(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 Wisda

Mailing Address Suite 2A
1318 S Main Road

City Vineland State NJ Zip Code 08360-6516

FEC 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 06 / 26 / 2008
Transaction ID: 2G8EP0185019
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Chauncey Witcraft

Mailing Address 310 Second Avenue Southwest

City Miami State OK Zip Code 74354-6743

FEC 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 06 / 26 / 2008
Transaction ID: 2G8EP0729102
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address Suite 6
557 Cranbury Road

City East Brunswick State NJ Zip Code 08816-5419

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 26 / 2008
Transaction ID: 2G8EP0723646
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 85 / 99
	(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) Brian Wnorowski		Date of Receipt MM / DD / YYYY 06 / 03 / 2008		
	Mailing Address Suite 206 530 Lakehurst Road		Transaction ID: BP4COM255626		
	City Toms River	State NJ	Zip Code 08755-8063	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	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) Alyson Yashar		Date of Receipt MM / DD / YYYY 06 / 23 / 2008		
	Mailing Address 21 Arrowhead Lane		Transaction ID: F774HY084405		
	City Saddle River	State NJ	Zip Code 07458-2503	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	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) Robert Arthur Yohai		Date of Receipt MM / DD / YYYY 06 / 17 / 2008		
	Mailing Address 864 Second Street		Transaction ID: 83R52C783026		
	City Santa Rosa	State CA	Zip Code 95404-4610	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	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) ▼				

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 86 / 99
(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)
Rumei Yuan

Mailing Address 133-36 41 Road, 2A

City State Zip Code
Flushing NY 11355

FEC ID 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
06 / 19 / 2008

Transaction ID: 0B55BD78-C088-4BF6-

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Gerald Zaidman

Mailing Address Westchester Med Center
Macy Pavilion Room 1100

City State Zip Code
Valhalla NY 10595

FEC ID 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
06 / 19 / 2008

Transaction ID: F774JZ083754

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Marco Zarbin

Mailing Address 26 Sunset Drive

City State Zip Code
Chatham NJ 07928-1243

FEC ID 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
06 / 19 / 2008

Transaction ID: F774JZ256173

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

TOTAL This Period (last page this line number only) ► **118474.57**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 / 99
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City State Zip Code
San Francisco CA 94163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10106.44

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2008

Transaction ID: 93a8ee9fde72eb2ba87

Amount of Each Receipt this Period
17.60

Refund of 5/08 bank fees

B.

Full Name (Last, First, Middle Initial)
Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City State Zip Code
San Francisco CA 94163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10106.44

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2008

Transaction ID: d47c4a26b83a5f1e9fa

Amount of Each Receipt this Period
1356.46

Bank Interest 6/08

SUBTOTAL of Receipts This Page (optional)	1374.06
TOTAL This Period (last page this line number only)	1374.06

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Amex discount 6/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: cb30796355ce06b9c4f Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 884.48 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank charges 6/08 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7e674804ba913a4b8e1 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
	Amount of Each Disbursement this Period 236.29 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)	▶	1120.77
TOTAL This Period (last page this line number only)	▶	1120.77

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

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)

<p>A. Full Name (Last, First, Middle Initial) Coleman for Senate 08</p> <p>Mailing Address 680 Transfer Road Suite A</p> <p>City St Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Norm Coleman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 42145-6291314959526</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee</p> <p>Mailing Address PO Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 12945-9856378436088</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Crowley for Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 60397-4033319354057</p> <p>Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Enzi for Us Senate Mailing Address PO Box 2775 City Cody State WY Zip Code 82414 Purpose of Disbursement Contribution Candidate Name Michael B. Enzi Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42145-2403985857963 Date of Disbursement 06 / 23 / 2008
	Amount of Each Disbursement this Period 2500.00 011 Category/Type
B. Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee Mailing Address PO Box 1949 City Springfield State IL Zip Code 62705 Purpose of Disbursement Contribution Candidate Name Richard J. Durbin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42145-1569177508354 Date of Disbursement 06 / 23 / 2008
	Amount of Each Disbursement this Period 2500.00 011 Category/Type
C. Full Name (Last, First, Middle Initial) Friends of Erik Paulsen Mailing Address PO Box 44369 250 Prairie Center Drive City Eden Prairie State MN Zip Code 55344 Purpose of Disbursement Contribution Candidate Name Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 12945-4931451678276 Date of Disbursement 06 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00 011 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.	Full Name (Last, First, Middle Initial) Friends of Mark Warner	Transaction ID: 42145-2508508563041 Date of Disbursement
	Mailing Address 1029 North Royal Street 2nd Fl	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Mark R. Warner	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 12945-3071100115776 Date of Disbursement
	Mailing Address PO Box 860096	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Plano State TX Zip Code 75086	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Sam Johnson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Friends of Sessions Senate Committee Inc	Transaction ID: 42145-8861810564994 Date of Disbursement
	Mailing Address PO Box 4278	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Montgomery State AL Zip Code 36103	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Jeff Sessions	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

