

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco CA 94109

2. **FEC IDENTIFICATION NUMBER** C00196246

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input checked="" type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on _____ in the State of _____

5. Covering Period 10 01 2009 through 10 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 12 18 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.

Office Use Only							
-----------------	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

This amended report is being filed to reflect the change in beginning and ending Cash On Hand balances that are due to the amended report for the October Monthly report.

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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

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"><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	694849.95									
(c) Total Receipts (from Line 19)	81677.75	554988.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	776527.70	1236373.49								
7. Total Disbursements (from Line 31)	7812.13	467657.92								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	768715.57	768715.57								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	0

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		
(i) Itemized (use Schedule A)	70185.32	488183.88
(ii) Unitemized	10498.00	52445.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80683.32	540629.50
(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)	80683.32	540629.50
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.)	994.43	14358.50
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))	81677.75	554988.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	81677.75	554988.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	812.13	14976.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	812.13	14976.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	389500.00
24. Independent Expenditure (use Schedule E)	0.00	58704.00
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	4477.50
(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	4477.50
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))..	7812.13	467657.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7812.13	467657.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	80683.32	540629.50
34. Total Contribution Refunds (from Line 28(d))	0.00	4477.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80683.32	536152.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	812.13	14976.42
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	812.13	14976.42

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

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

FOR LINE NUMBER: PAGE 7 / 60
(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)
Barbara Arnold

Mailing Address 2760 Curtis Way

City State Zip Code
Sacramento CA 95818

FEC ID 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
1 0 / 1 3 / 2 0 0 9

Transaction ID: 7159B924-BBA3-425C-

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Jorge Arroyo

Mailing Address 50 Edgehill Road

City State Zip Code
Brookline MA 02445

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 04D776DA-EA9E-468C-

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ann Bajart

Mailing Address Floor 6

City State Zip Code
Boston MA 02114-2517

FEC ID 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
1 0 / 2 5 / 2 0 0 9

Transaction ID: 4FA5F123-F81E-4BEE-

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 8 / 60
(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)

<p>A. Full Name (Last, First, Middle Initial) Harold Ballitch</p> <p>Mailing Address 1991 Park Avenue W</p> <p>City Mansfield State OH Zip Code 44906-2233</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9</p> <p>Transaction ID: 6ECC37CC-2DDF-4DCD-</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) Ray Balyeat</p> <p>Mailing Address 2000 S Wheeling Ave</p> <p>City Tulsa State OK Zip Code 74104</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 9</p> <p>Transaction ID: 6BD63FC4-F9E2-470D-</p> <p>Amount of Each Receipt this Period 250.00</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Ray Balyeat</p> <p>Mailing Address Suite 400</p> <p>City Tulsa State OK Zip Code 74104-5641</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self Occupation Ophthalmologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9</p> <p>Transaction ID: F493390F-390A-42E6-</p> <p>Amount of Each Receipt this Period 500.00</p>
---	--

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 9 / 60
	<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) Allen Beck	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 9
	Mailing Address 1365B Clifton Road Northeast	Transaction ID: ED0367C6B867A8FDDC8
	City State Zip Code Atlanta GA 30322-1013	Amount of Each Receipt this Period 400.00
	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 ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) Donald Benefield	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 9
	Mailing Address Suite 300	Transaction ID: 5C5CC42D-8619-4538-
	City State Zip Code Gulfport MS 39503-4151	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	

C.	Full Name (Last, First, Middle Initial) L. Lothaire Bluth	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 6 / 2 0 0 9
	Mailing Address 2610 E University Drive	Transaction ID: 19752ABCAE026FB15C1
	City State Zip Code Mesa AZ 85213-8436	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <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)	▶	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 10 / 60
	(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) James Bobrow		Date of Receipt
	Mailing Address 121 Hunter Ave		<input type="text" value="10"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Clayton	MO	63124
	FEC ID number of contributing federal political committee. C		Transaction ID: 90045FA4-0D4C-4D72-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) Dean Brick		Date of Receipt
	Mailing Address 6422 E Speedway Blvd		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tucson	AZ	85710
	FEC ID number of contributing federal political committee. C		Transaction ID: 3CF77865-9B6B-46DB-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Robert Bullington		Date of Receipt
	Mailing Address Suite 280 4400 N 32nd Street		<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85018-3978
	FEC ID number of contributing federal political committee. C		Transaction ID: B57C0B5224EB3A56F3F
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="365.00"/>
		<input type="text" value="365.00"/>	

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 11 / 60
(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)
Frank Burns

Mailing Address 301 PEPPERBUSH RD.

City State Zip Code
Louisville KY 40207

FEC 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
1 0 / 1 2 / 2 0 0 9

Transaction ID: CB737848-EEBE-4168-

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 24 Olde Sheepfield Road

City State Zip Code
Marion MA 02738

FEC 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
1 0 / 2 2 / 2 0 0 9

Transaction ID: EBB87862-C952-4D48-

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
D. Alan Chandler

Mailing Address 10271 Matthews Grove Ln

City State Zip Code
Mechanicsville VA 23116-5151

FEC 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
1 0 / 2 6 / 2 0 0 9

Transaction ID: 0DC4C8AB-C949-4AC0-

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60
(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)
Philip Chen

Mailing Address PO Box 356485

City State Zip Code
Seattle WA 98195-6485

FEC ID 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
10 / 25 / 2009

Transaction ID: 3D6C678E-F19B-4537-

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Mark Chiu

Mailing Address 806 Dr. Martin Luther King Jr Aven

City State Zip Code
Albuquerque NM 87102-3657

FEC ID 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
10 / 26 / 2009

Transaction ID: A2798F8E-7B92-4C24-

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bennett Chotiner

Mailing Address Mem Eye Inst
4100 Linglestown Road

City State Zip Code
Harrisburg PA 17112

FEC ID 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
10 / 22 / 2009

Transaction ID: B5EDCE611CF139DEC3A

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 60
	(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) Donald Cinotti	Date of Receipt MM / DD / YYYY 10 / 18 / 2009
	Mailing Address 600 Pavonia Avenue 6th Floor	Transaction ID: 4AB2B1491B8B1EE37F3C
	City State Zip Code Jersey City NJ 07306-2932	Amount of Each Receipt this Period 100.00
	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 ▼ 1001.00	

B.	Full Name (Last, First, Middle Initial) Donald Cinotti	Date of Receipt MM / DD / YYYY 10 / 24 / 2009
	Mailing Address 600 Pavonia Avenue	Transaction ID: FB552D63-E29D-46F2-
	City State Zip Code Jersey City NJ 07306-2932	Amount of Each Receipt this Period 1.00
	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 ▼ 1001.00	

C.	Full Name (Last, First, Middle Initial) S. William Clark, III	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 502 Isabella St	Transaction ID: 4F7AB300A7A7F3D6637B
	City State Zip Code Waycross GA 31501-3638	Amount of Each Receipt this Period 416.66
	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 ▼ 2916.62	

SUBTOTAL of Receipts This Page (optional)	517.66
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 14 / 60
	<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) Bruce Cohen		Date of Receipt	
	Mailing Address Suite 14F 4921 Parkview Place		M M / D D / Y Y Y Y Y 1 0 / 2 2 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 67A2A16EBC6872B4E24
	St. Louis	MO	63110-1032	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		300.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Cathryn Cohen		Date of Receipt	
	Mailing Address 6078 E Paseo Ventoso		M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 16F443C4-4F4F-4EC9-
	Tuscon	AZ	85750-1118	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		300.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

C.	Full Name (Last, First, Middle Initial) James Collins		Date of Receipt	
	Mailing Address The Center for Eye Care		M M / D D / Y Y Y Y Y 1 0 / 1 4 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: 8DF66517-0705-4BD1-
	West Islip	NY	11795	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		500.00	
Name of Employer Self		Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

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 15 / 60
(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 Conrad

Mailing Address 3705 Whitland Ave

City Nashville State TN Zip Code 37205

FEC 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: 10 / 12 / 2009
Transaction ID: 96BE2BFF-FC72-48CE-
Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Mandi Conway

Mailing Address 10650 Tropicana Circle

City Sun City State AZ Zip Code 85351

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: A7A77E19-650C-41DE-
Amount of Each Receipt this Period: 365.00

C.

Full Name (Last, First, Middle Initial)
Mandi Conway

Mailing Address 10650 W Tropicana Circle

City Sun City State AZ Zip Code 85351

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt: 10 / 18 / 2009
Transaction ID: 30573C47-A0E5-4774-
Amount of Each Receipt this Period: 500.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 60
(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)
Kathleen Cronin

Mailing Address PO Box 356

City Monument Beach State MA Zip Code 02553

FEC 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: 10 / 13 / 2009
Transaction ID: 2DB25DCC-6723-4B1D-
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Terry Croyle

Mailing Address 2375 S Main Street

City Moultrie State GA Zip Code 31768-6517

FEC 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: 10 / 01 / 2009
Transaction ID: 4E6A9AB9C1549EED7D65
Amount of Each Receipt this Period: 30.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Harriet Dann

Mailing Address Suite 160

City Norwood State MA Zip Code 02062-3448

FEC 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: 10 / 26 / 2009
Transaction ID: 9F938D68-19AD-4C99-
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 780.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 60
(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 Dodwell

Mailing Address 1230 Centre West Dr

City Springfield State IL Zip Code 62704

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 12 / 2009

Transaction ID: 5F6B229B-368E-473F-

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address PO Box 236

City Corona Del Mar State CA Zip Code 92625-0236

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.00

Date of Receipt 10 / 24 / 2009

Transaction ID: DB90BF97-56AC-4276-

Amount of Each Receipt this Period 199.00

C.

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

Mailing Address Maine Coast Eye Care
34 Old County Road

City Rockport State ME Zip Code 04856

FEC 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 10 / 06 / 2009

Transaction ID: 7B9DA4F734600B5EF10

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1564.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 60
(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)
Omar Dukar

Mailing Address 1020 W Buena Vista Road

City State Zip Code
Evansville IN 47710-5150

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 3F19BD98-5F76-4223-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Shehab Ebrahim

Mailing Address 4717 Woodland Ave

City State Zip Code
Metairie LA 70002-1361

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: 4748B21FC15387538A2D

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Albert Edwards

Mailing Address 864 Wicklow Lane SW

City State Zip Code
Rochester MN 55902

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: E4A87A68-3FF3-4D92-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 60
(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)
Warren Fagadau

Mailing Address Suite 216

City State Zip Code
Dallas TX 75225-6200

FEC ID 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
1 0 / 2 4 / 2 0 0 9

Transaction ID: 7F765C0A-F029-42D3-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Marc Fisher

Mailing Address 1525 W Hawkins Trl

City State Zip Code
Kankakee IL 60901

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 22020B44-13A1-4FD2-

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Terry Forrest

Mailing Address 2503 Isaac Drive

City State Zip Code
Goldsboro NC 27530-8116

FEC ID 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
1 0 / 0 8 / 2 0 0 9

Transaction ID: DB421F96A04D7BC33C2

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1015.00**

TOTAL This Period (last page this line number 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 / 60

(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)

Robert Foster

Mailing Address 6486 Neville Court

City State Zip Code
Mason OH 45040

FEC ID 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
1 0 / 1 3 / 2 0 0 9

Transaction ID: 0545558C-A363-4D4C-

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)

Lawrence Keith Fox

Mailing Address 11 Tricia Blvd

City State Zip Code
Highland NY 12528

FEC ID 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
1 0 / 1 3 / 2 0 0 9

Transaction ID: 33C9A3B8-2689-4CC6-

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)

Francisco Garcia

Mailing Address Suite 212

City State Zip Code
San Francisco CA 94110-2458

FEC ID 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
1 0 / 2 5 / 2 0 0 9

Transaction ID: 6BE49408-6579-433C-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number 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 / 60

(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 Todd Garrett

Mailing Address 1140 Lexington Road
Suite 100

City State Zip Code
Georgetown KY 40324-9330

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 9A27270288F20441A65

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Vincent Mark Gioia

Mailing Address Suite 1

City State Zip Code
Steubenville OH 43952-2404

FEC 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
1 0 / 2 4 / 2 0 0 9

Transaction ID: 8C9787B8-12B5-4FA9-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Todd Goldblum

Mailing Address 303D Mulberry Street Northeast

City State Zip Code
Albuquerque NM 87106-4739

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

Name of Employer Self Occupation
Ophthalmologist

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

Date of Receipt

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

Transaction ID: 44C5A36688DB8AF7A08D

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

775.00

TOTAL This Period (last page this line number 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 / 60
(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)
Edward Goldman

Mailing Address 25 Crossroads Dr

City Owings Mills State MD Zip Code 21117

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C353523C-4A98-44CE-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dana Graichen

Mailing Address 56 Durrells Woods Road

City Arundel State ME Zip Code 04046-7503

FEC 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
1 0 / 0 6 / 2 0 0 9

Transaction ID: 91142265B889A46BDEF

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address Maumenee 505

City Baltimore State MD Zip Code 21287-0001

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: 5E706BD8-0655-48EC-

Amount of Each Receipt this Period
500.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 60
	<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) Lealis Hale		Date of Receipt MM / DD / YYYY 10 / 24 / 2009
	Mailing Address White Wilson Medical Center		Transaction ID: D380943B-BA6C-461F-
	City Fort Walton Beach	State FL	Zip Code 32547-6796
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Cynthia Hampton		Date of Receipt MM / DD / YYYY 10 / 01 / 2009
	Mailing Address Suite 204 451 Ruin Creek Road		Transaction ID: 4581BEF2EAC4F38D0EA6
	City Henderson	State NC	Zip Code 27536-5920
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
	Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Frank Hannah		Date of Receipt MM / DD / YYYY 10 / 12 / 2009
	Mailing Address Eye Surgery Center		Transaction ID: 0139669A-4B22-43A9-
	City Shelby	State NC	Zip Code 28150
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	3025.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 60
(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)
Jean Hausheer

Mailing Address 4322 N Hickory Lane

City State Zip Code
Kansas City MO 64116-1664

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 5DA1386A-0F1F-4529-

Amount of Each Receipt this Period
215.00

B.

Full Name (Last, First, Middle Initial)
Jean Hausheer

Mailing Address 4322 N Hickory Ln

City State Zip Code
Kansas City MO 64116-1664

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: DF877E011DA8C0718B2

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 1729 New Hanover Medical Park Driv

City State Zip Code
Wilmington NC 28403-5345

FEC ID 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
1 0 / 1 7 / 2 0 0 9

Transaction ID: 4B91A028B80EB3B91732

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **415.00**

TOTAL This Period (last page this line number 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 / 60
(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 Hayashi

Mailing Address 709 Broadway

City State Zip Code
Quincy IL 62301-2716

FEC ID 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
1 0 / 2 5 / 2 0 0 9

Transaction ID: A64BEF5A-E712-4B4B-

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Sarah Hays

Mailing Address 1 W Lakeshore Dr

City State Zip Code
Birmingham AL 35209

FEC ID 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
1 0 / 1 9 / 2 0 0 9

Transaction ID: 48063A88-3547-4A4A-

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address Suite 600
50 Staniford Street

City State Zip Code
Boston MA 02114-2539

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4166.60

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

Transaction ID: 40B1BFD1E655993221A4

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 26 / 60
(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)
David Ingvaldstad

Mailing Address 1340 S 90th Street

City State Zip Code
Omaha NE 68124

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: 793CA2F6-EDAB-4C7B-

Amount of Each Receipt this Period
250.00

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

Mailing Address 3420 Viburnum Dr

City State Zip Code
Madison WI 53705

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

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

Transaction ID: C3A85D3A-3126-4272-

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Edward Isbey, III

Mailing Address 8 Medical Park Drive

City State Zip Code
Asheville NC 28803-2493

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 9

Transaction ID: 7D9AB357-437F-4A2B-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► 1350.00

TOTAL This Period (last page this line number 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 / 60
(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)
Steven Jackson

Mailing Address Suite 101
201 E 5900 S

City State Zip Code
Salt Lake City UT 84107-5428

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
10 / 08 / 2009

Transaction ID: 624A2A5A6CAE75E6C84

Amount of Each Receipt this Period
420.00

B.

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

Mailing Address Suite 101
10619 N Hayden Road

City State Zip Code
Scottsdale AZ 85260-8510

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2009

Transaction ID: B54E5FB665D1B539B5D

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 204B Allandale Road

City State Zip Code
Chestnut Hill MA 02467-3200

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt
MM / DD / YYYY
10 / 28 / 2009

Transaction ID: AC660E10-816F-45E2-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1420.00

TOTAL This Period (last page this line number 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 / 60

(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)

Leslie Jones

Mailing Address Suite 2100

2041 Georgia Avenue Northwest

City

Washington

State

DC

Zip Code

20060-0001

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY
10 / 25 / 2009

Transaction ID: 43ECAFO852D613E4C74

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Stephen Kamenetzky

Mailing Address 340 New Salem Drive

City

St. Louis

State

MO

Zip Code

63141-8349

FEC 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
10 / 24 / 2009

Transaction ID: B22D3EB7-6CD4-4FA1-

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sanjay Kedhar

Mailing Address 970 Kent Ave

City

Brooklyn

State

NY

Zip Code

11205

FEC 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
10 / 13 / 2009

Transaction ID: 60AAF1F1-3EC8-4120-

Amount of Each Receipt this Period

350.00

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 29 / 60
(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 Ketcham
Mailing Address PO Box 134
City Red Wing State MN Zip Code 55066-0134
FEC 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 10 / 20 / 2009
Transaction ID: 47D3AD31031A11F23036
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Steven Kirkham
Mailing Address Marion Eye Center
City Marion State OH Zip Code 43302
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 10 / 25 / 2009
Transaction ID: 58185A0C-D1C3-4A2D-
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Jerry Knauer, III
Mailing Address 2535 Riverside Avenue
City Jacksonville State FL Zip Code 32204-4710
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 10 / 24 / 2009
Transaction ID: A59F97A1-DFD2-493C-
Amount of Each Receipt this Period 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 60
(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)
Yannis Kolettis

Mailing Address 2410 W. Chase Dr.

City Dunlap State IL Zip Code 61525

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 10 / 13 / 2009

Transaction ID: 672367CA-64B3-4767-

Amount of Each Receipt this Period 150.00

B.

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

Mailing Address 5656 S Staples St

City Corpus Christi State TX Zip Code 78411

FEC 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 10 / 12 / 2009

Transaction ID: 3123CEA0-45B0-4317-

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Lisa Lane

Mailing Address 5790 N Camino De La Sombra

City Tucson State AZ Zip Code 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 ▼ 1000.00

Date of Receipt 10 / 09 / 2009

Transaction ID: 4F27BD0214239A5B9A38

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 60
(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)
Leah Levi

Mailing Address Ucsd Department of Ophth

City State Zip Code
La Jolla CA 92093-0001

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: EEC351F5-366A-4669-

Amount of Each Receipt this Period
365.00

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 ▼
1000.00

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

Transaction ID: 40A786EB87317B9AD83B

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 2725 E 29th Street

City State Zip Code
Bryan TX 77802-2504

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

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

Transaction ID: FE249863E94AA532D9E

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **490.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 60
(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)
Mathew Maccumber

Mailing Address Suite 200
2800 N Sheridan Road

City State Zip Code
Chicago IL 60657-6160

FEC ID 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
1 0 / 2 1 / 2 0 0 9

Transaction ID: 836856D3E16F8C383CC

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 547

City State Zip Code
New City NY 10956

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 945F6AB0-5F7F-469B-

Amount of Each Receipt this Period
250.00

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

Mailing Address 181 N. Saltair Avenue

City State Zip Code
Los Angeles CA 90049

FEC ID 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
1 0 / 1 9 / 2 0 0 9

Transaction ID: 45DAD1FD-9585-4387-

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 60
(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)
Majid Mani

Mailing Address 8736 Glenwick Lane

City State Zip Code
La Jolla CA 92037-2039

FEC ID 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
10 / 30 / 2009

Transaction ID: EA39181A-0F0A-4064-

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Frank Masci

Mailing Address 160 Pleasant St

City State Zip Code
Attleboro MA 02703

FEC ID 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
10 / 12 / 2009

Transaction ID: C3CA6C66-F99A-41C7-

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 6627 11th Avenue

City State Zip Code
Meridian MS 39305

FEC ID 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
10 / 12 / 2009

Transaction ID: 88F1499E-1B05-41C4-

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

TOTAL This Period (last page this line number 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 / 60
(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)
Jose Mayans

Mailing Address 907 W 2nd Street

City Odessa State TX Zip Code 79763-4305

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt: 10 / 29 / 2009
Transaction ID: 1778F45F4DCB00EB0AA
Amount of Each Receipt this Period: 200.00

B.

Full Name (Last, First, Middle Initial)
James Ford McDonnell

Mailing Address 871 Crescent Blvd.

City Glen Ellyn State IL Zip Code 60137

FEC 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: 10 / 13 / 2009
Transaction ID: C395EE7E-75B9-4B86-
Amount of Each Receipt this Period: 300.00

C.

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

Mailing Address 53 SKIDMORE RD

City WINTER HAVEN State FL Zip Code 33884

FEC 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: 10 / 04 / 2009
Transaction ID: 68EA3731-EF45-497A-
Amount of Each Receipt this Period: 500.00

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: PAGE 35 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
John Mikulla
Mailing Address Suite 200
City Pittsburgh State PA Zip Code 15221-5299
FEC 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 10 / 24 / 2009
Transaction ID: BA5763DC-0C71-4E2A-
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Aaron Miller
Mailing Address Suite 4
13414 Medical Complex Drive
City Tomball State TX Zip Code 77375-3333
FEC 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 10 / 23 / 2009
Transaction ID: 4186B66421143A843FBA
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Anne Elizabeth Miller
Mailing Address 1300 E 20th Street
City Cheyenne State WY Zip Code 82001-4021
FEC 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 10 / 26 / 2009
Transaction ID: 0BEEBB04-7B93-483D-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1050.00
TOTAL This Period (last page this line 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 / 60
	<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) Mariannette Miller-Meeks		Date of Receipt MM / DD / YYYY 10 / 13 / 2009
Mailing Address 11674 90th Street		Transaction ID: 66830C82589939A9391
City Ottumwa	State IA	Zip Code 52501-8310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthamologist	
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) Thomas Millman		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address 2980 Middlebelt rd		Transaction ID: 5A0A2AA3-5284-4737-
City West Bloomfield	State MI	Zip Code 48323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Ophthamologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Amalia Miranda		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 3435 NW 56th St Bldg A		Transaction ID: 4096B51CDFF5C0A1E48D
City Oklahoma City	State OK	Zip Code 73112-4448
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthamologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

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

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

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

FOR LINE NUMBER: PAGE 37 / 60

(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)

Kelly Mitchell

Mailing Address 8701 Toledo Ave

City

Lubbock

State

TX

Zip Code

79424-4115

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 7B670B98-799B-4CCD-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Martin Mizener

Mailing Address 9415 Davenport St

City

Omaha

State

NE

Zip Code

68114

FEC 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
1 0 / 1 2 / 2 0 0 9

Transaction ID: 44DBC091-DF7C-4AF0-

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Moore

Mailing Address 2128 Woodfield Rd

City

Okemos

State

MI

Zip Code

48864

FEC 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
1 0 / 1 3 / 2 0 0 9

Transaction ID: EDE3B81A-6277-4E57-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 60
	(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) Robert Munsch		Date of Receipt MM / DD / YYYY 10 / 08 / 2009		
	Mailing Address 7406 Buckingham Court		Transaction ID: B9915F57DEA3EC9A15C		
	City St. Louis	State MO	Zip Code 63105	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Michael O'Brien		Date of Receipt MM / DD / YYYY 10 / 27 / 2009		
	Mailing Address 618 Tollgate Road		Transaction ID: F7D5EF320F30F42EBFE		
	City Warwick	State RI	Zip Code 02886-2717	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) Michael Oats		Date of Receipt MM / DD / YYYY 10 / 28 / 2009		
	Mailing Address PO Box 1022		Transaction ID: 765917B2-38DF-4A2E-		
	City Sandwich	State MA	Zip Code 02563-1022	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional)	▶	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: (check only one)	PAGE 39 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Ronald Oser		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 9		
	Mailing Address 14201 Laurel Park Drive		Transaction ID: 2431418A-2970-48FB-		
	City Laurel	State MD	Zip Code 20707-5203	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist		Aggregate Year-to-Date 250.00		

B.	Full Name (Last, First, Middle Initial) Philip Paden		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 9		
	Mailing Address 221 STEWART AVE STE 110		Transaction ID: 2D446D78-A320-4B7F-		
	City MEDFORD	State OR	Zip Code 97501-3647	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist		Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) George Pardos		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 9		
	Mailing Address Suite 355 55 Madison Street		Transaction ID: 583A91D6D326D2684F3		
	City Denver	State CO	Zip Code 80206-5429	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Occupation Ophthalmologist		Aggregate Year-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	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 40 / 60
	(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) Larry Pasquali		Date of Receipt
	Mailing Address 3300 E South St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 1 2 / 2 0 0 9
	City	State	Zip Code
	Long Beach	CA	90805
	FEC ID number of contributing federal political committee. C		Transaction ID: 220C6456-A4D8-4897-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Sanjay Patel		Date of Receipt
	Mailing Address 1501 Redbud		<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 1 0 / 1 3 / 2 0 0 9
	City	State	Zip Code
	McKinney	TX	75069-3226
	FEC ID number of contributing federal political committee. C		Transaction ID: E765D19082E66113BC1
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Evelyn Paysse		Date of Receipt
	Mailing Address 3924 Southwestern St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 2 / 2 0 0 9
	City	State	Zip Code
	Houston	TX	77030
	FEC ID number of contributing federal political committee. C		Transaction ID: FADD495E-25E0-43E1-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
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 41 / 60
(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 Petty

Mailing Address Suite 155
850 E Harvard Avenue

City State Zip Code
Denver CO 80210-5031

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

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

Transaction ID: 272821F8C2F8D53EE14

Amount of Each Receipt this Period
420.00

B.

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

Mailing Address 5011 Burnet Road

City State Zip Code
Austin TX 78756-2611

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 9

Transaction ID: E804EB4B-7556-4509-

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 414 Maple Ave

City State Zip Code
Saratoga Springs NY 12866

FEC ID 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
1 0 / 1 3 / 2 0 0 9

Transaction ID: 5B4C6DD5-F5AB-4AE6-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1285.00**

TOTAL This Period (last page this line number 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 / 60
(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)
Barton Ramsey

Mailing Address 440 West Martin L King Boulevard

City Danville State KY Zip Code 40422-2037

FEC 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 10 / 13 / 2009

Transaction ID: BEC6412E982D208F40F

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
P. Rao

Mailing Address 1600 S Brentwood Boulevard

City St. Louis State MO Zip Code 63144-1317

FEC 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 10 / 25 / 2009

Transaction ID: 8556F3BD-310F-49E9-

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 64 Chandler Street

City Boston State MA Zip Code 02116

FEC 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 10 / 21 / 2009

Transaction ID: 8680300E-E363-49B5-

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 43 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address Lakeside 4th Floor

City Cleveland Heights State OH Zip Code 44106-1716

FEC 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 10 / 24 / 2009

Transaction ID: A69BFA66-4FB0-4433-

Amount of Each Receipt this Period 250.00

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

Mailing Address Suite P25
207 S Santa Anita Street

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 634.00

Date of Receipt 10 / 26 / 2009

Transaction ID: 4F3799E1F37735A410D4

Amount of Each Receipt this Period 317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 8 Morton Avenue Suite 101

City Ridley Park State PA Zip Code 19078-2217

FEC 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 10 / 24 / 2009

Transaction ID: 8E98FAF5-E84A-43C6-

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 867.00

TOTAL This Period (last page this line number 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 / 60
	(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) Elizabeth Rocco		Date of Receipt MM / DD / YYYY 10 / 06 / 2009		
	Mailing Address Suite 100 400 Saybrook Road		Transaction ID: 15433A3B6923C38C8D9		
	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				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Teresa Rosales		Date of Receipt MM / DD / YYYY 10 / 09 / 2009		
	Mailing Address Suite 108 4100 Long Beach Boulevard		Transaction ID: 400D9EAB6973FBA931ED		
	City Long Beach	State CA	Zip Code 90807-2696	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Teresa Rosales		Date of Receipt MM / DD / YYYY 10 / 29 / 2009		
	Mailing Address Suite 108		Transaction ID: 4C51660D-BD0F-42BC-		
	City Long Beach	State CA	Zip Code 90807-2696	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	▶	1025.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 60
	<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) Aron Rose		Date of Receipt MM / DD / YYYY 10 / 13 / 2009	
	Mailing Address 40 Temple St		Transaction ID: 609FC73F-C7AF-4C35-	
	City New Haven	State CT		Zip Code 06510
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
	Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Jay Rudd		Date of Receipt MM / DD / YYYY 10 / 27 / 2009	
	Mailing Address Suite C		Transaction ID: D9BD9596-1B00-4C4D-	
	City Lacey	State WA		Zip Code 98503-1014
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
	Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Alan Salz		Date of Receipt MM / DD / YYYY 10 / 14 / 2009	
	Mailing Address 201 Union Ave		Transaction ID: 5F9862D5-EBA8-49EF-	
	City Bridgewater	State NJ		Zip Code 08807
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
	Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

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 / 60
(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)
Steven Samuelson
 Mailing Address 2827 N Clarkson St
 City State Zip Code
Fremont NE 68025-7714
 Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 2 / 2 0 0 9
Transaction ID: 4B2FA4F0DBCE028B11CB
 Amount of Each Receipt this Period
25.00
 Name of Employer Occupation
Self Ophthalmologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 390.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Bruce Robert Saran
 Mailing Address 915 Old Fern Hill Rd
 City State Zip Code
West Chester PA 19380
 Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 2 / 2 0 0 9
Transaction ID: F1CCD857-C8C9-4CF7-
 Amount of Each Receipt this Period
300.00
 Name of Employer Occupation
Self Ophthalmologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Gary Schraut
 Mailing Address 100 Professional Ct
 City State Zip Code
Lafayette IN 47905
 Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 9
Transaction ID: 814CAC2B-1C15-47F3-
 Amount of Each Receipt this Period
1000.00
 Name of Employer Occupation
Self Ophthalmologist
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1325.00
TOTAL This Period (last page this line number 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 / 60
(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)
Barbara Schroeder
 Mailing Address 3301 Lake Avenue
 City State Zip Code
Fort Wayne IN 46805-5529
 Date of Receipt
MM / DD / YYYY
10 / 26 / 2009
Transaction ID: 963D16FD1DC8075B17E
 Amount of Each Receipt this Period
500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
David Shepherd
 Mailing Address 30178 Mayfair Dr.
 City State Zip Code
Farmington Hills MI 48331
 Date of Receipt
MM / DD / YYYY
10 / 12 / 2009
Transaction ID: 36A33A6F-30A9-40F8-
 Amount of Each Receipt this Period
300.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

C. Full Name (Last, First, Middle Initial)
Bradford Shingleton
 Mailing Address Suite 600
50 Staniford Street
 City State Zip Code
Boston MA 02114-2539
 Date of Receipt
MM / DD / YYYY
10 / 06 / 2009
Transaction ID: 22B7B36A0D395FAE943
 Amount of Each Receipt this Period
1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
Self Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00
TOTAL This Period (last page this line number 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 / 60
(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 Shulman		Date of Receipt MM / DD / YYYY 10 / 08 / 2009
Mailing Address Suite 127 999 E Basse Road		Transaction ID: 476E9FA21EAAB0B2EB5B
City San Antonio	State Zip Code TX 78209-1802	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Patricia Smith		Date of Receipt MM / DD / YYYY 10 / 16 / 2009
Mailing Address 2406 Blue Ridge Rd		Transaction ID: 58232643-4373-4F24-
City Raleigh	State Zip Code NC 27607	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

C.

Full Name (Last, First, Middle Initial) Scott So		Date of Receipt MM / DD / YYYY 10 / 19 / 2009
Mailing Address Suite 214 2100 Webster Street		Transaction ID: 4A94B836CEA083FEB1F8
City San Francisco	State Zip Code CA 94115-2375	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	5200.00
TOTAL This Period (last page this line 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 49 / 60
	<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)
Samuel Solish

Mailing Address 53 Sewall Street

City Portland State ME Zip Code 04102-2625

FEC 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 10 / 25 / 2009

Transaction ID: 3ECF9048-3BA7-46BF-

Amount of Each Receipt this Period 365.00

B.

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

Mailing Address 1 Erie Ct Ste 6100

City Oak Park State IL Zip Code 60302

FEC 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 10 / 15 / 2009

Transaction ID: CB3017A9-0BB1-4F86-

Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 2047 McClendon Street

City Houston State TX Zip Code 77030-2114

FEC 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 10 / 26 / 2009

Transaction ID: 58B49C07-AD26-4BEF-

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1230.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 60
(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)
Craig Suiter

Mailing Address 4020 North 54th Place

City Phoenix State AZ Zip Code 85018-4508

FEC 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: 10 / 02 / 2009
Transaction ID: 97D485459AFA23F3D72
Amount of Each Receipt this Period: 500.00

B.

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

Mailing Address 1759 Prestwick Dr

City Inverness State IL Zip Code 60067

FEC 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: 10 / 14 / 2009
Transaction ID: D3AFE7C0-73BC-4AD4-
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Gary Tanner

Mailing Address 109 Crosspointe Court

City Yorktown State VA Zip Code 23693-5581

FEC 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: 10 / 29 / 2009
Transaction ID: 42739AAA05E9A7263BF3
Amount of Each Receipt this Period: 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1050.00

TOTAL This Period (last page this line number 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 / 60
(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 Teahan

Mailing Address 7110 Wyoming Northeast

City State Zip Code
Albuquerque NM 87109-4867

FEC ID 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
10 / 06 / 2009

Transaction ID: 12F5F817B019A11C932

Amount of Each Receipt this Period
365.00

B.

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

Mailing Address 1428C West Joppa Road

City State Zip Code
Baltimore 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
10 / 18 / 2009

Transaction ID: C2CFB61C-4C82-49C8-

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
George Thorne

Mailing Address 5011 Burnet Road

City State Zip Code
Austin TX 78756-2611

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2009

Transaction ID: 46AACBDDE8032AAE04A

Amount of Each Receipt this Period
1000.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 60
(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)
Sebastian Troia

Mailing Address 515 N 98th Street

City State Zip Code
Omaha NE 68114-2368

FEC ID 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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C7549EF1-56A3-4B86-

Amount of Each Receipt this Period
365.00

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

Mailing Address 840 Walnut Street

City State Zip Code
Philadelphia PA 19107-5109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: C1F3832C02FD4B0D4B7

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Verdier

Mailing Address Suite 130
1000 E Paris Avenue Southeast

City State Zip Code
Grand Rapids MI 49546-3680

FEC ID 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
1 0 / 0 2 / 2 0 0 9

Transaction ID: 8C9367A5F87282FE1CA

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 53 / 60
(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)
Gary Weiner

Mailing Address 18 Crestview Dr

City Salina State KS Zip Code 67401-3586

FEC 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 10 / 26 / 2009

Transaction ID: E9FDF994FE355EDFC82

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Aaron Weingeist

Mailing Address 3934 S Americus Street

City Seattle State WA Zip Code 98118-1640

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 05 / 2009

Transaction ID: 431DBBB4A141B56A2E50

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Aaron Weingeist

Mailing Address 3934 S Americus Street

City Seattle State WA Zip Code 98118-1640

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 10 / 24 / 2009

Transaction ID: 5A163AD9-8CA0-418F-

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

TOTAL This Period (last page this line number 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 / 60

(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)

Robert Welch

Mailing Address 526H Shoup Ave W.

City State Zip Code
Twin Falls ID 83301

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D72269E1-95CE-420F-

Amount of Each Receipt this Period
400.00

B.

Full Name (Last, First, Middle Initial)

Torsten Wiegand

Mailing Address Apt. 305

City State Zip Code
Cambridge MA 02140-3150

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

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

Transaction ID: 5844A206-EF75-44E9-

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

George Williams

Mailing Address 227 Chestnut Court

City State Zip Code
Bloomfield Hills MI 48304

FEC ID 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
1 0 / 0 8 / 2 0 0 9

Transaction ID: DFC2C371-6F5B-4BB0-

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line 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 / 60
	<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 Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 9		
	Mailing Address 3375 Southwest Terwilliger Bouleva		Transaction ID: C731993B8E86DF491E3		
	City Portland	State OR	Zip Code 97239-4146	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) John Wilson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 9		
	Mailing Address 333 South Elm Street		Transaction ID: 23716BC8-8EC2-4E8B-		
	City Hinsdale	State IL	Zip Code 60521	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Keye Luc Wong		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 9		
	Mailing Address 3920 Bee Ridge Road, Building D		Transaction ID: 8D0B1D59-35F5-4EE1-		
	City Sarasota	State FL	Zip Code 34233	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	70185.32

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 60
(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

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)
Bank of America

Mailing Address 101 S Marengo Avenue
3rd Floor

City State Zip Code
Pasadena CA 91101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9477.04

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: C9A2833713B09C65A49

Amount of Each Receipt this Period
994.43

CD interest - Oct09

SUBTOTAL of Receipts This Page (optional)	▶	994.43
TOTAL This Period (last page this line number only)	▶	994.43

**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.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - 10/09

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1600C5ED820A1939F86

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - 10/09

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 94149D1FBAEFBAFB646

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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

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) Duncan D. Hunter for Congress</p> <p>Mailing Address 9340 Fuerte Drive Suite 302</p> <p>City La Mesa State CA Zip Code 91941</p> <p>Purpose of Disbursement void ck issued on 9/17/09</p> <p>Candidate Name Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 94780-56557863950729</p> <p>Date of Disbursement 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Duncan D. Hunter for Congress</p> <p>Mailing Address 9340 Fuerte Drive Suite 302</p> <p>City La Mesa State CA Zip Code 91941</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Duncan D. Hunter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 52</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 94780-2033807635307</p> <p>Date of Disbursement 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Dick Durbin Committee</p> <p>Mailing Address PO Box 1949</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement 2014 Primary Contribution</p> <p>Candidate Name Richard J. Durbin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15625-4302179217338</p> <p>Date of Disbursement 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

**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 60 / 60

<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)

A.

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Transaction ID: 15625-4767419695854

Date of Disbursement

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

Mailing Address 2931 E Dublin Granville Road
Suite 190

City State Zip Code
Columbus OH 43231

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2010 Primary Contribution

011
Category/
Type

Candidate Name
Pat Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

7000.00
