

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, 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 01 01 2009 through 01 31 2009

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

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 02 17 2009

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 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		681385.49
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	681385.49									
(c) Total Receipts (from Line 19)	27833.64	27833.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	709219.13	709219.13								
7. Total Disbursements (from Line 31)	4968.79	4968.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	704250.34	704250.34								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	21068.32	21068.32
(i) Itemized (use Schedule A)	4352.67	4352.67
(ii) Unitemized	25420.99	25420.99
(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)	25420.99	25420.99
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.)	2412.65	2412.65
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))	27833.64	27833.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27833.64	27833.64

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.....	2368.79	2368.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2368.79	2368.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(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))	100.00	100.00
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))..	4968.79	4968.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4968.79	4968.79

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)	25420.99	25420.99
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25320.99	25320.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2368.79	2368.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2368.79	2368.79

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

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

FOR LINE NUMBER: PAGE 6 / 26
(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)
Thomas Allison

Mailing Address Suite 206
2700 10th Avenue S

City Birmingham State AL Zip Code 35205-1248

FEC 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 M M / D D / Y Y Y Y Y
01 / 07 / 2009

Transaction ID: BF0DMU148251

Amount of Each Receipt this Period 300.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Sterling Baker

Mailing Address Suite 101
14000 N Portland Avenue

City Oklahoma City State OK Zip Code 73134-4004

FEC 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
01 / 07 / 2009

Transaction ID: BF0DMU717831

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

Mailing Address Suite 108
4707 Everhart Road

City Corpus Christi State TX Zip Code 78411-2751

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt M M / D D / Y Y Y Y Y
01 / 07 / 2009

Transaction ID: 7UZ37G774937

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) 1030.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Scott Bornstein
Mailing Address 9630 N Kenton Avenue
City Skokie State IL Zip Code 60076-1216
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 01 / 22 / 2009
Transaction ID: 211VRE413007
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Michael Brennan
Mailing Address 1016 Kirkpatrick Rd
City Burlington State NC Zip Code 27215-9714
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 01 / 18 / 2009
Transaction ID: 418cb3ffd3d764d917b2
Amount of Each Receipt this Period 1000.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Walter Bundy
Mailing Address 400 Westhampton Station
City Richmond State VA Zip Code 23226-3330
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 14 / 2009
Transaction ID: BF0DNA670412
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 8 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Kenneth Cahill

Mailing Address Suite 430
262 Neil Avenue

City Columbus State OH Zip Code 43215-7312

FEC 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
01 / 22 / 2009

Transaction ID: 211VRE628816

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jose Carro Soto

Mailing Address PO Box 9924

City Arecibo State PR Zip Code 00613-9924

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt M M / D D / Y Y Y Y
01 / 07 / 2009

Transaction ID: 7UZ37G138324

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

Mailing Address 1250 South Sunset Avenue Suite 205

City West Covina State CA Zip Code 91790-3963

FEC 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
01 / 20 / 2009

Transaction ID: 211VRE513221

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: (check only one)	PAGE 9 / 26
	<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) Thomas Essman		Date of Receipt MM / DD / YYYY 01 / 14 / 2009		
	Mailing Address 1645 East Meadowmere		Transaction ID: BFODNA812724		
	City Springfield	State MO	Zip Code 65804-0221	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) Leslie Fox		Date of Receipt MM / DD / YYYY 01 / 20 / 2009		
	Mailing Address Suite 101 1703 S Meridian		Transaction ID: 211VRE188588		
	City Puyallup	State WA	Zip Code 98371-7590	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) Dwain Fuller		Date of Receipt MM / DD / YYYY 01 / 07 / 2009		
	Mailing Address Suite 400 7150 Greenville Avenue		Transaction ID: 7UZ37G641855		
	City Dallas	State TX	Zip Code 75231-5186	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			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<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) Paul Greenfield		Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 503 Broadway		Transaction ID: 7UZ37G304770
	City Everett	State MA	Zip Code 02149-3603
	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) John Herlihy		Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 4560 S Glenview Place		Transaction ID: BF0DMU412711
	City Rapid City	State SD	Zip Code 57702-6804
	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) Jeffery Hottman		Date of Receipt MM / DD / YYYY 01 / 22 / 2009
	Mailing Address 18411 Shadow Ridge Dr.		Transaction ID: EAECA1C6-554F-417A-
	City Omaha	State NE	Zip Code 68130
	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: (check only one)	PAGE 11 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Hughes		Date of Receipt
	Mailing Address Suite 600 50 Staniford Street		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Boston	MA	02114-2539
	FEC ID number of contributing federal political committee. C		Transaction ID: 44a09600758ec4503e0d
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="416.66"/>
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.66"/>		
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Jerry Hunsaker		Date of Receipt
	Mailing Address Suite 106 4707 Everhart Road		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Corpus Christi	TX	78411-2752
	FEC ID number of contributing federal political committee. C		Transaction ID: BF0DMU457113
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="1000.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Scott Jaben		Date of Receipt
	Mailing Address Charlotte Eye Ent Assoc, Pa 6035 Fairview Road		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28210
	FEC ID number of contributing federal political committee. C		Transaction ID: BF0DMU637949
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1666.66"/>
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 12 / 26
(check only one)

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

A.