<p>A. Full Name (Last, First, Middle Initial) Giffords for Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31179-3074151873588</p> <p>Date of Disbursement 06 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 42145-1579553484916</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Harvest Pac</p> <p>Mailing Address 236 Massachusetts Avenue NE #508</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution Contribution</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: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 12945-7929498553276</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

9000.00

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

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FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hoyer for Congress Mailing Address 4201 Northview Dr, Ste 307 City Bowie State MD Zip Code 20716 Purpose of Disbursement 2008 General Candidate Name Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42145-3936120867729 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Individuals Dedicated To Ethics and Science Pac Mailing Address Ideas Pac PO Box 40725 City Denver State CO Zip Code 80204 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 12945-0816003680229 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jay Love for Congress Committee Mailing Address 1020 Monticello Ct Suite 205 City Montgomery State AL Zip Code 36117 Purpose of Disbursement Contribution Candidate Name Jay Love, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31179-5042535662651 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jay Love for Congress Committee Mailing Address 1020 Monticello Ct Suite 205 City Montgomery State AL Zip Code 36117 Purpose of Disbursement Contribution Candidate Name Jay Love, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff	Transaction ID: 12945-0304986834526 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) John Shadeggs Friends Mailing Address PO Box 45444 City Phoenix State AZ Zip Code 85064 Purpose of Disbursement Contribution Candidate Name John Shadegg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31179-3550226092338 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Kirk for Congress Mailing Address PO Box 8 City Winnetka State IL Zip Code 60093 Purpose of Disbursement Contribution Candidate Name Mark Steven Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42145-5735284686088 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Latham for Congress	Transaction ID: 31179-1707116961479 Date of Disbursement 06 / 06 / 2008
	Mailing Address PO Box 71 PO Box 71	Amount of Each Disbursement this Period 1000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement Contribution Candidate Name Tom Latham	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Latham for Congress	Transaction ID: 42145-3811609148979 Date of Disbursement 06 / 23 / 2008
	Mailing Address PO Box 71 PO Box 71	Amount of Each Disbursement this Period 1000.00
	City Clarion State IA Zip Code 50525	
	Purpose of Disbursement Contribution Candidate Name Tom Latham	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Madison Pac; the	Transaction ID: 12945-0754510760307 Date of Disbursement 06 / 23 / 2008
	Mailing Address 235 State Street #206	Amount of Each Disbursement this Period 5000.00
	City Springfield State MA Zip Code 01103	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement Contribution Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 12945-0349847674369 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mike Rogers for Congress <hr/> Mailing Address 123 East 13th Street <hr/> City Anniston State AL Zip Code 36201 <hr/> Purpose of Disbursement Contribution Candidate Name Michael Dennis Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42145-7086297869682 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Miller-Meeks for Congress <hr/> Mailing Address 11674 90th St <hr/> City Ottumwa State IA Zip Code 52501 <hr/> Purpose of Disbursement Contribution Candidate Name Mariannette Jane Miller-Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 42145-9866144061088 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A. Full Name (Last, First, Middle Initial) Moore for Congress</p> <p>Mailing Address PO Box 14631</p> <p>City Shawnee Mission State KS Zip Code 66285</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Dennis Moore</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 42145-5951654314994</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) People for Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 42145-0466729998588</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Salazar for Senate</p> <p>Mailing Address PO Box 600</p> <p>City Denver State CO Zip Code 80201</p> <p>Purpose of Disbursement Contribution Contribution</p> <p>Candidate Name Ken Salazar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 42145-3240472674369</p> <p>Date of Disbursement 06 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Texans for Lamar Smith

Mailing Address PO Box 6155

City
San Antonio

State
TX

Zip Code
78209

Purpose of Disbursement
Contribution

Candidate Name
Lamar Smith

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 21

Transaction ID: 60397-0902063250541

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Image# 28932281819

Form/Schedule: **F3X**

Transaction ID:
