

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2009 through 04 30 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 05 15 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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		681385.49
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	553419.66									
(c) Total Receipts (from Line 19) .....	61759.58	120300.89								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	615179.24	801686.38								
7. Total Disbursements (from Line 31) .....	38339.17	224846.31								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	576840.07	576840.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	4

D	D
3	0

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	57724.57	82555.80
(i) Itemized (use Schedule A) .....	3134.42	32087.50
(ii) Unitemized .....	60858.99	114643.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	60858.99	114643.30
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.) .....	900.59	5657.59
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)) .....	61759.58	120300.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61759.58	120300.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	791.67	4529.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	791.67	4529.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37000.00	160500.00
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 .....	547.50	1112.50
(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)) .....	547.50	1112.50
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))..	38339.17	224846.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38339.17	224846.31

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	60858.99	114643.30
34. Total Contribution Refunds (from Line 28(d)) .....	547.50	1112.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	60311.49	113530.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	791.67	4529.81
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	791.67	4529.81

Form/Schedule : **F3X**

Transaction ID :

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 52
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Albanis		Date of Receipt
	Mailing Address 2041 W Moffat Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2009
	City	State	Zip Code
	Chicago	IL	60647-5516
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 0338087
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 500.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Belu Allam		Date of Receipt
	Mailing Address Suite 6C 800 Peakwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 23 / 2009
	City	State	Zip Code
	Houston	TX	77090-2903
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: b7d9fc987124d119090
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 91.25
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Emilio Arce-Lopez		Date of Receipt
	Mailing Address 150 De Diego Avenue Suite 502		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 30 / 2009
	City	State	Zip Code
	San Juan	PR	00907-2318
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 0397611
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1591.25
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 103  
2025 Technology Parkway

City State Zip Code  
Mechanicsburg PA 17050-9400

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0195347

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Katherine Baltz

Mailing Address Suite 101  
5 Saint Vincent Circle

City State Zip Code  
Little Rock AR 72205-5415

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2009

**Transaction ID:** 5F4CKF126474

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Laurie Gray Barber

Mailing Address Uams  
4301 W Markham Slot 523

City State Zip Code  
Little Rock AR 72205

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0525895

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 52

(check only one)

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

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

**A.**

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

Mailing Address 301 E Muhammad Ali Boulevard

City State Zip Code  
Louisville KY 40202-1511

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: 0586778

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Deloris Bell

Mailing Address Suite 100  
7000 W 121st Street

City State Zip Code  
Overland Park KS 66209-2010

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

Transaction ID: 0552517

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Abdhissh Bhavsar

Mailing Address 2105 Chestnut Road

City State Zip Code  
Medina MN 55340

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt

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

Transaction ID: D0E50599-BE6A-4E1A-

Amount of Each Receipt this Period

1000.00

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

2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Birnbach

Mailing Address Suite 200

2821 Northrup Way

City

Bellevue

State

WA

Zip Code

98004-1496

FEC ID number of contributing federal political committee.

**C**

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: 0462761

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)

Bradley Black

Mailing Address 5220 Flanders Drive

City

Baton Rouge

State

LA

Zip Code

70808-9112

FEC ID number of contributing federal political committee.

**C**

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: 0615186

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)

Cynthia Ann Bradford

Mailing Address 3501 Rena Dawn

City

Edmond

State

OK

Zip Code

73013

FEC ID number of contributing federal political committee.

**C**

Name of Employer self

Occupation

Ophthalmologist

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
04 / 11 / 2009

Transaction ID: C64487A7-D20D-405A-

Amount of Each Receipt this Period

600.00

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

1600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 52  
(check only one)

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

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

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

Mailing Address 3501 Rena Dawn

City Edmond State OK Zip Code 73013

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 23 / 2009

**Transaction ID:** 2FB383A4-DCEB-4A86-

Amount of Each Receipt this Period 400.00

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

Mailing Address 1016 Kirkpatrick Road

City Burlington State NC Zip Code 27215-9714

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 04 / 18 / 2009

**Transaction ID:** 7ec6f2cf35e0c07eae8

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
William Bridges, Jr.

Mailing Address 21 Medical Park Drive

City Asheville State NC Zip Code 28803-2493

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** 0873214

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

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

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

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

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

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

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

Mailing Address Suite 400E  
8940 N Kendall Drive

City Miami State FL Zip Code 33176-2175

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0634567  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Melissa Cable

Mailing Address 4741 S Cochise

City Independence State MO Zip Code 64055-6974

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 29 / 2009  
Transaction ID: 0200372  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

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

Mailing Address PO Box 9924

City Arecibo State PR Zip Code 00613-9924

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1365.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0760642  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

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

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

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

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

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

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

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

Mailing Address Suite 104  
5240 E Knight Drive

City Tucson State AZ Zip Code 85712-2122

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0487586  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Kenneth Paul Cheng

Mailing Address 1000 Stonewood Drive  
Suite 310

City Wexford State PA Zip Code 15090-8386

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0439822  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

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

Mailing Address 600 Pavonia Avenue  
6th Floor

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 18 / 2009  
Transaction ID: 0ed99253370072d9ed9  
Amount of Each Receipt this Period 100.00

**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: (check only one)	PAGE 14 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) S. William Clark, III		Date of Receipt MM / DD / YYYY 04 / 23 / 2009		
	Mailing Address 502 Isabella St		<b>Transaction ID:</b> 4f2baf6feb7432debbb1		
	City Waycross	State GA	Zip Code 31501-3638	Amount of Each Receipt this Period 416.66	
	FEC ID number of contributing federal political committee. <b>C</b>		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
Name of Employer self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.66			

<b>B.</b>	Full Name (Last, First, Middle Initial) William Clifford		Date of Receipt MM / DD / YYYY 04 / 28 / 2009		
	Mailing Address Suite 101 310 E Walnut Street		<b>Transaction ID:</b> 5F4CKF636108		
	City Garden City	State KS	Zip Code 67846-5560	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC		
Name of Employer self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 515.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) John Collins		Date of Receipt MM / DD / YYYY 04 / 29 / 2009		
	Mailing Address 100 N Eagle Creek Drive		<b>Transaction ID:</b> 0074865		
	City Lexington	State KY	Zip Code 40509-1805	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC		
Name of Employer self		Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>866.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 15 / 52  
(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)  
Joseph Coney  
Mailing Address 2816 Veron Lane  
City State Zip Code  
Twinsburg OH 44087-3249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation  
self Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: 0313705  
Amount of Each Receipt this Period: 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Robert Copeland, Jr.  
Mailing Address 2041 Georgia Avenue Northwest Towe  
City State Zip Code  
Washington DC 20060-0001  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation  
self Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: 0497757  
Amount of Each Receipt this Period: 500.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Charles Barry Dabbs  
Mailing Address 7419 Ridgcrest Court Road  
City State Zip Code  
Birmingham AL 35242-0526  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation  
self Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 04 / 30 / 2009  
Transaction ID: 0238356  
Amount of Each Receipt this Period: 1000.00  
Batch Tool - PAC

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

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

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
John Dagianis  
Mailing Address 5 Coliseum Avenue  
City Nashua State NH Zip Code 03063-3206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0258847  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Anna Luisa Di Lorenzo  
Mailing Address Suite B 2877 Crooks Road  
City Troy State MI Zip Code 48084-4717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0505543  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Mark Doubrava  
Mailing Address Suite 101 9011 W Sahara Avenue  
City Las Vegas State NV Zip Code 89117-4801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0615886  
Amount of Each Receipt this Period 365.00  
Batch Tool - PAC

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

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

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

FOR LINE NUMBER: PAGE 17 / 52  
(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 Edelstein

Mailing Address Suite 20  
2905 W Warner Road

City State Zip Code  
Chandler AZ 85224-1674

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0268684

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Jane Edmond

Mailing Address 6610 Auden Street

City State Zip Code  
Houston TX 77005-4304

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0562825

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
K. David Epley

Mailing Address 11800 Northeast 128th Street

City State Zip Code  
Kirkland WA 98034-7208

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

Name of Employer self Occupation  
self Ophthalmologist

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

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0761432

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 195 W Brown Street

City Birmingham State MI Zip Code 48009-6018

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0722774  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Raul Franceschi

Mailing Address Suite 707  
29 Calle Washington

City San Juan State PR Zip Code 00907-1503

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0316176  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Michael Gilbert

Mailing Address Suite 200  
12301 Northeast 10th Place

City Bellevue State WA Zip Code 98005-2487

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0318036  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 19 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 100  
575 Professional Drive

City State Zip Code  
Lawrenceville GA 30045-3300

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0445038

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Ravi Goel

Mailing Address 741 Route 70 W

City State Zip Code  
Cherry Hill NJ 08002-3527

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0166175

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Sanjay Goel

Mailing Address 5824 Wild Orange Gate

City State Zip Code  
Clarksville MD 21029-1656

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0428635

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Graul

Mailing Address 2525 South 24th Street

City Lincoln State NE Zip Code 68502

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 19 / 2009

Transaction ID: 25608312-FB15-4D08-

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Erich Groos, Jr.

Mailing Address Suite 201  
2400 Patterson Street

City Nashville State TN Zip Code 37203-1587

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 0461237

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**C.**

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

Mailing Address 2251 Dubois Street

City Warsaw State IN Zip Code 46580-3212

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 08 / 2009

Transaction ID: 85UZSG462408

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 300  
2525 Northwest Lovejoy Street

City State Zip Code  
Portland OR 97210-2864

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0471458

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Nancy Holekamp

Mailing Address Suite 800  
1600 S Brentwood Boulevard

City State Zip Code  
St. Louis MO 63144-1317

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** 0943988

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Unit 108  
200 S Water Street

City State Zip Code  
Milwaukee WI 53204-1497

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0517448

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 52  
(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)  
G. Baker Hubbard

Mailing Address Suite B3409  
1365B Clifton Road Northeast

City Atlanta State GA Zip Code 30322-0001

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 0346279

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**B.**

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

Mailing Address Suite 600  
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 11 / 2009

Transaction ID: 4c7ba1fc01bdbef3297e

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Roger Husted

Mailing Address 500 Aaron Court

City Kingston State NY Zip Code 12401-2966

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 0051364

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1916.66

**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 23 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 600  
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0577351  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

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

Mailing Address 55 Stevenson Street

City San Francisco State CA Zip Code 94105-2936

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0590189  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

Mailing Address Suite A  
1615 12th Avenue Road

City Nampa State ID Zip Code 83686-6184

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009  
Transaction ID: 0665175  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 52  
(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 Johnson

Mailing Address 8101 E. Lowry Blvd.

City State Zip Code  
Denver CO 80230

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 01 / 2009

Transaction ID: F419515E-0196-4482-

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Leslie Jones

Mailing Address Suite 2100  
2041 Georgia Avenue Northwest

City State Zip Code  
Washington DC 20060-0001

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: 0383887

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

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

Mailing Address Lanciano Professional Center  
7703 Maple Avenue

City State Zip Code  
Pennsauken NJ 08109

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

Transaction ID: 0982837

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 25 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
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 ▼ 400.00

Date of Receipt 04 / 09 / 2009

**Transaction ID:** 4bb88511941610cd77a7

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Jason Levine

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 ▼ 400.00

Date of Receipt 04 / 04 / 2009

**Transaction ID:** 4c79884ec742594bf2fb

Amount of Each Receipt this Period 100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Joseph Locascio, III

Mailing Address 5170 US Route 60 E

City Huntington State WV Zip Code 25705-2065

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009

**Transaction ID:** 0593033

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 52  
(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)  
Jeff Maltzman  
Mailing Address 5599 N Oracle Road  
City Tucson State AZ Zip Code 85704-3821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0666779  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Sid Mandelbaum  
Mailing Address 178 East 71st Street  
City New York State NY Zip Code 10021-5131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0219333  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Mark Christophe Maria  
Mailing Address 150 Quail Lane  
City Lebanon State PA Zip Code 17042-9403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0794652  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
M. Lisa McHam

Mailing Address 2110 Dorchester Avenue

City State Zip Code  
Dorchester Center MA 02124-5628

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0922490

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Thomas McPhee

Mailing Address Suite 4  
7245 E Osborn Road

City State Zip Code  
Scottsdale AZ 85251-6443

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0437121

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.**

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

Mailing Address 5740 S Kimbark Avenue

City State Zip Code  
Chicago IL 60637-1615

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0915657

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 7232 Engle Road

City State Zip Code  
Fort Wayne IN 46804-2222

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** 0615859

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Amalia Miranda

Mailing Address 3435 Northwest 56th Street  
Building A # 1010

City State Zip Code  
Oklahoma City OK 73112-4448

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 0442339

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Basil Morgan

Mailing Address Suite 100  
4324 York Road

City State Zip Code  
Baltimore MD 21212-4800

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** 0833702

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Asa Dan Morton, III

Mailing Address 3606 Jennings Street

City San Diego State CA Zip Code 92106-2847

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 0871757

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Susan Mosier

Mailing Address 2900 Amherst Avenue

City Manhattan State KS Zip Code 66503-3003

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 28 / 2009

Transaction ID: 5F4CKF732278

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**C.**

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

Mailing Address 22 Old Short Hills Road Suite 104

City Livingston State NJ Zip Code 07039-5605

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 0605152

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 52  
(check only one)

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

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

**A.**

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

Mailing Address Suite 201  
1018 Street Road

City Southampton State PA Zip Code 18966-4221

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 21 / 2009

Transaction ID: BQTYL3681243

Amount of Each Receipt this Period 1000.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Richard Parrish, II

Mailing Address 7690 Ponce de Leon Road

City Miami State FL Zip Code 33143

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 10 / 2009

Transaction ID: CC73DC1B-30C3-49DE-

Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Parrish, II

Mailing Address 7690 Ponce de Leon Road

City Miami State FL Zip Code 33143

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 20 / 2009

Transaction ID: 00A40FC8-17FA-47CD-

Amount of Each Receipt this Period 135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ram Peddada

Mailing Address 307 S Jackson Street

City Casper State WY Zip Code 82601-2908

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 29 / 2009

Transaction ID: 0117151

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Ron Pelton

Mailing Address Suite 309  
455 E Pikes Peak Avenue

City Colorado Springs State CO Zip Code 80903-3674

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2009

Transaction ID: 0713824

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

**C.**

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

Mailing Address 7802 Davenport Street

City Omaha State NE Zip Code 68114-3629

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 04 / 29 / 2009

Transaction ID: 0717160

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lawrence Piazza

Mailing Address PO Box 1539

City State Zip Code  
Blue Hill ME 04614-1539

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0165979

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Stephen Powell

Mailing Address 4757 Ridgetop Drive

City State Zip Code  
Morgantown WV 26508-4407

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** 0946113

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.**

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

Mailing Address 578 Main Street

City State Zip Code  
Malden MA 02148-3900

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0351428

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 33 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Andrew Prince  
Mailing Address 178 E 71st Street  
City New York State NY Zip Code 10021-5131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0241425  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Ashok Reddy  
Mailing Address 1121 Roma Avenue Northeast  
City Albuquerque State NM Zip Code 87106-4734  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0772275  
Amount of Each Receipt this Period 500.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Kristin Reidy  
Mailing Address 1909 Proctor Court  
City Santa Fe State NM Zip Code 87505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 04 / 23 / 2009  
Transaction ID: 37E3B216-BCB0-449C-  
Amount of Each Receipt this Period 500.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 52  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address Suite 301  
120 Dudley Street

City State Zip Code  
Providence RI 02905-2429

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2009

**Transaction ID:** 0561428

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
John Denis Roarty

Mailing Address 3901 Beaubien Street

City State Zip Code  
Detroit MI 48201-2119

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0545792

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Joy Dixon Robinson

Mailing Address 23 Castle Haven Road

City State Zip Code  
Hampton VA 23666-6032

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0604274

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Sandler		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address Suite 106 4699 Main Street		<b>Transaction ID:</b> 0085633		
	City Bridgeport	State CT	Zip Code 06606-1830	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>B.</b>	Full Name (Last, First, Middle Initial) Gary Schemmer		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address Suite 200 215 1st St. N		<b>Transaction ID:</b> 0232772		
	City Winter Haven	State FL	Zip Code 33881-4507	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 365.00		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Scott		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address Suite 400 3700 Joseph Siewick Drive		<b>Transaction ID:</b> 0517312		
	City Fairfax	State VA	Zip Code 22033-1745	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 52
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David Shulman	Date of Receipt MM / DD / YYYY 04 / 08 / 2009
	Mailing Address Suite 127 999 E Basse Road	<b>Transaction ID:</b> 4f4980b62680877079db
	City San Antonio State TX Zip Code 78209-1802	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Brian Sippy	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 700 W Kent Avenue	<b>Transaction ID:</b> 0182821
	City Missoula State MT Zip Code 59801-6772	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gregory Skuta	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 608 Stanton L Young Boulevard	<b>Transaction ID:</b> 0123363
	City Oklahoma City State OK Zip Code 73104-5014	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 52
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald Smith		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address Suite 5706 1450 San Pablo Street		Transaction ID: 0426641		
	City Los Angeles	State CA	Zip Code 90033-4500	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Derek Sprunger		Date of Receipt MM / DD / YYYY 04 / 30 / 2009		
	Mailing Address 201 Pennsylvania Parkway		Transaction ID: 0669348		
	City Indianapolis	State IN	Zip Code 46280-2301	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) John Stechschulte		Date of Receipt MM / DD / YYYY 04 / 29 / 2009		
	Mailing Address Suite 320 262 Neil Avenue		Transaction ID: 0389637		
	City Columbus	State OH	Zip Code 43215-7311	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 52  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Steinemann

Mailing Address 2703 Cranlyn Road

City State Zip Code  
Shaker Heights OH 44122-2003

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** 0474885

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Paul Sternberg, Jr.

Mailing Address 2311 Pierce Avenue

City State Zip Code  
Nashville TN 37232-0025

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 0 9

**Transaction ID:** 0088168

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Linda Tsai

Mailing Address Suite 201  
10 Barnes West Drive

City State Zip Code  
Saint Louis MO 63141-6350

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

**Transaction ID:** 0563898

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 52  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ira Udell

Mailing Address 600 Northern Boulevard Suite 214

City State Zip Code  
Great Neck NY 11021-5200

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0632431

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.**

Full Name (Last, First, Middle Initial)  
Scott Uttley

Mailing Address 2139 Lower Saint Dennis Road

City State Zip Code  
Saint Paul MN 55116-2827

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0312498

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.**

Full Name (Last, First, Middle Initial)  
Woodford Van Meter

Mailing Address Suite 203  
1760 Nicholasville Road

City State Zip Code  
Lexington KY 40503-1472

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0383177

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 40 / 52  
(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)  
Alan Wagner

Mailing Address Suite 105  
968 First Colonial Road

City State Zip Code  
Virginia Beach VA 23454-3171

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0651163

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Yujen Wang

Mailing Address Suite 103  
2859 State Street

City State Zip Code  
Medford OR 97504-8495

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
04 / 23 / 2009

**Transaction ID:** 1854fd86f69daf3c05c

Amount of Each Receipt this Period  
100.00

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

Mailing Address Suite 105  
3201 W Gore Boulevard

City State Zip Code  
Lawton OK 73505-6350

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2009

**Transaction ID:** 0332883

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**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 41 / 52  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Whitted  
Mailing Address 4353 Dodge Street  
City Omaha State NE Zip Code 68131-2709  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0143278  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Craig Wilkerson  
Mailing Address Suite 5  
301 Saddle Drive  
City Helena State MT Zip Code 59601-8026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 30 / 2009  
Transaction ID: 0310327  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Ruth Williams  
Mailing Address 2015 N Main Street  
City Wheaton State IL Zip Code 60187-3152  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 04 / 28 / 2009  
Transaction ID: 5F4CKF446255  
Amount of Each Receipt this Period 1000.00  
Batch Tool - PAC

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ► 57724.57

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt		
	Mailing Address 101 S Marengo Avenue 3rd Floor		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9		
	City Pasadena	State CA	Zip Code 91101	<b>Transaction ID:</b> 30b7323233059feadf3	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 900.00		
	Name of Employer	Occupation		CD interest - Apr09 (estimate)	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3736.13			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	900.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 43 / 52

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAC Admin Account</p> <p>Mailing Address 655 Beach Street</p> <p>City San Francisco State CA Zip Code 94109</p> <p>Purpose of Disbursement Transfer to Admin, Forign MD / Feiss</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> V13789-7668268084526</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 365.00</p> <p>001 Category/ Type</p> <p>Earmarked by Leonard Feiss</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement Bank charges 4/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 3e1629893f89a82ecde</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 392.60</p> <p>001 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement AMEX discount 4/09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> f80e63b17b2a0d541d5</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 34.07</p> <p>001 Category/ Type</p>

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

791.67

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

791.67

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ameripac: the Fund for a Greater America</p> <p>Mailing Address 607 14th Street, NW, Suite 800 --</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution Leadership Candidate Name Ameripac: the Fund for a Greater America</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 13349-8824121356010 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anna Eshoo for Congress</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution 2010 Primary Candidate Name Anna G. Eshoo</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-3036462664604 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement Contribution 2010 Primary Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-8512384295463 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

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

7500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Braley for Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Bruce L. Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District: 01</p>	<p><b>Transaction ID:</b> 13349-4296686053276</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 07</p>	<p><b>Transaction ID:</b> 13349-8067590594291</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address PO Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IA District:</p>	<p><b>Transaction ID:</b> 13349-1837579607963</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Harry M. Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-4248163104057</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Kent Conrad</p> <p>Mailing Address PO Box 812</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement Contribution 2012 Primary</p> <p>Candidate Name Kent Conrad</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-8107416033744</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gingrey for Congress</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name John Phillip Gingrey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-7309991717338</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City Des Moines State IA Zip Code 50304 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 13349-2239801287651 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Heller for Congress <hr/> Mailing Address PO Box 750580 <hr/> City Las Vegas State NV Zip Code 89136 <hr/> Purpose of Disbursement Contribution 2010 Primary Candidate Name Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 13349-0726892352104 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution 2010 Primary Candidate Name John D. Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 13349-7497217059135 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Larson for Congress  Mailing Address 29 Ruff Circle  City Glastonbury State CT Zip Code 06033  Purpose of Disbursement Contribution 2010 Primary Candidate Name John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Transaction ID: 13349-8186456561088 Date of Disbursement 04 / 30 / 2009  Amount of Each Disbursement this Period 1000.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress  Mailing Address 235 Montgomery Street Suite 610  City San Francisco State CA Zip Code 94104  Purpose of Disbursement Contribution 2010 Primary Candidate Name Nancy Pelosi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 08	Transaction ID: 13349-7207605242729 Date of Disbursement 04 / 30 / 2009  Amount of Each Disbursement this Period 5000.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Pallone for Congress  Mailing Address PO Box 3176  City Long Branch State NJ Zip Code 07740  Purpose of Disbursement Contribution 2010 Primary Candidate Name Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 06	Transaction ID: 13349-6403619647026 Date of Disbursement 04 / 30 / 2009  Amount of Each Disbursement this Period 2500.00  011 Category/ Type

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

8500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Principles Exalt a Nation Political Action Committee</p> <p>Mailing Address PO Box 1131</p> <p>City Anderson State IN Zip Code 46015</p> <p>Purpose of Disbursement Voided check, originally reported 3/19/09</p> <p>Candidate Name Principles Exalt a Nation Political Action Committ- ee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 82629-12342470884323</p> <p>Date of Disbursement 04 / 23 / 2009</p> <p>Amount of Each Disbursement this Period -1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ryan for Congress</p> <p>Mailing Address PO Box 1919 PO Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-7943536639213</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement Contribution 2010 Primary</p> <p>Candidate Name Walter Herger, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 13349-8275110125541</p> <p>Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

500.00

**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 50 / 52

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wyden for Senate

Mailing Address PO Box 3498

City  
Portland

State  
OR

Zip Code  
97208

Purpose of Disbursement  
Contribution 2010 Primary

Candidate Name  
Ron Wyden

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OR District:

Transaction ID: 13349-8451806902885

Date of Disbursement

04 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

37000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Belu Allam <hr/> Mailing Address Suite 6C 800 Peakwood Drive <hr/> City Houston State TX Zip Code 77090-2903 <hr/> Purpose of Disbursement Refund of 11/23/08 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> e1918bb04f92b46c26c <b>Date of Disbursement</b> MM / DD / YYYY 04 / 24 / 2009
	Amount of Each Disbursement this Period 91.25
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Belu Allam <hr/> Mailing Address Suite 6C 800 Peakwood Drive <hr/> City Houston State TX Zip Code 77090-2903 <hr/> Purpose of Disbursement Refund of 10/24/09 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> b2792044a60e9926dd7 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 24 / 2009
	Amount of Each Disbursement this Period 183.00
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Belu Allam <hr/> Mailing Address Suite 6C 800 Peakwood Drive <hr/> City Houston State TX Zip Code 77090-2903 <hr/> Purpose of Disbursement Refund of 12/23/08 contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> d70ecf101f704b7ab52 <b>Date of Disbursement</b> MM / DD / YYYY 04 / 24 / 2009
	Amount of Each Disbursement this Period 91.25
	Category/ Type 010
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

365.50

**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 52 / 52

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Belu Allam

Transaction ID: f4c46a735f1967c66ba

Date of Disbursement

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

Mailing Address Suite 6C  
800 Peakwood Drive

City Houston State TX Zip Code 77090-2903

Amount of Each Disbursement this Period

182.00
--------

Purpose of Disbursement  
Refund of 12/22/08 contribution

010
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

182.00
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TOTAL This Period (last page this line number only) .....

547.50
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