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

Mailing Address 20 Watch Hill Road

City State Zip Code
Croton on Hudson NY 10520-1018

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 20 / 2009

Transaction ID: 211VRE675654

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address Suite 111
3320 Executive Drive

City State Zip Code
Raleigh NC 27609-7445

FEC ID 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
01 / 14 / 2009

Transaction ID: BF0DNA320468

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address Suite 111
3320 Executive Drive

City State Zip Code
Raleigh NC 27609-7445

FEC ID 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
01 / 22 / 2009

Transaction ID: 211VRE364504

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 13 / 26
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Eligijus Lelis

Mailing Address 14488 Hawthorn Drive

City State Zip Code
Lemont IL 60439-9126

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2009

Transaction ID: 7UZ37G433278

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

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

Mailing Address PO Box 490

City State Zip Code
Blacklick OH 43004-0490

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2009

Transaction ID: BF0DMU251856

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Jonathan Lowry

Mailing Address 335 E Parker Road

City State Zip Code
Morganton NC 28655-5112

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2009

Transaction ID: BF0DMU130136

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 14 / 26

(check only one)

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

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)
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 ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: BF0DMU682965

Amount of Each Receipt this Period
750.00

Batch Tool - PAC

B.

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

Mailing Address 2855 Gramercy

City State Zip Code
Houston TX 77025-1635

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: BF0DNA754654

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
J Patrick McGraw

Mailing Address 703 Rutter Avenue

City State Zip Code
Kingston PA 18704-4801

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: BF0DMU245447

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

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

A.

Full Name (Last, First, Middle Initial) Kevin O'Neal		Date of Receipt MM / DD / YYYY 01 / 07 / 2009
Mailing Address 209 W Camden Forest Drive		Transaction ID: BF0DMU886887
City Cary	State NC	Zip Code 27518-9041
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) Hiren Parekh		Date of Receipt MM / DD / YYYY 01 / 23 / 2009
Mailing Address 704 inwood dr		Transaction ID: 98814480-C9EB-4CB3-
City southlake	State TX	Zip Code 96092
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) C Downey Price		Date of Receipt MM / DD / YYYY 01 / 07 / 2009
Mailing Address Suite 160 333 N Rivershire Drive		Transaction ID: 7UZ37G948624
City Conroe	State TX	Zip Code 77304-2711
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	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Richard Quinones	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 2640 West 183rd Street	Transaction ID: 624CF061-487E-48BA-
	City State Zip Code Homewood IL 60430	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Claudia Richter	Date of Receipt MM / DD / YYYY 01 / 22 / 2009
	Mailing Address Suite 600 50 Staniford Street	Transaction ID: 211VRE021022
	City State Zip Code Boston MA 02114-2539	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Paul Rosenberg	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address Ocusight Eye Care Center 1015 Ridge Road	Transaction ID: 7UZ37G851526
	City State Zip Code Webster NY 14580-2907	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation self Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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 / 26
(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)
Joshua Sands
Mailing Address 8501 Whisperwoods Lane
City Cincinnati State OH Zip Code 45249-1318
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 01 / 07 / 2009
Transaction ID: 7UZ37G842289
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 ▼ 416.66
Date of Receipt 01 / 11 / 2009
Transaction ID: 4990b23ea2b410c24e69
Amount of Each Receipt this Period 416.66
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Richard Storm
Mailing Address 303 East Park Avenue
City Long Beach State NY Zip Code 11561-3600
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 01 / 07 / 2009
Transaction ID: 7UZ37G299195
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 18 / 26

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

John Thomas

Mailing Address 3519 Friendsville Road

City State Zip Code
Wooster OH 44691-1241

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 9

Transaction ID: EXS4MU685458

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Victor Thomas

Mailing Address Suite 111
225 W State Road 434

City State Zip Code
Longwood FL 32750-4980

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 7UZ37G642566

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Thomas Turner

Mailing Address 848 Central Drive

City State Zip Code
Odessa TX 79761-4202

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

Name of Employer self Occupation
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 7 / 2 0 0 9

Transaction ID: 7UZ37G026437

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: (check only one)	PAGE 19 / 26
	<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) Tay Weinman		Date of Receipt
	Mailing Address 571 W 7th 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 0 1 / 0 7 / 2 0 0 9
	City State Zip Code San Pedro CA 90731-3115		Transaction ID: BF0DMU343498
	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	

B.	Full Name (Last, First, Middle Initial) Meriel Wu		Date of Receipt
	Mailing Address Suite 340 10 Congress 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 0 1 / 0 7 / 2 0 0 9
	City State Zip Code Pasadena CA 91105-3020		Transaction ID: BF0DMU337911
	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	

C.	Full Name (Last, First, Middle Initial) Kenneth Younger		Date of Receipt
	Mailing Address Suite 1003 300 N Willson Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 7 / 2 0 0 9
	City State Zip Code Bozeman MT 59715-3551		Transaction ID: BF0DMU521233
	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	

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 20 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Charles Zacks		Date of Receipt MM / DD / YYYY 01 / 28 / 2009
Mailing Address 68 Mill Rd		Transaction ID: 06C06793-FA64-4EE7-
City Cumberland	State Zip Code ME 04021	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Steven Zelko		Date of Receipt MM / DD / YYYY 01 / 07 / 2009
Mailing Address 309 West Quinto Street		Transaction ID: BF0DMU642626
City Santa Barbara	State Zip Code CA 93105-5318	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	21068.32

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 26
	(check only one)	
<input 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 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) Bank of America		Date of Receipt
	Mailing Address 101 S Marengo Avenue 3rd Floor		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pasadena	CA	91101
	FEC ID number of contributing federal political committee. C		Transaction ID: a42e39e666922c3fa35
Name of Employer		Occupation	Amount of Each Receipt this Period
			<input type="text" value="900.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	CD interest - Jan 09
		<input type="text" value="900.00"/>	

B.	Full Name (Last, First, Middle Initial) Samuel Masket		Date of Receipt
	Mailing Address Suite 911 2080 Century Park E		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Los Angeles	CA	90067-2012
	FEC ID number of contributing federal political committee. C		Transaction ID: 9cc3cb3811339e09857
Name of Employer self		Occupation Ophthalmologist	Amount of Each Receipt this Period
			<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	PAC Admin receipt, to be transferred
		<input type="text" value="500.00"/>	

C.	Full Name (Last, First, Middle Initial) Jose Mayans		Date of Receipt
	Mailing Address 907 W 2nd Street		<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Odessa	TX	79763-4305
	FEC ID number of contributing federal political committee. C		Transaction ID: be12b9f5f86d783c85d
Name of Employer self		Occupation Ophthalmologist	Amount of Each Receipt this Period
			<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	PAC Admin receipt, to be transferred to ADMIN
		<input type="text" value="365.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1765.00"/>
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 22 / 26	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Molly Seal		Date of Receipt																					
	Mailing Address Suite 102 1042 E 3rd Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	1		2	1		2	0	0	9														
	City State Zip Code Chattanooga TN 37403-2167		Transaction ID: deeeb6492fb630c878f																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00																					
Name of Employer self Occupation Ophthalmologist		PAC Admin receipt, to be transferred to Admin																						
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)	▶	365.00
TOTAL This Period (last page this line number only)	▶	2130.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) PAC Admin Account</p> <p>Mailing Address 655 Beach Street</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement PAC Admin deposited in error to PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V55484-5190240740776</p> <p>Date of Disbursement 01 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1489.00</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement Bank charges 1/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0248eef4dd6ff2f00ad</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 772.04</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement AMEX discount 1/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 43aa9fc147d2c3118a5</p> <p>Date of Disbursement 01 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 107.75</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	2368.79
TOTAL This Period (last page this line number only)	2368.79

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 26

<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 for Harry Reid

Transaction ID: 74580-6735956072807

Date of Disbursement

Mailing Address PO Box 19163

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

City State Zip Code
Las Vegas NV 89132

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution 2010 PRIMARY

011
Category/ Type

Candidate Name
Harry M. Reid

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NV District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Eric Shakin

Transaction ID: 76535-18317812681198

Date of Disbursement

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

Mailing Address Li Retina-Vitreous Consultants
30 Hempstead Avenue

City State Zip Code
Rockville Centre NY 11570-4033

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Refund

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

100.00

TOTAL This Period (last page this line number only)

100.00

Image# 29932226782

Form/Schedule: **F3X**

Transaction ID:
