

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer Electronically Filed by Steven Rausch Date 10 12 2010

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

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

A. Form/Schedule : **F3X**

Transaction ID :

**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 | 9 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
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| M | M |
| 0 | 9 |

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|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 774216.66 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 869658.33               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 64139.84                | 738779.72                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 933798.17               | 1512996.38                        |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 411150.51               | 990348.72                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 522647.66               | 522647.66                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 | 9 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 49355.30                      | 581357.57                         |
| (ii) Unitemized .....  | 12022.99                      | 139028.32                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 61378.29                      | 720385.89                         |
| (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) .....     | 61378.29                      | 720385.89                         |
| 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 .....           | 2500.00                       | 12000.00                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 261.55                        | 6393.83                           |
| 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)) .....                          | 64139.84                      | 738779.72                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 64139.84                      | 738779.72                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>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.....  | 1344.55                               | 49952.12                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 1344.55                               | 49952.12                                  |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 203500.00                             | 709670.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 205805.96                             | 223882.96                                 |
| 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 .....                                  | 500.00                                | 6843.64                                   |
| (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)) .....                           | 500.00                                | 6843.64                                   |
| 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))..       | 411150.51                             | 990348.72                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 411150.51                             | 990348.72                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 61378.29                      | 720385.89                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 500.00                        | 6843.64                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 60878.29                      | 713542.25                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1344.55                       | 49952.12                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 1344.55                       | 49952.12                          |

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

|   |  |
|---|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 107</span> |
|   | (check only one)   |
| <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"/>  | <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)<br>Richard Abbott   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2010 |   |  |
|           | Mailing Address Ucsf Beckman Vision Ctr<br>10 Koret Way K-301   |                                    | <b>Transaction ID:</b> 45BD97012E81B3528B99         |   |  |
|           | City<br>San Francisco   | State<br>CA                        | Zip Code<br>94143-0001                              | Amount of Each Receipt this Period<br>50.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED    |   |  |
|           | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |   |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00 |   |   |  |

|           |   |                                    |   |   |  |
|-----------|---|------------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ahmed Abdelsalam   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 06 / 2010 |   |  |
|           | Mailing Address 1 E Wacker Dr<br>Ste 3150   |                                    | <b>Transaction ID:</b> 47CBA68AA7B08DADDC88         |   |  |
|           | City<br>Chicago   | State<br>IL                        | Zip Code<br>60601-1910                              | Amount of Each Receipt this Period<br>83.34 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|           | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |   |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>416.70 |   |   |  |

|           |   |                                    |   |   |  |
|-----------|---|------------------------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Patrick Aiello   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 23 / 2010 |   |  |
|           | Mailing Address 275 W 28th St   |                                    | <b>Transaction ID:</b> 494BB4B08304FF535FEC         |   |  |
|           | City<br>Yuma  | State<br>AZ                        | Zip Code<br>85364-7308                              | Amount of Each Receipt this Period<br>83.34 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|           | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |   |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.02 |   |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>216.68</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 8 / 107  
(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)  
Arthur Allen, Jr.  
 Mailing Address 2100 Webster St  
Pacific Eye Assoc, Ste 214  
 City San Francisco State CA Zip Code 94115-2375  
 Date of Receipt 09 / 01 / 2010  
**Transaction ID:** FD7ED214098471CC0E0  
 Amount of Each Receipt this Period 365.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 365.00

**B.** Full Name (Last, First, Middle Initial)  
Quentin Allen  
 Mailing Address 8921 N Wood Sage Rd  
 City Peoria State IL Zip Code 61615-7822  
 Date of Receipt 09 / 17 / 2010  
**Transaction ID:** 44D753D8-04FB-4A78-  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Peter Amaral  
 Mailing Address 635 Medical Pkwy  
 City Brenham State TX Zip Code 77833-5412  
 Date of Receipt 09 / 24 / 2010  
**Transaction ID:** 4C85AD3CE1A6EE8FA688  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 225.00  
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1390.00  
**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 / 107  
(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)  
Roberto Arguello

Mailing Address 1910 S 1st St  
Ste 100

City State Zip Code  
McAllen TX 78503-1244

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  
09 / 07 / 2010

**Transaction ID:** 02182231D0648B951A9

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Joe Arterberry

Mailing Address 224 E Broadway  
Ste 110

City State Zip Code  
Louisville KY 40202-2016

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2010

**Transaction ID:** 4FCDB9D2BF942E563CC6

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Dennis Asselin

Mailing Address 2301 Lac De Ville Blvd

City State Zip Code  
Rochester NY 14618-5646

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  
09 / 27 / 2010

**Transaction ID:** ECAA9B88C24E1B71B71

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1041.67

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 107  
(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)  
Brock Bakewell

Mailing Address 6099 N Placita Fresnillo

City Tucson State AZ Zip Code 85750

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 09 / 29 / 2010  
Transaction ID: 415F2090-90CD-4726-  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Gregg Barnett

Mailing Address 620 N Broad St

City Woodbury State NJ Zip Code 08096-1795

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 11 / 2010  
Transaction ID: 4CCCA117102183333BE5  
Amount of Each Receipt this Period 25.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 26 Aston Court

City Owings Mills State MD Zip Code 21117

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 29 / 2010  
Transaction ID: 555D3935-B0B2-4895-  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 755.00

**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 / 107  
(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)  
Jeffrey Baumann  
Mailing Address 17560 US Highway 441  
City State Zip Code  
Mount Dora FL 32757-6711  
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 ▼ 225.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: 4C819D662B0449AE07E0  
Amount of Each Receipt this Period 25.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Todd Berger  
Mailing Address 5800 49th St N # S-109  
City State Zip Code  
Saint Petersburg FL 33709-2146  
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 09 / 17 / 2010  
Transaction ID: 5FDDC22D409F3D518A1  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Birnbach  
Mailing Address 2821 Northup Way Ste 200  
City State Zip Code  
Bellevue WA 98004-1496  
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 ▼ 950.00  
Date of Receipt 09 / 10 / 2010  
Transaction ID: 4167A4FED603FE2F3C3C  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1075.00  
**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 / 107  
(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)  
Bradley Black

Mailing Address 5220 Flanders Dr

City State Zip Code  
Baton Rouge LA 70808-9112

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  
09 / 30 / 2010

**Transaction ID:** B7A822EA-20FD-47DC-

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
William Blakemore

Mailing Address 101 Mark Dr  
PO Box 1077

City State Zip Code  
Edenton NC 27932-1778

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 ▼ 565.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2010

**Transaction ID:** 4B0FA2196324A09628C2

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 12 Curtis St

City State Zip Code  
Meriden CT 06450-5900

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 06 / 2010

**Transaction ID:** 4F619330529F42FC08D5

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **431.67**

**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 / 107  
(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)  
Steven Bodine

Mailing Address 915 Palmer Rd  
Retina Consultations

City State Zip Code  
Bronxville NY 10708-3304

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** 4D218CE97F22F6CFBF7F

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Walt Bogart

Mailing Address 110 E Medical Ln  
Ste 160

City State Zip Code  
West Columbia SC 29169-4814

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2010

**Transaction ID:** 45E28F9EE01AB749E095

Amount of Each Receipt this Period  
91.25

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
J. Luigi Borrillo

Mailing Address 486 S Taaffe St

City State Zip Code  
Sunnyvale CA 94086-7633

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  
09 / 13 / 2010

**Transaction ID:** AE6113BFEC91BEA8E1

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **641.25**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 107

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

John Bradley

Mailing Address 11017 Daybreak Ct

City State Zip Code  
Rockville MD 20852-4500

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2010

Transaction ID: 2B4B8ACE2C76BF65C1C

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

William Bridges, Jr.

Mailing Address 21 Medical Park Dr

City State Zip Code  
Asheville NC 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 ▼ 416.70

Date of Receipt

M M / D D / Y Y Y Y  
09 / 06 / 2010

Transaction ID: 44B5BA05B504E8D4C150

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Howard Brumbaugh

Mailing Address 10293 N Meridian St  
Ste 325

City State Zip Code  
Indianapolis IN 46290-1141

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 21 / 2010

Transaction ID: 74192D3B2C3A362652F

Amount of Each Receipt this Period  
365.00

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

948.34

**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 15 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

**A.**

Full Name (Last, First, Middle Initial)  
G. Edward Bryant, Jr.

Mailing Address 303 W Polk Ave

City West Memphis State AR Zip Code 72301-4262

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 ▼ 275.00

Date of Receipt 09 / 20 / 2010

**Transaction ID:** 4EB2A50B776E81F0F00E

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Patricia Buehler

Mailing Address 1122 NW Foxwood

City Bend State OR Zip Code 97701-8606

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 ▼ 208.35

Date of Receipt 09 / 06 / 2010

**Transaction ID:** 411CA94F4A76DFCF19BA

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
John Bullock, Jr.

Mailing Address 400 Westhampton Sta

City Richmond State VA Zip Code 23226-3330

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 02 / 2010

**Transaction ID:** 49F08656AE79C53B4095

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **116.67**

**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 / 107  
(check only one)

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

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

**A.**

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

Mailing Address 2865 N Reynolds Rd  
Ste 170

City Toledo State OH Zip Code 43615-2076

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 18 / 2010

**Transaction ID:** 4067949284860ECC7689

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Cameron

Mailing Address 1113 18th Ave E

City Seattle State WA Zip Code 98112

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 09 / 27 / 2010

**Transaction ID:** 84DF8D27-0B96-43C5-

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 5540 Saratoga Blvd  
Ste 200

City Corpus Christi State TX Zip Code 78413-2953

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 09 / 15 / 2010

**Transaction ID:** 4C2EA2A865B86583C337

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 608.34

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



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 17 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Ronald Caronia   | Date of Receipt<br>MM / DD / YYYY<br>09 / 02 / 2010 |
|           | Mailing Address 360 Merrick Rd<br>Fl 3  | <b>Transaction ID:</b> CC3A97F996062EEF568          |
|           | City Lynbrook State NY Zip Code 11563-2526  | Amount of Each Receipt this Period<br>365.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self Occupation Ophthalmologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>365.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Shanmuganathan Chandramohan  | Date of Receipt<br>MM / DD / YYYY<br>09 / 24 / 2010 |
|           | Mailing Address 17310 Bear Valley Rd<br>Ste 101   | <b>Transaction ID:</b> 9C0A2DE067E7D8055AA          |
|           | City Victorville State CA Zip Code 92395-7773   | Amount of Each Receipt this Period<br>365.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self Occupation Ophthalmologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>365.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jack Mabry Chapman   | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2010 |
|           | Mailing Address 2061 Beverly Rd   | <b>Transaction ID:</b> 4C189F58FAD403D5D5A8         |
|           | City Gainesville State GA Zip Code 30501-2034   | Amount of Each Receipt this Period<br>83.33         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self Occupation Ophthalmologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>249.99 | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>813.33</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 18 / 107  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Robert Chestler

Mailing Address 10502 NE Wasco St

City State Zip Code  
Portland OR 97220-3948

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** 4D32BD3CFD09EEDEA776

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 600 Pavonia Ave Ste 6

City State Zip Code  
Jersey City NJ 07306-2932

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 ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 18 / 2010

**Transaction ID:** 45AF94FFB5BAFDC9D595

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
S. William Clark

Mailing Address 502 Isabella St

City State Zip Code  
Waycross GA 31501-3638

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 ▼ 3749.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 23 / 2010

**Transaction ID:** 49519D20DB6196A2CD10

Amount of Each Receipt this Period  
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **541.66**

**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 19 / 107  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christopher Coad

Mailing Address 157 W 19th St  
Chelsea Eye Assoc Llp

City State Zip Code  
New York NY 10011-4102

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** 4CDBAB6D89B896428FD5

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Cohen

Mailing Address 1155 Conwyck Lane

City State Zip Code  
Saint Louis MO 63131

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  
09 / 18 / 2010

**Transaction ID:** EA8540EE-1C37-4A72-

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Sander M. Zeskin Cohen

Mailing Address 509 S Lenola Rd  
Ste 11

City State Zip Code  
Moorestown NJ 08057-1556

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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** 4A44838554B0FC3A2C4E

Amount of Each Receipt this Period  
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 107  
(check only one)

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

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

**A.**

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

Mailing Address 360 Montauk Hwy

City State Zip Code  
West Islip NY 11795-4403

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** 68E2FECE-B29B-46AB-

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Russell Crain

Mailing Address 11011 Hefner Pointe Dr  
Ste B

City State Zip Code  
Oklahoma City OK 73120-5005

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** 4B1695909082BCD51810

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Alan Crandall

Mailing Address 65 Mario Capecchi Dr

City State Zip Code  
Salt Lake City UT 84132-0005

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  
09 / 02 / 2010

**Transaction ID:** B19CDDA701ECC0A4B28

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **665.00**

**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 / 107  
(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)  
Terry Croyle

Mailing Address 2375 S Main St

City Moultrie State GA Zip Code 31768-6517

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 09 / 01 / 2010

**Transaction ID:** 418D8FC8F046C21631A8

Amount of Each Receipt this Period 30.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 2424 S 90th St Ste 204

City West Allis State WI Zip Code 53227-2455

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 09 / 09 / 2010

**Transaction ID:** 406594BD1231BC286138

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Day

Mailing Address 8401 Golden Valley Rd Ste 330

City Golden Valley State MN Zip Code 55427-4488

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 08 / 2010

**Transaction ID:** 4568BD1AD886921664F0

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 121.67

**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 / 107  
(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)  
Shashi Dharma

Mailing Address 4301 N MacArthur Blvd  
Ste 107

City Irving State TX Zip Code 75038-6497

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 02 / 2010  
**Transaction ID:** F4BB0339DEF879E3417  
Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 1111 E Ocean Ave  
Ste 7

City Lompoc State CA Zip Code 93436-2501

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 19 / 2010  
**Transaction ID:** 4171AB9BB3675BA01533  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 985 Matlock Rd

City Bowling Green State KY Zip Code 42104-7408

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 10 / 2010  
**Transaction ID:** 4589A1FD0F3197D41289  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 23 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

**A.**

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

Mailing Address 950 Ryland St

City State Zip Code  
Reno NV 89502-1605

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  
09 / 27 / 2010

**Transaction ID:** 1556720BCFAC96190AF

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 4717 Woodland Ave

City State Zip Code  
Metairie LA 70002-1361

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** 49F4921F0EA04EB9D138

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
John Thomas Edmonds

Mailing Address 3235 Academy Ave Ste 101

City State Zip Code  
Portsmouth VA 23703-3200

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
649.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** 43C9841519030E1D2BB6

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **515.00**

**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 / 107  
(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)  
Timothy Ehlen

Mailing Address 2805 Campus Dr  
Ste 105

City Plymouth State MN Zip Code 55441-2677

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 09 / 10 / 2010  
**Transaction ID: 802A2A2D33AC1A4EF8F**  
Amount of Each Receipt this Period 500.00

**B.**

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

Mailing Address 236 Roseberry St

City Phillipsburg State NJ Zip Code 08865-1632

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 ▼ 500.04

Date of Receipt 09 / 06 / 2010  
**Transaction ID: 4E55ABC162DB3ACA6D20**  
Amount of Each Receipt this Period 83.34  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 6401 Turnberry Drive

City Fort Worth State TX Zip Code 76132

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 09 / 07 / 2010  
**Transaction ID: A491840A-9325-4F7F-**  
Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **948.34**

**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 / 107  
(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)  
Edgar Gamponia

Mailing Address 408 Santana Place

City State Zip Code  
Morgantown WV 26508

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  
09 / 13 / 2010

**Transaction ID:** 7ABDD3EE-A244-4C2C-

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Timothy Gard

Mailing Address 512 E Main St

City State Zip Code  
Hillsboro OR 97123-4137

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2010

**Transaction ID:** 4886A63248A463D7834D

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Thomas Gardner

Mailing Address 756 Marion St

City State Zip Code  
Denver CO 80218-3434

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** CE293EB61F1276E1CB6

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **755.00**

**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 / 107  
(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)<br>Jason Gilbert  |                                 | Date of Receipt<br>MM / DD / YYYY<br>09 / 01 / 2010 |
| Mailing Address 101 Main St<br>Ste 208  |                                 | <b>Transaction ID:</b> 4E45D448C87BEC852FC          |
| City<br>Medford   | State Zip Code<br>MA 02155-4530 |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                 | Amount of Each Receipt this Period<br>365.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist   | Aggregate Year-to-Date ▼<br>365.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                               |   |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Michael Gilbert  |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2010 |
| Mailing Address 1364 91st Avenue NE   |                               | <b>Transaction ID:</b> 38BC2939-16A6-4F01-          |
| City<br>Clyde Hill  | State Zip Code<br>WA 98004    |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                               | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date ▼<br>500.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                               |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>John Douglas Goosey  |                                 | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2010 |
| Mailing Address 6545 Rutgers Ave  |                                 | <b>Transaction ID:</b> 4780AD44B40B2586EB42         |
| City<br>Houston   | State Zip Code<br>TX 77005-3850 |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                 | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist   | Aggregate Year-to-Date ▼<br>900.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 965.00 |
| <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 27 / 107  
(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 Gossage

Mailing Address 50 W Carleton Rd

City Hillsdale State MI Zip Code 49242-1202

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 17 / 2010

**Transaction ID:** 49FD8301990784211E3

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Marshall Graditor

Mailing Address 7345 Medical Center Dr Ste 320

City West Hills State CA Zip Code 91307-1962

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 09 / 01 / 2010

**Transaction ID:** A6DE5C682FF7DAA3671

Amount of Each Receipt this Period 365.00

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

Mailing Address 711 W North Ave Seton Health Center, Ste 206

City Chicago State IL Zip Code 60610-7011

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 10 / 2010

**Transaction ID:** 426BA38D91DD7FB21F9A

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 465.00

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 28 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Edward Graul                | Date of Receipt<br>MM / DD / YYYY<br>09 / 09 / 2010 |
|   | Mailing Address 251 Moosa Blvd   | <b>Transaction ID:</b> 47ECB00778982E25F69E         |
|   | City State Zip Code<br>Eunice LA 70535-3638                            | Amount of Each Receipt this Period<br>41.67         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.02                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Lynn Greenlee               | Date of Receipt<br>MM / DD / YYYY<br>09 / 07 / 2010 |
|   | Mailing Address 23 Sunrise Mesa Cir                                    | <b>Transaction ID:</b> A0DB4B7594F10218B69          |
|   | City State Zip Code<br>Canon City CO 81212-2700                        | Amount of Each Receipt this Period<br>365.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Constance Grignon           | Date of Receipt<br>MM / DD / YYYY<br>09 / 02 / 2010 |
|   | Mailing Address 3700 Aspen Dr  | <b>Transaction ID:</b> F45911D7676EEE6C0F9          |
|   | City State Zip Code<br>West Des Moines IA 50265-3146                   | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>706.67</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 29 / 107  
(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)<br>Erich Groos  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 06 / 2010 |
| Mailing Address 2400 Patterson St<br>Ste 201  |                                    | <b>Transaction ID:</b> 4814AC79784D98C85E31         |
| City<br>Nashville   | State<br>TN                        | Zip Code<br>37203-1587                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>83.34         |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.04 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Maged Habib  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 11 / 2010 |
| Mailing Address 2300 S Congress Ave<br>Ste 102  |                                    | <b>Transaction ID:</b> 4951BF3B372DAEB6CC56         |
| City<br>Boynton Beach   | State<br>FL                        | Zip Code<br>33426-7400                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>John Hagan   |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 21 / 2010 |
| Mailing Address 9401 N Oak Trfy   |                                     | <b>Transaction ID:</b> 034CA0EA-74E2-41C2-          |
| City<br>Kansas City   | State<br>MO                         | Zip Code<br>64155-3393                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1108.34</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 30 / 107  
(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)

|   |   |  |
|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mireille Hamparian       | Date of Receipt<br>MM / DD / YYYY<br>09 / 05 / 2010      |
|   | Mailing Address 2355 Roanoke Rd                                     | <b>Transaction ID:</b> 46F7BF8FA902BC931694              |
|   | City San Marino State CA Zip Code 91108-2636                        | Amount of Each Receipt this Period<br>50.00              |
|   | FEC ID number of contributing federal political committee. <b>C</b> | <b>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</b> |
| Name of Employer Self   | Occupation Ophthalmologist  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                  |  |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Cynthia Hampton          | Date of Receipt<br>MM / DD / YYYY<br>09 / 03 / 2010      |
|   | Mailing Address 451 Ruin Creek Rd Ste 204                           | <b>Transaction ID:</b> 4BB3BF243420884AFFB8              |
|   | City Henderson State NC Zip Code 27536-5969                         | Amount of Each Receipt this Period<br>83.34              |
|   | FEC ID number of contributing federal political committee. <b>C</b> | <b>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</b> |
| Name of Employer Self   | Occupation Ophthalmologist  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.04                                  |  |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Lawrence E. Hannon       | Date of Receipt<br>MM / DD / YYYY<br>09 / 09 / 2010      |
|   | Mailing Address 3545 S Tamarac Dr Ste 170                           | <b>Transaction ID:</b> 4DB59DDF75B9DC47AD05              |
|   | City Denver State CO Zip Code 80237-1423                            | Amount of Each Receipt this Period<br>50.00              |
|   | FEC ID number of contributing federal political committee. <b>C</b> | <b>PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED</b>  |
| Name of Employer Self   | Occupation Ophthalmologist  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                                  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>183.34</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 31 / 107  
(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 Harris, Jr.

Mailing Address 1928 Alcoa Hwy  
Ste 324

City Knoxville State TN Zip Code 37920-1505

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 ▼ 500.04

Date of Receipt 09 / 03 / 2010

**Transaction ID:** 421883CAB822E5CE186E

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 89 Sylvania Dr  
Southern Ohio Medical Park

City Dayton State OH Zip Code 45440-3281

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 09 / 17 / 2010

**Transaction ID:** 7B2C30DACA4F623B231

Amount of Each Receipt this Period 365.00

**C.**

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

Mailing Address 1729 New Hanover Medical Park Dr

City Wilmington State NC Zip Code 28403-5345

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 17 / 2010

**Transaction ID:** 47C7A100070910017ED1

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **498.34**

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 32 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>David Hunter         | Date of Receipt<br>MM / DD / YYYY<br>09 / 01 / 2010 |
|   | Mailing Address 30-B Mount Auburn St                            | <b>Transaction ID:</b> 831AA9E3-C1A4-4504-          |
|   | City State Zip Code<br>Cambridge MA 02138                       | Amount of Each Receipt this Period<br>365.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Self Occupation<br>Self Ophthalmologist        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>W. Jackson Iliif     | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2010 |
|   | Mailing Address 4 W Rolling Crossroads Rear 7                   | <b>Transaction ID:</b> 47DABCD71ABEB4B5C1DD         |
|   | City State Zip Code<br>Catonsville MD 21228-6278                | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Self Occupation<br>Self Ophthalmologist        | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                              |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Edward Isbey, III    | Date of Receipt<br>MM / DD / YYYY<br>09 / 29 / 2010 |
|   | Mailing Address 8 Medical Park Dr                               | <b>Transaction ID:</b> 418E8890DB750312BE0E         |
|   | City State Zip Code<br>Asheville NC 28803-2493                  | Amount of Each Receipt this Period<br>83.34         |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Self Occupation<br>Self Ophthalmologist        | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.04                              |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 498.34 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 33 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Nabil Jabbour        |             | Date of Receipt<br>MM / DD / YYYY<br>09 / 07 / 2010 |
|   | Mailing Address 3120 Collins Ferry Rd                           |             | <b>Transaction ID:</b> 67F9689B45083E2BDE3          |
|   | City<br>Morgantown  | State<br>WV |   |
|   | FEC ID number of contributing federal political committee.<br>C |             | Amount of Each Receipt this Period<br>365.00        |
|   | Name of Employer Self<br>Occupation<br>Ophthalmologist          |             | Aggregate Year-to-Date ▼<br>365.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |             |   |

|   |   |             |   |
|---|---|-------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John Johnson         |             | Date of Receipt<br>MM / DD / YYYY<br>09 / 02 / 2010 |
|   | Mailing Address 110 Med Tech Pkwy                               |             | <b>Transaction ID:</b> E58F860C2FD26EDAA3A          |
|   | City<br>Johnson City  | State<br>TN |   |
|   | FEC ID number of contributing federal political committee.<br>C |             | Amount of Each Receipt this Period<br>500.00        |
|   | Name of Employer Self<br>Occupation<br>Ophthalmologist          |             | Aggregate Year-to-Date ▼<br>500.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |             |   |

|   |   |             |   |
|---|---|-------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Randolph Johnston    |             | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2010 |
|   | Mailing Address 1300 E 20th St                                  |             | <b>Transaction ID:</b> 4516AC9E5EC0C5202C61         |
|   | City<br>Cheyenne  | State<br>WY |   |
|   | FEC ID number of contributing federal political committee.<br>C |             | Amount of Each Receipt this Period<br>100.00        |
|   | Name of Employer Self<br>Occupation<br>Ophthalmologist          |             | Aggregate Year-to-Date ▼<br>900.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |             |   |

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 965.00 |
| <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 34 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|           |  |                               |   |   |  |
|-----------|--|-------------------------------|---|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Jerome Jordan               |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 21 / 2010 |   |  |
|           | Mailing Address 200 Mifflin Ave  |                               | <b>Transaction ID:</b> 4E108DBBA9BC8B217549         |   |  |
|           | City<br>Scranton   | State<br>PA                   | Zip Code<br>18503-1982                              | Amount of Each Receipt this Period<br>41.67 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|           | Name of Employer Self<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>208.35                    |   |  |

|           |  |                               |   |   |  |
|-----------|--|-------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Emilio Justo                |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 01 / 2010 |   |  |
|           | Mailing Address 19052 N R H Johnson Blvd                               |                               | <b>Transaction ID:</b> 4B8090085503FEC2636          |   |  |
|           | City<br>Sun City West  | State<br>AZ                   | Zip Code<br>85375-4401                              | Amount of Each Receipt this Period<br>41.66 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|           | Name of Employer Self<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>249.96                    |   |  |

|           |  |                               |   |  |  |
|-----------|--|-------------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jeffrey Ward Kalenak        |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 23 / 2010 |  |  |
|           | Mailing Address 2600 N Mayfair Rd Ste 600                              |                               | <b>Transaction ID:</b> BA37C5EFC5CC0BDDF3F          |  |  |
|           | City<br>Milwaukee  | State<br>WI                   | Zip Code<br>53226-1374                              | Amount of Each Receipt this Period<br>365.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                               |   |  |  |
|           | Name of Employer Self<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>365.00                    |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>448.33</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 35 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Elliott Kanner              | Date of Receipt<br>MM / DD / YYYY<br>09 / 10 / 2010 |
|   | Mailing Address 930 Madison Ave<br>Ste 470                             | <b>Transaction ID:</b> 30DEC9F283FE353C8B2          |
|   | City State Zip Code<br>Memphis TN 38103-7400                           | Amount of Each Receipt this Period<br>365.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Ophthalmologist                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>M. Kenney                   | Date of Receipt<br>MM / DD / YYYY<br>09 / 07 / 2010 |
|   | Mailing Address 101 the City Dr S<br>Building 55 Room 220              | <b>Transaction ID:</b> 5C0DB41A0036076E90C          |
|   | City State Zip Code<br>Orange CA 92868-3201                            | Amount of Each Receipt this Period<br>365.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Ophthalmologist                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Michael Kim                 | Date of Receipt<br>MM / DD / YYYY<br>09 / 17 / 2010 |
|   | Mailing Address 4807 NW 135th St                                       | <b>Transaction ID:</b> 8AFC65B904C86761E04          |
|   | City State Zip Code<br>Vancouver WA 98685-1739                         | Amount of Each Receipt this Period<br>365.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Ophthalmologist                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>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 36 / 107  
(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)  
Alan Kimura

Mailing Address 8101 E Lowry Blvd  
Ste 210

City State Zip Code  
Denver CO 80230-7195

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2010

**Transaction ID:** 4529804D1554960DCE23

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 21711 Greater Mack Ave

City State Zip Code  
Saint Clair Shores MI 48080-2418

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 ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2010

**Transaction ID:** 41AC86BBC72A524D1011

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 741 Broad Street Ext

City State Zip Code  
Waterford CT 06385-1347

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** 4484B85FB7841080CB10

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 191.67

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

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

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

FOR LINE NUMBER: PAGE 37 / 107  
(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)  
Douglas Koch

Mailing Address 6565 Fannin St

City State Zip Code  
Houston TX 77030-2703

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** 45DEAA3CE1A800F4221E

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Nicholas Kokoris

Mailing Address 7749 Painter Ave

City State Zip Code  
Whittier CA 90602-2411

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** 4A3555D70C05EA949ED

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen Kondash

Mailing Address 2841 Boudinot Ave Ste 300

City State Zip Code  
Cincinnati OH 45238-2496

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** 4F469C1AA47C78373C22

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 107  
(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)  
Richard Koop

Mailing Address 8445 Augusta Ln

City State Zip Code  
Holland OH 43528-9243

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  
09 / 13 / 2010

**Transaction ID:** 4034DCB7FC731124D55

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas Kopp

Mailing Address 2222 W 24th St  
Unit 10

City State Zip Code  
Plainview TX 79072-1802

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 08 / 2010

**Transaction ID:** 4EB69C0C6407A9590314

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3982 N Milwaukee Ave

City State Zip Code  
Chicago IL 60641-2703

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 ▼ 590.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 17 / 2010

**Transaction ID:** 4029B45FA4A82811DBD8

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 39 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Mark Krawitz         |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 02 / 2010 |  |  |
|   | Mailing Address 65 Mountain Blvd Ext                            |                                    | <b>Transaction ID:</b> CC9A629007C2A7C716B          |  |  |
|   | City<br>Warren  | State<br>NJ                        | Zip Code<br>07059-2632                              | Amount of Each Receipt this Period<br>365.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer Self   | Occupation<br>Ophthalmologist      |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>365.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>H. Michael Lambert   |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 15 / 2010 |   |  |
|   | Mailing Address 2727 Gramercy St Ste 200                        |                                     | <b>Transaction ID:</b> 85E0E809643A52BE39E          |   |  |
|   | City<br>Houston   | State<br>TX                         | Zip Code<br>77025-1716                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer Self   | Occupation<br>Ophthalmologist       |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Scott Lampert        |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 21 / 2010 |  |  |
|   | Mailing Address 1100 Johnson Ferry Rd NE Ste 593                |                                    | <b>Transaction ID:</b> 786E6284DFDA1940404          |  |  |
|   | City<br>Atlanta   | State<br>GA                        | Zip Code<br>30342-1733                              | Amount of Each Receipt this Period<br>365.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer Self   | Occupation<br>Ophthalmologist      |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>730.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <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: PAGE 40 / 107  
(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)<br>Scott Lanoux   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 20 / 2010 |
| Mailing Address 2820 Napoleon Ave<br>Ste 900  |                                    | <b>Transaction ID:</b> 4E43AEB6CAC3078BA725         |
| City<br>New Orleans   | State Zip Code<br>LA 70115-8200    |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Terry John Lee   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 10 / 2010 |
| Mailing Address 231 SE Barrington Dr<br>Ste 208   |                                    | <b>Transaction ID:</b> C75DD6D6702F8E5F057          |
| City<br>Oak Harbor  | State Zip Code<br>WA 98277-3200    |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>365.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>365.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Eligijus Lelis   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 08 / 2010 |
| Mailing Address 14488 Hawthorne Dr  |                                    | <b>Transaction ID:</b> 4CD6ABB47148880F7481         |
| City<br>Lemont  | State Zip Code<br>IL 60439-9126    |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>415.00</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: PAGE 41 / 107  
(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)  
Leah Levi

Mailing Address Ucsd Department of Ophth

City State Zip Code  
La Jolla CA 92093-0946

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  
09 / 14 / 2010

**Transaction ID:** BDB7DD3B-02F2-4FC5-

Amount of Each Receipt this Period  
365.00

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

Mailing Address 825 Glenwood Ter

City State Zip Code  
Anniston AL 36207-5846

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  
09 / 01 / 2010

**Transaction ID:** 5F48C5F66D7DC892326

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Sue Lim

Mailing Address 263 Harrington Dr

City State Zip Code  
Troy MI 48098-3027

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** 46B5BF405075ED1C06A7

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **890.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 107  
(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 Lohman

Mailing Address 2013 State Route 59

City State Zip Code  
Kent OH 44240-4113

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  
09 / 07 / 2010

**Transaction ID:** FD4C6C760EBB08E0CC0

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 4950 S Le Jeune Rd Ste D

City State Zip Code  
Coral Gables FL 33146-2231

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 ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** 4EEAA833AAFE5D73D6B0

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 8635 W 3rd St Ste 360W

City State Zip Code  
Los Angeles CA 90048-6149

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** 427BAB0F34E828C95C0F

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **575.00**

**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 43 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Louis Maisel                |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 10 / 2010 |
|   | Mailing Address PO Box 547   |                               | <b>Transaction ID:</b> 463CB8E06CF3FC1BFD86         |
|   | City<br>New City   | State<br>NY                   | Zip Code<br>10956-0547                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | Amount of Each Receipt this Period<br>25.00         |
|   | Name of Employer Self<br>Self  | Occupation<br>Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>725.00                                     |                               |   |

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Masud Malik                 |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 03 / 2010 |
|   | Mailing Address 3865 N Mulford Rd                                      |                               | <b>Transaction ID:</b> 4B59914E3A0A0367E588         |
|   | City<br>Rockford   | State<br>IL                   | Zip Code<br>61114-5603                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | Amount of Each Receipt this Period<br>83.34         |
|   | Name of Employer Self<br>Self  | Occupation<br>Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>333.36                                     |                               |   |

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Timothy Malone              |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 02 / 2010 |
|   | Mailing Address 731 Walker Rd Ste F                                    |                               | <b>Transaction ID:</b> 4DC8AB3ADCCDC9A09D01         |
|   | City<br>Great Falls  | State<br>VA                   | Zip Code<br>22066-2834                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | Amount of Each Receipt this Period<br>25.00         |
|   | Name of Employer Self<br>Self  | Occupation<br>Ophthalmologist | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00                                     |                               |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>133.34</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 44 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1237 B St

City State Zip Code  
Hayward CA 94541-2915

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 ▼ 500.04

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** 4B6F9B54038E01215FA0

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Sheron Marshall

Mailing Address 7075 Campus Dr Ste 100

City State Zip Code  
Colorado Springs CO 80920-6524

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2010

**Transaction ID:** 483B8423B5C233C6E9A4

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Douglas Marx

Mailing Address 140 Highway 201 N

City State Zip Code  
Mountain Home AR 72653-3158

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  
09 / 27 / 2010

**Transaction ID:** 772EB8AC485A80D0733

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **490.01**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Benjamin Mason              | Date of Receipt<br>MM / DD / YYYY<br>09 / 30 / 2010 |
|   | Mailing Address 1110 Eagle Ridge Rd                                    | <b>Transaction ID:</b> 42BB80DC6C362DBF1DB5         |
|   | City State Zip Code<br>Cedar Falls IA 50613-1514                       | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED    |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mark Mazow                  | Date of Receipt<br>MM / DD / YYYY<br>09 / 07 / 2010 |
|   | Mailing Address 7150 Greenville Ave Ste 305                            | <b>Transaction ID:</b> 581EFFFFA059558E1A21         |
|   | City State Zip Code<br>Dallas TX 75231-5185                            | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Rodney McCarthy             | Date of Receipt<br>MM / DD / YYYY<br>09 / 08 / 2010 |
|   | Mailing Address 2865 N Reynolds Rd Ste 170                             | <b>Transaction ID:</b> 476E8DE6382001C2C57C         |
|   | City State Zip Code<br>Toledo OH 43615-2076                            | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>650.00</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: PAGE 46 / 107  
(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)  
Charles McCash

Mailing Address 1314 E Sonterra Blvd  
Ste 5201

City San Antonio State TX Zip Code 78258-4290

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 09 / 13 / 2010  
Transaction ID: 689224922FBDBE8B835  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
E. Colin McComiskey

Mailing Address 604 W 13th Ave

City Covington State LA Zip Code 70433-3308

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 09 / 01 / 2010  
Transaction ID: 8D01BBEDABE9F8D02AC  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
J. Arch McNamara

Mailing Address 2300 Highland Ave  
Ste 201

City Bethlehem State PA Zip Code 18020-8920

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 09 / 10 / 2010  
Transaction ID: 495787322068053E6864  
Amount of Each Receipt this Period 41.67  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1406.67

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

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

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

FOR LINE NUMBER: PAGE 47 / 107  
(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)  
Aaron Miller

Mailing Address 13414 Medical Complex Dr  
Ste 4

City State Zip Code  
Tomball TX 77375-3333

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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** 40B78F10F1A563851204

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Calvin Miller

Mailing Address 225 Midway Medical Park

City State Zip Code  
Bristol TN 37620-1680

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 ▼ 349.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** 4EBCFA591CF7856BC07

Amount of Each Receipt this Period  
199.00

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

Mailing Address 3435 NW 56th St  
Building A # 700

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 ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** 459F95D943649C268B5D

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **349.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 107  
(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)  
Dorothy Moore

Mailing Address 2055 Limestone Rd  
Ste 102

City State Zip Code  
Wilmington DE 19808-5536

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 02 / 2010

**Transaction ID:** 44C1B7F7F1C238BCAEB4

Amount of Each Receipt this Period  
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Ronald Lee Morton

Mailing Address 1001 Tower Way  
Ste 150

City State Zip Code  
Bakersfield CA 93309-1586

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 ▼ 182.46

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 29 / 2010

**Transaction ID:** 4B0786BB0834B0F48C74

Amount of Each Receipt this Period  
30.41

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Kamal Nassif

Mailing Address 2300 N Mayfair Rd  
Ste 1155

City State Zip Code  
Milwaukee WI 53226-1553

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 ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 11 / 2010

**Transaction ID:** 4AC682DFA02061F56454

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 180.41

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



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

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

FOR LINE NUMBER: PAGE 49 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Neahrng  
Mailing Address 1309 Liberty St SE  
City Salem State OR Zip Code 97302-4245  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 09 / 08 / 2010  
Transaction ID: 4C7FA3E58813B81F2E97  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Eric Nelson  
Mailing Address 6405 France Ave S Ste W460  
City Edina State MN Zip Code 55435-2189  
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 09 / 02 / 2010  
Transaction ID: 407F84A20AFAFFBEBDED  
Amount of Each Receipt this Period 25.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Leo Neu, III  
Mailing Address 1265 E Primrose St  
City Springfield State MO Zip Code 65804-4278  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 09 / 10 / 2010  
Transaction ID: 4AFB89E3FACCF06A4FD0  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 107  
(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)  
Dennis O'Connell

Mailing Address 125 Inverness Dr E  
Ste 320

City Englewood State CO Zip Code 80112-5139

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 07 / 2010

**Transaction ID:** 18D2D8A87F92474FB6C

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Joanna Oda

Mailing Address 445 5th Ave  
Apt 14D

City New York State NY Zip Code 10016-0133

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2010

**Transaction ID:** 63048AFD2CF6F526F3B

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Lanny Odin

Mailing Address 5109 Blackwolf Rd

City Springfield State IL Zip Code 62711-7894

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2010

**Transaction ID:** 76BF5729-5C56-428F-

Amount of Each Receipt this Period  
1000.00

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|           |   |                                    |   |  |  |
|-----------|---|------------------------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Paul Olson   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 20 / 2010 |  |  |
|           | Mailing Address 1055 N 300 W<br>Ste 204   |                                    | <b>Transaction ID:</b> 45228CF29C42BB439F13         |  |  |
|           | City<br>Provo   | State<br>UT                        | Zip Code<br>84604-3374                              | Amount of Each Receipt this Period<br>208.34 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |  |  |
|           | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |  |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>416.68 |   |  |  |

|           |   |                                    |   |   |  |
|-----------|---|------------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>S. Richard Ombres, Jr.   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 10 / 2010 |   |  |
|           | Mailing Address PO Box 190  |                                    | <b>Transaction ID:</b> 43A38E3886F49CB66609         |   |  |
|           | City<br>Christiansted   | State<br>VI                        | Zip Code<br>00821-0190                              | Amount of Each Receipt this Period<br>83.34 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|           | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |   |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.04 |   |   |  |

|           |   |                                    |   |   |  |
|-----------|---|------------------------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mark Ozog  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2010 |   |  |
|           | Mailing Address 1417 9th St S<br>Ozog Eye Care and Laser Center, St   |                                    | <b>Transaction ID:</b> 456DBBEF7F0941845D97         |   |  |
|           | City<br>Great Falls   | State<br>MT                        | Zip Code<br>59405-4509                              | Amount of Each Receipt this Period<br>41.67 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|           | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |   |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.02 |   |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>333.35</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 52 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4075 Southpointe Dr.

City Eugene State OR Zip Code 97405

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 09 / 25 / 2010

Transaction ID: C636B115-492D-40CD-

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Laura Pallan

Mailing Address 807 Timber Ln

City Sewickley State PA Zip Code 15143-8962

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 ▼ 424.00

Date of Receipt 09 / 20 / 2010

Transaction ID: 403D87919DEDDB20C3C85

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Paul Pare

Mailing Address 304 SE Hospital Ave

City Stuart State FL Zip Code 34994-2338

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 02 / 2010

Transaction ID: 465EBD7AA3FF9D2FCA57

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 575.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 107

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial)

Christopher Paris

Mailing Address 2820 Central Ave  
Ste B

City State Zip Code  
Billings MT 59102-8624

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2010

Transaction ID: E23F57B0A3AEF115CED

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Alpa Patel

Mailing Address 1926 Glendon Ave  
Apt 3

City State Zip Code  
Los Angeles CA 90025-4661

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 02 / 2010

Transaction ID: 0272E8E489793A9EAEC

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Maria Patterson

Mailing Address 12690 W North Ave

City State Zip Code  
Brookfield WI 53005-4636

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 ▼ 424.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 20 / 2010

Transaction ID: 4CCAA06052B87FCA0BE9

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

1025.00

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |  |   |  |
|---|--|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Marc Peden      |   | Date of Receipt  |
|   | Mailing Address 1600 SW Archer Rd<br>Box 100284, Rm M1-20  |   | <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>  |
|   | City   | State   | Zip Code   |
|   | Gainesville  | FL  | 32610-3003   |
|   | FEC ID number of contributing federal political committee. |   | <input type="text" value="C"/>   |
|   | Name of Employer<br>Self                                   |   | Occupation<br>Ophthalmologist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="340.02"/> | Transaction ID: 4E5AB4ABC436147698DF<br>Amount of Each Receipt this Period<br><input type="text" value="10.00"/><br>PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED |

|   |  |   |   |
|---|--|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Marc Peden      |   | Date of Receipt   |
|   | Mailing Address 1600 SW Archer Rd<br>Box 100284, Rm M1-20  |   | <input type="text" value="09"/> / <input type="text" value="14"/> / <input type="text" value="2010"/>   |
|   | City   | State   | Zip Code  |
|   | Gainesville  | FL  | 32610-3003  |
|   | FEC ID number of contributing federal political committee. |   | <input type="text" value="C"/>  |
|   | Name of Employer<br>Self                                   |   | Occupation<br>Ophthalmologist   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="340.02"/> | Transaction ID: 4BBB8ACB66606C1C4388<br>Amount of Each Receipt this Period<br><input type="text" value="41.67"/><br>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |

|   |  |   |  |
|---|--|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Erica Person    |   | Date of Receipt  |
|   | Mailing Address 10152 Mackey St.                           |   | <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>            |
|   | City   | State   | Zip Code   |
|   | Overland Park  | KS  | 66212  |
|   | FEC ID number of contributing federal political committee. |   | <input type="text" value="C"/>   |
|   | Name of Employer<br>Self                                   |   | Occupation<br>Ophthalmologist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br><input type="text" value="365.00"/> | Transaction ID: A6DBA751-6D00-4F25-<br>Amount of Each Receipt this Period<br><input type="text" value="365.00"/> |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="416.67"/> |
| <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 55 / 107  
(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 Plager  
Mailing Address 702 Rotary Cir  
City Indianapolis State IN Zip Code 46202-5133  
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 09 / 15 / 2010  
Transaction ID: 92FFC35C-B2B4-4687-  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Eric Paul Purdy  
Mailing Address 11622 Eagle Creek Pass  
City Fort Wayne State IN Zip Code 46814-3278  
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 09 / 13 / 2010  
Transaction ID: 3D873B7B2CF6C094FF1  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Vadrevu Raju  
Mailing Address 3140 Collins Ferry Rd  
City Morgantown State WV Zip Code 26505-3352  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 09 / 11 / 2010  
Transaction ID: 4903B3B6BA4CDD9C7FA4  
Amount of Each Receipt this Period 25.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 890.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 107  
(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)  
Matthew Reed

Mailing Address 11800 Rock Landing Dr

City State Zip Code  
Newport News VA 23606-4206

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 ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2010

**Transaction ID:** 4603A368DCD2C1A5B2F7

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Susan Jane Relf

Mailing Address 5007 Matterhorn Dr

City State Zip Code  
Duluth MN 55811-3812

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** 4A19A845000085FD7912

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Karen Toth Repine

Mailing Address 8381 Southpark Ln

City State Zip Code  
Littleton CO 80120-4508

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  
09 / 16 / 2010

**Transaction ID:** C98A8C08C6229F50C85

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **515.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 57 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

**A.**

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

Mailing Address 31455 Winterplace Pkwy

City State Zip Code  
Salisbury MD 21804-1891

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  
09 / 13 / 2010

**Transaction ID:** E346BAF5C66577B0F09

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 207 S Santa Anita Ave  
Ste P25

City State Zip Code  
San Gabriel CA 91776-1145

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2853.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 26 / 2010

**Transaction ID:** 4115AB02D84508D4C1D7

Amount of Each Receipt this Period  
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 1575 20th St NW  
Ste 101

City State Zip Code  
Faribault MN 55021-2931

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  
09 / 01 / 2010

**Transaction ID:** 2A7EE0F9353D6105706

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 107

(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)

Jesse Rigsby

Mailing Address 834 N Seminary St  
Ste 103

City State Zip Code  
Galesburg IL 61401-2897

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.02

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: 4498AF5826A55B93A41F

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Teresa Rosales

Mailing Address 4100 Long Beach Blvd  
Ste 108

City State Zip Code  
Long Beach CA 90807-2696

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 09 / 2010

Transaction ID: 457A804E78107E72FAA0

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

J. Avery Rush

Mailing Address 7308 Fleming Ave

City State Zip Code  
Amarillo TX 79106-1829

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: C9A2DC450B2631A4C4D

Amount of Each Receipt this Period

1000.00

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

1066.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 107  
(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)  
Juliet Ream Rysenga

Mailing Address 1050 SW 3rd Ave  
Ste 2200

City State Zip Code  
Ontario OR 97914-4553

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  
09 / 07 / 2010

**Transaction ID:** 27E7F054BA846D2F4BF

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Noel Saks

Mailing Address 845 Beverly Pl

City State Zip Code  
Deerfield IL 60015-3441

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  
09 / 30 / 2010

**Transaction ID:** 14FDF1AB4FE80A509A8

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Gohar Salam

Mailing Address 3978 New Vision Dr

City State Zip Code  
Fort Wayne IN 46845-1712

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2010

**Transaction ID:** AD0FDB7F863E8EAE09

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2730.00

**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 60 / 107  
(check only one)

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

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

**A.**

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

Mailing Address 2827 N Clarkson St

City State Zip Code  
Fremont NE 68025-7714

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2010

**Transaction ID:** 49C4B98D9555DD55696

Amount of Each Receipt this Period  
25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 710 E 24th St Ste 100

City State Zip Code  
Minneapolis MN 55404-3897

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  
09 / 10 / 2010

**Transaction ID:** 81D7BD07E92C298743C

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 7711 Louis Pasteur Dr Ste 603

City State Zip Code  
San Antonio TX 78229-3421

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 ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 11 / 2010

**Transaction ID:** 47CA8F1901CC233A1F17

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **415.00**

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 61 / 107 |
|   | <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)<br>Jean Schott  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2010 |
| Mailing Address 2209 S Memorial Pl  |                                    | <b>Transaction ID:</b> C253595A5B41CC98EB8          |
| City<br>Sheboygan   | State<br>WI                        | Zip Code<br>53081-3715                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Loren Schrenk  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 17 / 2010 |
| Mailing Address 12818 Tesson Ferry Rd<br>Ste 201  |                                    | <b>Transaction ID:</b> 4F75B626954E1A0DB39A         |
| City<br>Saint Louis   | State<br>MO                        | Zip Code<br>63128-2945                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>25.00         |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Joseph Schwartz  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2010 |
| Mailing Address 31455 Winterplace Pkwy  |                                    | <b>Transaction ID:</b> 8F78F5B393243A22748          |
| City<br>Salisbury   | State<br>MD                        | Zip Code<br>21804-1891                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1025.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 62 / 107 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>Halsey Settle            |                                    | Date of Receipt   |
|   | Mailing Address 4207 James Casey St<br>Ste 305                      |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>09 / 27 / 2010 |
|   | City Austin   | State TX                           | Zip Code 78745-1193   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 7F742AE5152C65B6C81  |
|   | Name of Employer Self   |                                    | Occupation Ophthalmologist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 | Amount of Each Receipt this Period<br>300.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Gerald Shepps            |                                    | Date of Receipt   |
|   | Mailing Address 150 Broadway<br>Rm 1800                             |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>09 / 15 / 2010 |
|   | City New York   | State NY                           | Zip Code 10038-4351   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> C0648E0B9767F7F540E  |
|   | Name of Employer Self   |                                    | Occupation Ophthalmologist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>365.00 | Amount of Each Receipt this Period<br>365.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>David Shulman            |                                    | Date of Receipt   |
|   | Mailing Address 999 E Basse Rd<br>Ste 127                           |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>09 / 22 / 2010 |
|   | City San Antonio  | State TX                           | Zip Code 78209-1802   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 40E2B5319DC4C220BD46   |
|   | Name of Employer Self   |                                    | Occupation Ophthalmologist  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>383.34 | Amount of Each Receipt this Period<br>83.34   |

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>748.34</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 63 / 107  
(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 So

Mailing Address 2100 Webster St  
Ste 214

City San Francisco State CA Zip Code 94115-2375

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 ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 19 / 2010

**Transaction ID:** 412E8E1850FAAFF7E277

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Alfred Solish

Mailing Address 630 S Raymond Ave  
Unit 230

City Pasadena State CA Zip Code 91105-3283

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 11 / 2010

**Transaction ID:** 47DD8A3AC96AE36C8DF2

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Gerald Spindel

Mailing Address 6 Tsienneto Rd  
Ste 101

City Derry State NH Zip Code 03038-1584

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 24 / 2010

**Transaction ID:** 4D1496A4A10D2CE6426B

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 166.67

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

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

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

FOR LINE NUMBER: PAGE 64 / 107  
(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)  
Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City State Zip Code  
Mount Kisco NY 10549-2217

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2010

**Transaction ID:** 4DE3A4D562BA053D3DE3

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Wells Stewart

Mailing Address 177 Parkwood Dr

City State Zip Code  
Elkin NC 28621-2429

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 ▼ 250.02

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** 44DFA1A5236D8158162C

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Drew Stoken

Mailing Address 338 Alexander Spring Rd

City State Zip Code  
Carlisle PA 17015-9129

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2010

**Transaction ID:** 45DD9F472305586233EA

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **141.67**

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



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

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 65 / 107                |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

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

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| <b>A.</b>                                  | Full Name (Last, First, Middle Initial)<br>Donald Stone             |                                     | Date of Receipt   |
|  | Mailing Address 748 Tuscany Way                                     |                                     | <input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/> |
|  | City  | State                               | Zip Code  |
|  | Edmond  | OK                                  | 73034-6786  |
|  | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 49F2BC4D3C65FDC9D1BC   |
| Name of Employer Self                      |   | Occupation                          | Amount of Each Receipt this Period  |
| Self                                       |   | Ophthalmologist                     | <input type="text" value="50.00"/>  |
| Receipt For:                               |   | Aggregate Year-to-Date ▼            | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED  |
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General                                    | <input type="text" value="450.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼ |   |                                     |   |

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| <b>B.</b>                                  | Full Name (Last, First, Middle Initial)<br>Richard Storm            |                                     | Date of Receipt   |
|  | Mailing Address 303 E Park Ave                                      |                                     | <input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2010"/> |
|  | City  | State                               | Zip Code  |
|  | Long Beach  | NY                                  | 11561-3600  |
|  | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 4098BFE67C5CE3840A27   |
| Name of Employer Self                      |   | Occupation                          | Amount of Each Receipt this Period  |
| Self                                       |   | Ophthalmologist                     | <input type="text" value="25.00"/>  |
| Receipt For:                               |   | Aggregate Year-to-Date ▼            | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General                                    | <input type="text" value="590.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼ |   |                                     |   |

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| <b>C.</b>                                  | Full Name (Last, First, Middle Initial)<br>Theodore Stransky        |                                     | Date of Receipt   |
|  | Mailing Address 350 W Columbia St Ste 250                           |                                     | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/> |
|  | City  | State                               | Zip Code  |
|  | Evansville  | IN                                  | 47710-1782  |
|  | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> D1C13523F24DE73D425  |
| Name of Employer Self                      |   | Occupation                          | Amount of Each Receipt this Period  |
| Self                                       |   | Ophthalmologist                     | <input type="text" value="187.50"/>   |
| Receipt For:                               |   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary           | <input type="checkbox"/> General                                    | <input type="text" value="312.50"/> |   |
| <input type="checkbox"/> Other (specify) ▼ |   |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="262.50"/> |
| <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 66 / 107  
(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)  
Shigemi Sugiki

Mailing Address 1380 Lusitana St  
Ste 714

City Honolulu State HI Zip Code 96813-2443

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 ▼ 1900.00

Date of Receipt 09 / 24 / 2010  
Transaction ID: 4F539DE8FB8DF4DA101E  
Amount of Each Receipt this Period 100.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Stephanie Sugin

Mailing Address 1201 W Main St  
Ste 100

City Waterbury State CT Zip Code 06708-3105

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 955.00

Date of Receipt 09 / 10 / 2010  
Transaction ID: 4E9DA11F0E57670442EE  
Amount of Each Receipt this Period 25.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 21827 76th Ave W  
Ste 102

City Edmonds State WA Zip Code 98026-7981

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 09 / 10 / 2010  
Transaction ID: 413C9EFD26EC0FE80E74  
Amount of Each Receipt this Period 83.34  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 208.34

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 67 / 107                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A.**

|   |                               |   |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Leiv Takle, Jr.  |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 01 / 2010 |
| Mailing Address 109 Maddoxwoods Dr  |                               | <b>Transaction ID:</b> 7E6B8BECFEAB393EEF9          |
| City<br>Griffin   | State<br>GA                   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                               | Amount of Each Receipt this Period<br>365.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date ▼<br>365.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                               |   |

**B.**

|   |                               |   |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Gary Tanner  |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 29 / 2010 |
| Mailing Address 10 Jacobs Ln  |                               | <b>Transaction ID:</b> 4ADFB97EDFA51F85151B         |
| City<br>Newport News  | State<br>VA                   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                               | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date ▼<br>950.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                               |   |

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

|   |                               |   |
|---|-------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Donald Texada  |                               | Date of Receipt<br>MM / DD / YYYY<br>09 / 13 / 2010 |
| Mailing Address 1501 Kings Hwy<br>PO Box 33932  |                               | <b>Transaction ID:</b> 64EA4658F8DAF14F8F6          |
| City<br>Shreveport  | State<br>LA                   |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                               | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date ▼<br>500.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                               |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 915.00 |
| <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 68 / 107

(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)

Vance Michael Thompson

Mailing Address 1310 W 22nd St

City State Zip Code  
Sioux Falls SD 57105-1501

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 07 / 2010

Transaction ID: C039C86B517B0F96475

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Randall Tozer

Mailing Address 9811 N 95th St  
Ste 101

City State Zip Code  
Scottsdale AZ 85258-4527

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 ▼ 531.68

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: 4648B9F35D9E804E853E

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Tuck

Mailing Address 3320 Franklin Rd SW

City State Zip Code  
Roanoke VA 24014-1310

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 15 / 2010

Transaction ID: 50BC525B9C2AA457B96

Amount of Each Receipt this Period  
365.00

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

906.67

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 107  
(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)  
Mark Reid Tucker

Mailing Address 3368 Highway 280  
Ste 215

City Alexander City State AL Zip Code 35010-3375

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 01 / 2010

**Transaction ID:** 7783D048F31EAE2ECD2

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 7900 W Jefferson Blvd  
Ste 300

City Fort Wayne State IN Zip Code 46804-4128

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2010

**Transaction ID:** 5A494412A217FD58085

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
R. Bruce Wallace, III

Mailing Address 4110 Parliament Dr

City Alexandria State LA Zip Code 71303-2787

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 21 / 2010

**Transaction ID:** 67D52FB9B6DC533B45C

Amount of Each Receipt this Period  
500.00

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 70 / 107                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Thomas Peter Ward           | Date of Receipt<br>MM / DD / YYYY<br>09 / 14 / 2010 |
|   | Mailing Address 18 Old Stone Xing                                      | <b>Transaction ID:</b> 48FAABADBB419E36183B         |
|   | City State Zip Code<br>West Hartford CT 06117-1859                     | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED    |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>450.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Keith Warren                | Date of Receipt<br>MM / DD / YYYY<br>09 / 15 / 2010 |
|   | Mailing Address 10100 W 119th St Ste 260                               | <b>Transaction ID:</b> 6F844586D8F0700C0FB          |
|   | City State Zip Code<br>Overland Park KS 66213-4100                     | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>L. Andrew Watkins           | Date of Receipt<br>MM / DD / YYYY<br>09 / 08 / 2010 |
|   | Mailing Address 427 W 20th St Ste 100                                  | <b>Transaction ID:</b> 454D892C77FFC871A824         |
|   | City State Zip Code<br>Houston TX 77008-2425                           | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
|   | Name of Employer Self<br>Occupation<br>Self Ophthalmologist            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>600.00</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: PAGE 71 / 107  
(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)  
Aaron Weingeist

Mailing Address 3934 S Americus St

City State Zip Code  
Seattle WA 98118-1640

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 ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 05 / 2010

**Transaction ID:** 4197B6965632CDACD061

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Howard Weiss

Mailing Address 6003 Corbin Road

City State Zip Code  
Bethesda MD 20816

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  
09 / 24 / 2010

**Transaction ID:** 0FC23D89-1D02-4CD4-

Amount of Each Receipt this Period  
365.00

**C.**

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

Mailing Address 424 Yellowstone Ave Ste 110

City State Zip Code  
Cody WY 82414-9309

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 ▼  
500.04

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** 4DBE8ED1BA3D443B8382

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **498.34**

**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 72 / 107 |
|   | <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)<br>Kent Lewis Wellish   |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 24 / 2010 |   |  |
|   | Mailing Address 2110 E Flamingo Rd<br>Ste 210                   |                                     | <b>Transaction ID:</b> AE36CDFB7908966EFC0          |   |  |
|   | City<br>Las Vegas   | State<br>NV                         | Zip Code<br>89119-5193                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Self  | Occupation<br>Ophthalmologist       |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John Wells, III      |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 08 / 2010 |   |  |
|   | Mailing Address 124 Sunset Ct                                   |                                     | <b>Transaction ID:</b> 419285D45B16F77B690B         |   |  |
|   | City<br>West Columbia   | State<br>SC                         | Zip Code<br>29169-2429                              | Amount of Each Receipt this Period<br>100.00      |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Self  | Occupation<br>Ophthalmologist       |   | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1800.00 |   |   |  |

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Amy Wexler           |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 17 / 2010 |   |  |
|   | Mailing Address 509 S Lenola Rd<br>Ste 11                       |                                    | <b>Transaction ID:</b> 4887A5D2479B30D64018         |   |  |
|   | City<br>Moorestown  | State<br>NJ                        | Zip Code<br>08057-1556                              | Amount of Each Receipt this Period<br>25.00       |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |   |  |
|   | Name of Employer<br>Self  | Occupation<br>Ophthalmologist      |   | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>725.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1125.00 |
| <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 73 / 107  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Richard Wieder

Mailing Address 11188 Tesson Ferry Rd  
Ste 100

City State Zip Code  
Saint Louis MO 63123-6962

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  
09 / 23 / 2010

**Transaction ID:** 1DC3DF604F9F7572E8C

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Kai Wong

Mailing Address 2323 16th St  
Mercy Medical Plaza, Ste 501

City State Zip Code  
Bakersfield CA 93301-3454

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  
09 / 27 / 2010

**Transaction ID:** 2BF40F2B311281D18E6

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Keye Luc Wong

Mailing Address 45 Sandy Cove Road

City State Zip Code  
Sarasota FL 34242

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 ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** C46FEF97-CFF0-4440-

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 107  
(check only one)

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

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

**A.**

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

Mailing Address 375 Hershberger Rd

City State Zip Code  
Roanoke VA 24012-1983

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** B2168FB46F1B0D40728

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Lyn Yakubov

Mailing Address 10 Dutton Dr  
Eye Care Assoc Inc

City State Zip Code  
Youngstown OH 44502-1818

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 ▼ 725.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

**Transaction ID:** 4E9681F77F0B8E270F7D

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Perry Younger

Mailing Address 1626 Getty Ave  
Apt B

City State Zip Code  
Indiana PA 15701-3516

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  
09 / 07 / 2010

**Transaction ID:** D77392E977E32309CFC

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **690.00**

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

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

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

FOR LINE NUMBER: PAGE 75 / 107  
(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)  
Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd  
Ste 100

City State Zip Code  
Winston Salem NC 27103-5663

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 ▼ 658.35

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 10 / 2010

**Transaction ID:** 4D2883A2BB5E35CE7CD8

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Carol Ziel

Mailing Address 2025 Frontis Plaza Blvd  
Ste 100

City State Zip Code  
Winston Salem NC 27103-5663

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 ▼ 658.35

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** 4775AA053D04CCF3DD48

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Harry Zink

Mailing Address 3519 Friendsville Rd

City State Zip Code  
Wooster OH 44691-1241

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 916.98

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 01 / 2010

**Transaction ID:** 46F994706814D93B6904

Amount of Each Receipt this Period  
83.33

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**TOTAL** This Period (last page this line number only) ..... ► **49355.30**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |  |                             |
|---|------------------------------|------------------------------|--|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 76 / 107                          |                             |
|   | (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 checked="" 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)<br>Mission Pac     |                                     | Date of Receipt                       |  |
|   | Mailing Address 1831 Bay St SE                             |                                     | M M / D D / Y Y Y Y<br>09 / 27 / 2010 |  |
|   | City   | State                               | Zip Code                              | <b>Transaction ID:</b> B581A5F23281041AD1D |
|   | Washington   | DC                                  | 20003                                 |  |
|   | FEC ID number of contributing federal political committee. |                                     | Amount of Each Receipt this Period    |  |
|   | C  |                                     | 2500.00                               |  |
| Name of Employer  | Occupation   |                                     | Refund of contribution                |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>2500.00 |                                       |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 2500.00 |

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

|   |                              |                              |                             |  |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 77 / 107               |  |
|   | (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)<br>Bank of America  |                                     | Date of Receipt                              |  |  |
|           | Mailing Address 101 S Marengo Avenue<br>3rd Floor   |                                     | M M / D D / Y Y Y Y<br>09 / 30 / 2010        |  |  |
|           | City<br>Pasadena  | State<br>CA                         | Zip Code<br>91101                            | <b>Transaction ID:</b> 586B5502BC47B11CBC6 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>136.55 |  |  |
|           | Name of Employer  | Occupation                          |  | CD interest - Sep 2010                     |  |
|           | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1588.83 |  |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 136.55 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 136.55 |

**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 78 / 107

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank charges - Sep 2010

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 1ABE52F2D6C91B1DF04

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

979.92

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
AMEX discount - Sep 2010

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 3D4CA3709150DFC13A9

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

364.63

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

1344.55

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

1344.55

# 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 79 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br/>A Lot of People Who Support Jeff Bingaman</p> <p>Mailing Address PO Box 16210</p> <p>City Albuquerque State NM Zip Code 87191</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Jeff Bingaman</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NM District:</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 74726-2951776385307</p> <p>Date of Disbursement<br/>09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>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<br/>2010 GENERAL</p> <p>Candidate Name<br/>Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 31</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                              | <p><b>Transaction ID:</b> 50450-5940210223197</p> <p>Date of Disbursement<br/>09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Benishek for Congress</p> <p>Mailing Address 802 Pentoga Trail</p> <p>City Crystal Falls State MI Zip Code 49920</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Daniel J. Benishek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MI District: 01</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 93669-5188714861869</p> <p>Date of Disbursement<br/>09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |

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

7000.00

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

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

Use separate schedule(s)  
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><br>Full Name (Last, First, Middle Initial)<br>Bera for Congress<br><hr/> Mailing Address Post Office Box 582496<br><hr/> City Elk Grove State CA Zip Code 95758<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Ameriash Bera<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 03<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: 74726-2386590838432<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 28 / 2010   |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Betty Sutton for Congress<br><hr/> Mailing Address 1700 W Market St #155<br><hr/> City Akron State OH Zip Code 44313<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Betty Sue Sutton<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 13<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: 94606-6584436297416<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010   |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bill Cassidy for Congress<br><hr/> Mailing Address 8550 United Plaza Blvd.<br>Suite 1001<br><hr/> City Baton Rouge State LA Zip Code 70809<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>William Cassidy<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 06<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 50636-0096551775932<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010   |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

9000.00

**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><br>Full Name (Last, First, Middle Initial)<br>Blaine for Congress 2010<br><hr/> Mailing Address PO Box 25<br><hr/> City Holts Summit State MO Zip Code 65043<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>W. Blaine Luetkemeyer<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District: 09<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                            | Transaction ID: 94606-2381402850151<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010   |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Blumenthal for Senate<br><hr/> Mailing Address 777 Summer Street<br><hr/> City Stamford State CT Zip Code 06901<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Richard Blumenthal<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District:<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 94606-9928399920463<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010   |
|  | Amount of Each Disbursement this Period<br>5000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Bob Etheridge for Congress Committee<br><hr/> Mailing Address Post Office Box 28001<br>PO Box 28001<br><hr/> City Raleigh State NC Zip Code 27611<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Bob Etheridge<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 02<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 50450-4887353777885<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010   |
|  | Amount of Each Disbursement this Period<br>1500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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)

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Bucshon for Congress<br><hr/> Mailing Address PO Box 250<br><hr/> City Newburgh State IN Zip Code 47629<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Larry D. Bucshon<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 08<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 93669-9160119891166<br>Date of Disbursement<br>09 / 10 / 2010  |
|  | Amount of Each Disbursement this Period<br>5000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Cantor for Congress<br><hr/> Mailing Address PO Box 17813<br><hr/> City Richmond State VA Zip Code 23226<br><hr/> Purpose of Disbursement<br>Contribution 2010 General<br>Candidate Name<br>Eric I. Cantor<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 07<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 93669-7322656512260<br>Date of Disbursement<br>09 / 10 / 2010  |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Chad Causey for Congress<br><hr/> Mailing Address PO Box 16966<br><hr/> City Jonesboro State AR Zip Code 72403<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Chad Causey<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 74726-9265710711479<br>Date of Disbursement<br>09 / 28 / 2010  |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

10000.00

**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><br>Full Name (Last, First, Middle Initial)<br>Charles A. Gonzalez Congressional Campaign<br><hr/> Mailing Address PO Box 12612<br><hr/> City San Antonio State TX Zip Code 78212<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Charles A. Gonzalez<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 20<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Transaction ID:</b> 50660-2325403094291<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 0 / 2 0 1 0                              |
|   | Amount of Each Disbursement this Period<br>1500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Committee To Elect Chris Murphy<br><hr/> Mailing Address PO Box 127<br><hr/> City Cheshire State CT Zip Code 06410<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Christopher S. Murphy<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 05<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                   | <b>Transaction ID:</b> 93669-3776056170463<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 1 0 / 2 0 1 0                              |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Committee To Re-Elect Linda Sanchez<br><hr/> Mailing Address 1212 S. Victory Blvd<br>Suite 211<br><hr/> City Burbank State CA Zip Code 91502<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Linda T. Sanchez<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 39<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 74726-8974573016166<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 1 0                              |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement<br/>2010 GENERAL</p> <p>Candidate Name<br/>Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: CA District: 30</p>  | <p><b>Transaction ID:</b> 62163-8568536639213</p> <p>Date of Disbursement<br/>09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement<br/>2010 Contribution</p> <p>Candidate Name<br/>Continuing a Majority Party Action Committee (CAMP-AC)</p> <p>Office Sought: <input type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 93669-1064721941947</p> <p>Date of Disbursement<br/>09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Courtney for Congress</p> <p>Mailing Address 38 Risley Road</p> <p>City Vernon State CT Zip Code 06066</p> <p>Purpose of Disbursement<br/>2010 GENERAL</p> <p>Candidate Name<br/>Joseph D. Courtney</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: CT District: 02</p>   | <p><b>Transaction ID:</b> 61829-3097802996635</p> <p>Date of Disbursement<br/>09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Crowley for Congress</p> <p>Mailing Address 84-56 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373</p> <p>Purpose of Disbursement<br/>2010 PRIMARY</p> <p>Candidate Name<br/>Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District: 07</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                              | <p><b>Transaction ID:</b> 50450-4696008563041</p> <p>Date of Disbursement<br/>09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Dan Seals for Congress</p> <p>Mailing Address PO Box 584</p> <p>City Wilmette State IL Zip Code 60091</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Daniel Joseph Seals</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 10</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 74726-9542505145073</p> <p>Date of Disbursement<br/>09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue<br/>Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MI District: 04</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 74726-8554956316948</p> <p>Date of Disbursement<br/>09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>4000.00</p> <p>011<br/>Category/<br/>Type</p> |

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

11500.00

**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><br>Full Name (Last, First, Middle Initial)<br>David Schweikert for Congress<br><hr/> Mailing Address 15749 E El Lago Blvd<br><hr/> City Fountain Hills State AZ Zip Code 85268<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>David Schweikert<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 05<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 93669-9282953143119<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>09 / 10 / 2010                                   |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Denham for Congress<br><hr/> Mailing Address 2150 River Plaza Dr #150<br><hr/> City Sacramento State CA Zip Code 95833<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Jeffrey Denham<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 19<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | <b>Transaction ID:</b> 94606-5008661150932<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>09 / 24 / 2010                                   |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Diana Degette for Congress Inc.<br><hr/> Mailing Address PO Box 61337<br><hr/> City Denver State CO Zip Code 80206<br><hr/> Purpose of Disbursement<br>Contribution 09/10/10<br>Candidate Name<br>Diana L. DeGette<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | <b>Transaction ID:</b> 93669-9812433123588<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>09 / 10 / 2010                                   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | 011<br>Category/<br>Type   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

11000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Diana Degette for Congress Inc.<br><hr/> Mailing Address PO Box 61337<br><hr/> City Denver State CO Zip Code 80206<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Diana L. DeGette<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: CO District: 01                                    | Transaction ID: 62163-0846673846244<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 20 / 2010   |
|  | Amount of Each Disbursement this Period<br>1500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Every Republican Is Crucial (ERICPAC)<br><hr/> Mailing Address 25 East Main Street, Suite 200<br><hr/> City Richmond State VA Zip Code 23219<br><hr/> Purpose of Disbursement<br>2010 Contribution<br>Candidate Name<br>Every Republican Is Crucial (ERICPAC)<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: Contribution | Transaction ID: 93669-9834100604057<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010   |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Fleming for Congress<br><hr/> Mailing Address PO Box 1236<br><hr/> City Minden State LA Zip Code 71058<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>John Calvin Fleming, Jr.<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: LA District: 04   | Transaction ID: 94606-9063989520073<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010   |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Freedom Project; the  | Transaction ID: 94606-7151300311088<br>Date of Disbursement<br>09 / 24 / 2010 |
|    | Mailing Address 631-B Pennsylvania Ave., SE<br>Basement Unit   | Amount of Each Disbursement this Period<br>3000.00                            |
|    | City Washington State DC Zip Code 20003  |   |
|    | Purpose of Disbursement<br>Event date: 9/23/10   | 011<br>Category/<br>Type  |
|    | Candidate Name<br>Freedom Project; the   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   | Contribution  |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>Friends of Bill Posey  | Transaction ID: 49918-8259088397026<br>Date of Disbursement<br>09 / 10 / 2010 |
|    | Mailing Address PO Box 360877   | Amount of Each Disbursement this Period<br>1000.00                            |
|    | City Melbourne State FL Zip Code 32936  |   |
|    | Purpose of Disbursement<br>2010 GENERAL   | 011<br>Category/<br>Type  |
|    | Candidate Name<br>Bill Posey  |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
|    | State: FL District: 15  |   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Friends of Carolyn McCarthy  | Transaction ID: 62163-2069360613822<br>Date of Disbursement<br>09 / 20 / 2010 |
|    | Mailing Address 151 Linden Road   | Amount of Each Disbursement this Period<br>1000.00                            |
|    | City Mineola State NY Zip Code 11501  |   |
|    | Purpose of Disbursement<br>Contribution 2010 GENERAL  | 011<br>Category/<br>Type  |
|    | Candidate Name<br>Carolyn McCarthy  |   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
|    | State: NY District: 04  |   |

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

5000.00

**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 89 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>Friends of Cliff Stearns<br><hr/> Mailing Address PO Box 308<br><hr/> City Silver Springs State FL Zip Code 34489<br><hr/> Purpose of Disbursement<br>Contribution 2010 General<br>Candidate Name<br>Clifford B. Stearns<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 06<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 94606-0879785418510<br>Date of Disbursement<br>09 / 24 / 2010  |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Dave Reichert<br><hr/> Mailing Address PO Box 53322<br><hr/> City Bellevue State WA Zip Code 98015<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>David G. Reichert<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District: 08<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: 74726-9557306170463<br>Date of Disbursement<br>09 / 28 / 2010  |
|   | Amount of Each Disbursement this Period<br>1500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Dennis Cardoza<br><hr/> Mailing Address PO Box 2749<br><hr/> City Merced State CA Zip Code 95340<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Dennis A. Cardoza<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 18<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: 62163-3996240496635<br>Date of Disbursement<br>09 / 20 / 2010  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><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)

PAGE 90 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br/>Friends of Frank Guinta</p> <p>Mailing Address PO Box 877</p> <p>City Manchester State NH Zip Code 03105</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Frank Guinta</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: NH District: 01</p>    | <p><b>Transaction ID:</b> 74726-6914331316948</p> <p>Date of Disbursement<br/>09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement<br/>2010 GENERAL</p> <p>Candidate Name<br/>Glenn C. Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: VA District: 02</p>              | <p><b>Transaction ID:</b> 62163-7586786150932</p> <p>Date of Disbursement<br/>09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Glenn C. Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: VA District: 02</p> | <p><b>Transaction ID:</b> 94606-1076166033744</p> <p>Date of Disbursement<br/>09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |

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

5500.00

**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><br>Full Name (Last, First, Middle Initial)<br>Friends of Glenn Nye<br><hr/> Mailing Address PO Box 68444<br><hr/> City Virginia Beach State VA Zip Code 23471<br><hr/> Purpose of Disbursement<br>Contribution 2010 General<br>Candidate Name<br>Glenn C. Nye<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 02<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 94606-5503198504447<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  |  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Joe Pitts<br><hr/> Mailing Address PO Box 775<br><hr/> City Unionville State PA Zip Code 19375<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Joseph R. Pitts<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 16<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 93669-5658227801322<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010 |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  |  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Lois Capps<br><hr/> Mailing Address PO Box 23940<br><hr/> City Santa Barbara State CA Zip Code 93121<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Lois Capps<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 23<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: 94606-4234277606010<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010 |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
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**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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Sam Johnson<br><hr/> Mailing Address PO Box 860096<br><hr/> City Plano State TX Zip Code 75086<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Sam Johnson<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 03<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | <b>Transaction ID:</b> 62163-1352502703666<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 0 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>2500.00  |
|   | Category/<br>Type<br>011  |
|   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Schumer<br><hr/> Mailing Address 509 Madison Ave Suite 1902<br><hr/> City New York State NY Zip Code 10022<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Charles E. Schumer<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 74726-4324609637260<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>5000.00  |
|   | Category/<br>Type<br>011  |
|   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Gene Green Congressional Campaign<br><hr/> Mailing Address PO Box 16128<br><hr/> City Houston State TX Zip Code 77222<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Gene Green<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 29<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | <b>Transaction ID:</b> 94606-4607660174369<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 9 / 2 4 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>2500.00  |
|   | Category/<br>Type<br>011  |
|   |   |

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

10000.00

**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 93 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br>Giffords for Congress  | Transaction ID: 92220-5570337176322  |
|    | Mailing Address PO Box 12886  | Date of Disbursement<br>09 / 07 / 2010   |
|    | City Tucson State AZ Zip Code 85732   | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement<br>Contribution 2010 General  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Gabrielle Giffords  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: AZ District: 08  |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Gingrey for Congress   | Transaction ID: 50450-4030267596244  |
|    | Mailing Address PO Box U  | Date of Disbursement<br>09 / 10 / 2010   |
|    | City Marietta State GA Zip Code 30060   | Amount of Each Disbursement this Period<br>2000.00   |
|    | Purpose of Disbursement<br>2010 GENERAL   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>John Phillip Gingrey  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: GA District: 11  |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Hatch Election Committee Inc   | Transaction ID: 62163-1559259295463  |
|    | Mailing Address 175 South West Temple Suite 650   | Date of Disbursement<br>09 / 20 / 2010   |
|    | City Salt Lake City State UT Zip Code 84101   | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement<br>Event date: 9/21/10  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Orrin G. Hatch  |  |
|    | Office Sought: <input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: UT District:   |  |

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|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 7000.00 |
| <b>TOTAL</b> 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><br>Full Name (Last, First, Middle Initial)<br>Hoyer for Congress<br><hr/> Mailing Address 607 14th Street, NW<br>Suite 800<br><hr/> City Washington State DC Zip Code 20005<br><hr/> Purpose of Disbursement<br>Contribution 2010 General<br>Candidate Name<br>Steny H. Hoyer<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 05<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 93669-175655438041<br>Date of Disbursement<br>09 / 10 / 2010   |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Inslee for Congress<br><hr/> Mailing Address PO Box 33027<br><hr/> City Seattle State WA Zip Code 98133<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Jay Inslee<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 94606-6428338885307<br>Date of Disbursement<br>09 / 24 / 2010  |
|  | Amount of Each Disbursement this Period<br>2000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Kirkpatrick for Arizona<br><hr/> Mailing Address PO Box 993<br><hr/> City Prescott State AZ Zip Code 86302<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Ann Kirkpatrick<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AZ District: 01<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 94606-4037439227104<br>Date of Disbursement<br>09 / 24 / 2010  |
|  | Amount of Each Disbursement this Period<br>3000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

7500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Kissell for Congress   | Transaction ID: 94606-4134790301322  |
|    | Mailing Address PO Box 1530   | Date of Disbursement<br>09 / 24 / 2010   |
|    | City Biscoe State NC Zip Code 27209   | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement 2010 GENERAL<br>Candidate Name Lawrence Webb Kissell  | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 08 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Lance for Congress   | Transaction ID: 93669-3289605975151  |
|    | Mailing Address PO Box 225  | Date of Disbursement<br>09 / 10 / 2010   |
|    | City Colonia State NJ Zip Code 07067  | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement Contribution 2010 GENERAL<br>Candidate Name Leonard Lance   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 07 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Mark Critz for Congress Committee  | Transaction ID: 94606-5690271258354  |
|    | Mailing Address 551 Main Street Suite 120   | Date of Disbursement<br>09 / 24 / 2010   |
|    | City Johnstown State PA Zip Code 15901  | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement Contribution 2010 GENERAL<br>Candidate Name Mark S. Critz   | 011<br>Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 12 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 7500.00 |
| <b>TOTAL</b> 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><br>Full Name (Last, First, Middle Initial)<br>Marsha Blackburn for Congress Inc.<br><hr/> Mailing Address PO Box 682185<br><hr/> City Franklin State TN Zip Code 37068<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Marsha Blackburn<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TN District: 07<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | Transaction ID: 50450-1679956316947<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010   |
|  | Amount of Each Disbursement this Period<br>1000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Mike Fitzpatrick Ny1 for Congress<br><hr/> Mailing Address 274 Sixth Avenue<br><hr/> City Saint James State NY Zip Code 11780<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Michael J. Fitzpatrick<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 01<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 94606-3181268572807<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010   |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Minnick for Congress<br><hr/> Mailing Address 8150 West Emerald, Ste. 170<br><hr/> City Boise State ID Zip Code 83704<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Walter C. Minnick<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 01<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Transaction ID: 93669-1576196551322<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010   |
|  | Amount of Each Disbursement this Period<br>3000.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

6500.00

**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 97 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>New Democrat Coalition Political Action Committee Aka Ndc Pac<br>Mailing Address 607 14th Street NW Suite 800<br>City Washington State DC Zip Code 20005<br>Purpose of Disbursement Contribution 2010<br>Candidate Name New Democrat Coalition Political Action Committee Aka Ndc Pac<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Contribution | Transaction ID: 93669-9619867205619<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 10 / 2010 |
|  | Amount of Each Disbursement this Period<br>5000.00   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Pat Meehan for Congress<br>Mailing Address 50 S. Providence Road PO Box 308<br>City Media State PA Zip Code 19063<br>Purpose of Disbursement Contribution 2010 General<br>Candidate Name Patrick L. Meehan<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 07 Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 74726-6818353533744<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 28 / 2010 |
|  | Amount of Each Disbursement this Period<br>2500.00   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Paul Tonko for Congress<br>Mailing Address 911 Central Avenue PO Box 221<br>City Albany State NY Zip Code 12206<br>Purpose of Disbursement 2010 GENERAL<br>Candidate Name Paul D. Tonko<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 21 Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 94606-6846124529838<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>09 / 24 / 2010 |
|  | Amount of Each Disbursement this Period<br>1000.00   |

**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)

PAGE 98 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>People for Patty Murray<br><hr/> Mailing Address PO Box 3662<br><hr/> City Seattle State WA Zip Code 98124<br><hr/> Purpose of Disbursement<br>Contribution 2010 General<br>Candidate Name<br>Patty Murray<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: 93669-7408410906791<br>Date of Disbursement<br>09 / 10 / 2010 |
|   | Amount of Each Disbursement this Period<br>1500.00                            |
|   | Category/<br>Type<br>011  |
|   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Pete Sessions for Congress<br><hr/> Mailing Address PO Box 823047<br><hr/> City Dallas State TX Zip Code 75382<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Pete Sessions<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 32<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: 50450-0980035662651<br>Date of Disbursement<br>09 / 10 / 2010 |
|   | Amount of Each Disbursement this Period<br>5000.00                            |
|   | Category/<br>Type<br>011  |
|   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Peters for Congress<br><hr/> Mailing Address PO Box 226<br><hr/> City Bloomfield Hills State MI Zip Code 48303<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Gary C. Peters<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 09<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 62163-4203912615776<br>Date of Disbursement<br>09 / 20 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00                            |
|   | Category/<br>Type<br>011  |
|   |   |

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

9000.00

**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 99 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>Raj Goyle for Congress, Inc.<br><hr/> Mailing Address PO Box 780971<br><hr/> City Wichita State KS Zip Code 67278<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Raj Goyle<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: KS District: 04                     | Transaction ID: 94606-2188684344291<br>Date of Disbursement<br>09 / 24 / 2010  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Rangel for Congress<br><hr/> Mailing Address PO Box 5577<br>Manhattanville Sta<br><hr/> City New York State NY Zip Code 10027<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Charles B. Rangel<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: NY District: 15 | Transaction ID: 94606-7957727313041<br>Date of Disbursement<br>09 / 24 / 2010  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Rob Woodall for Congress<br><hr/> Mailing Address Post Office Box 1871<br><hr/> City Lawrenceville State GA Zip Code 30046<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Rob Woodall<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: GA District: 07          | Transaction ID: 94606-8497888445854<br>Date of Disbursement<br>09 / 24 / 2010  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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)

PAGE 100 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>Robin Carnahan for Senate<br><hr/> Mailing Address PO Box 50378<br><hr/> City St Louis State MO Zip Code 63105<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Robin Carnahan<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MO District:<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: 94606-0708124041557<br>Date of Disbursement<br>09 / 24 / 2010  |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Roskam for Congress Committee<br><hr/> Mailing Address PO Box 713<br><hr/> City Wheaton State IL Zip Code 60187<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Peter J. Roskam<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 06<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: 62163-9362909197807<br>Date of Disbursement<br>09 / 20 / 2010  |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Roskam for Congress Committee<br><hr/> Mailing Address PO Box 713<br><hr/> City Wheaton State IL Zip Code 60187<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Peter J. Roskam<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 06<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 62163-1865503191947<br>Date of Disbursement<br>09 / 20 / 2010  |
|   | Amount of Each Disbursement this Period<br>1500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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)

PAGE 101 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br/>Schock for Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement<br/>2010 GENERAL</p> <p>Candidate Name<br/>Aaron Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 18</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 61829-6339380145073</p> <p>Date of Disbursement<br/>09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Silver State 21st Century Pac</p> <p>Mailing Address 3069 Conquista Ct.</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement<br/>Contribution 2010</p> <p>Candidate Name<br/>Silver State 21st Century Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>Contribution</p> | <p><b>Transaction ID:</b> 74726-5834771990776</p> <p>Date of Disbursement<br/>09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Simpson for Congress</p> <p>Mailing Address 1487 Parkway Drive</p> <p>City Blackfoot State ID Zip Code 83221</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Michael K. Simpson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: ID District: 02</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 62163-0606958270072</p> <p>Date of Disbursement<br/>09 / 20 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>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)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Sue Myrick for Congress  | Transaction ID: 94606-0167199969291  |
|    | Mailing Address PO Box 37091  | Date of Disbursement<br>09 / 24 / 2010   |
|    | City Charlotte State NC Zip Code 28237  | Amount of Each Disbursement this Period<br>1000.00   |
|    | Purpose of Disbursement<br>Contribution 2010 GENERAL  | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Sue Wilkins Myrick  |  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 09 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Synergy Pac   | Transaction ID: 62163-9873315691948  |
|    | Mailing Address 6849 Old Dominion Drive Suite 222  | Date of Disbursement<br>09 / 20 / 2010   |
|    | City McLean State VA Zip Code 22101  | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement<br>2010 Contribution   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>Synergy Pac  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Contribution |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>The Committee for the Preservation of Capitalism (CPC)                                    | Transaction ID: 74726-5322229266166  |
|    | Mailing Address PO Box 65314   | Date of Disbursement<br>09 / 28 / 2010   |
|    | City Washington State DC Zip Code 20036  | Amount of Each Disbursement this Period<br>2500.00   |
|    | Purpose of Disbursement<br>2010 Contribution   | 011<br>Category/<br>Type   |
|    | Candidate Name<br>The Committee for the Preservation of Capitalism (CPC)   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Contribution |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6000.00 |
| <b>TOTAL</b> 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 103 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br>The Spirit Fund  | <b>Transaction ID:</b> 62163-1145135760307         |
|           | Mailing Address PO Box 70808  | Date of Disbursement<br>09 / 20 / 2010             |
|           | City Washington State DC Zip Code 20024   | Amount of Each Disbursement this Period<br>3000.00 |
|           | Purpose of Disbursement 2010 Contribution<br>Candidate Name The Spirit Fund<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼<br>Contribution                | 011<br>Category/<br>Type                           |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Tom Hayhurst for Congress Committee  | <b>Transaction ID:</b> 94606-0513727068901         |
|           | Mailing Address PO Box 40222  | Date of Disbursement<br>09 / 24 / 2010             |
|           | City Fort Wayne State IN Zip Code 46804   | Amount of Each Disbursement this Period<br>1000.00 |
|           | Purpose of Disbursement Contribution 2010 GENERAL<br>Candidate Name Thomas Eldon Hayhurst<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 03 Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | 011<br>Category/<br>Type                           |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Trey Gowdy for Congress  | <b>Transaction ID:</b> 94606-6709710955619         |
|           | Mailing Address PO Box 3324   | Date of Disbursement<br>09 / 24 / 2010             |
|           | City Spartanburg State SC Zip Code 29304  | Amount of Each Disbursement this Period<br>2500.00 |
|           | Purpose of Disbursement Contribution 2010 GENERAL<br>Candidate Name Trey Gowdy<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 04 Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | 011<br>Category/<br>Type                           |

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

6500.00

**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 104 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br>Trivedi for Congress    |  |                          | <b>Transaction ID:</b> 74726-6502496600151         |  |
|   | Mailing Address 83 W Main St<br>Suite 2                            |  |                          | Date of Disbursement<br>09 / 28 / 2010             |  |
|   | City<br>Elverson   | State<br>PA  | Zip Code<br>19520        | Amount of Each Disbursement this Period<br>5000.00 |  |
|   | Purpose of Disbursement<br>Contribution 2010 GENERAL               |  | 011<br>Category/<br>Type |  |  |
| Candidate Name<br>Manan Trivedi   |  |  |                          |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |  |  |
| State: PA District: 06  |  |  |                          |  |  |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Upton for All of Us     |  |                          | <b>Transaction ID:</b> 62163-9995538592338         |  |
|   | Mailing Address PO Box 490   |  |                          | Date of Disbursement<br>09 / 20 / 2010             |  |
|   | City<br>St. Joseph   | State<br>MI  | Zip Code<br>49085        | Amount of Each Disbursement this Period<br>2500.00 |  |
|   | Purpose of Disbursement<br>2010 GENERAL                            |  | 011<br>Category/<br>Type |  |  |
| Candidate Name<br>Fredrick Stephen Upton  |  |  |                          |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |  |  |
| State: MI District: 06  |  |  |                          |  |  |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Van Hollen for Congress |  |                          | <b>Transaction ID:</b> 62163-1558496356010         |  |
|   | Mailing Address 10537 St. Paul St.                                 |  |                          | Date of Disbursement<br>09 / 20 / 2010             |  |
|   | City<br>Kensington   | State<br>MD  | Zip Code<br>20895        | Amount of Each Disbursement this Period<br>2500.00 |  |
|   | Purpose of Disbursement<br>2010 GENERAL                            |  | 011<br>Category/<br>Type |  |  |
| Candidate Name<br>Chris Van Hollen  |  |  |                          |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President |  | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                          |  |  |
| State: MD District: 08  |  |  |                          |  |  |

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

10000.00

**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 105 / 107

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)<br>Welch for Congress<br><br>Mailing Address PO Box 1682<br><br>City Burlington State VT Zip Code 05402<br><br>Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Peter F. Welch<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VT District: 01<br><br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: 74726-0350610613822<br>Date of Disbursement<br>09 / 28 / 2010<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br>011<br>Category/<br>Type |
| B. | Full Name (Last, First, Middle Initial)<br>Westmoreland for Congress<br><br>Mailing Address PO Box 458<br><br>City Sharpsburg State GA Zip Code 30277<br><br>Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Lynn A. Westmoreland<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 03<br><br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 62163-6752435564994<br>Date of Disbursement<br>09 / 20 / 2010<br><br>Amount of Each Disbursement this Period<br>2500.00<br><br>011<br>Category/<br>Type |
| C. | Full Name (Last, First, Middle Initial)<br>Zack Space for Congress Committee<br><br>Mailing Address 726 Sixteenth Street NE<br><br>City Massillon State OH Zip Code 44646<br><br>Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Zachary T. Space<br><br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 18<br><br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 50450-2435724139213<br>Date of Disbursement<br>09 / 10 / 2010<br><br>Amount of Each Disbursement this Period<br>2500.00<br><br>011<br>Category/<br>Type |

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

6000.00

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

203500.00

# 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 106 / 107

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

Mary DeFrank

Transaction ID: 7463783B074BF72C95B

Date of Disbursement

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

Mailing Address 512 E Main St

City Hillsboro State OR Zip Code 97123-4137

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement  
refund dupe chrg'd online for PAC

010  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

500.00

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

500.00

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

|   |   |
|---|---|
| NAME OF COMMITTEE (In Full)<br>American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) | FEC IDENTIFICATION NUMBER<br><b>C</b> C00196246 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice            |   |

Full Name (Last, First, Middle, Initial) of Payee  
DMI

---

Mailing Address  
1145 W Collins Ave

---

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Orange | State<br>CA | Zip Code<br>92867 |
|----------------|-------------|-------------------|

---

|   |                   |
|---|-------------------|
| Purpose of Expenditure<br>Invoice 10221 | Category/<br>Type |
|---|-------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Nan S. Hayworth

---

|   |           |
|---|-----------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 159407.00 |
|---|-----------|

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

Amount  
141330.00

Transaction ID: V94576-5878564715385

Office Sought:  House State: NY  
 Senate District: 19  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

Full Name (Last, First, Middle, Initial) of Payee  
Mullen & Company

---

Mailing Address  
1101 Pennsylvania Ave. NW  
Fifth Floor

---

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Washington | State<br>DC | Zip Code<br>20004 |
|--------------------|-------------|-------------------|

---

|   |                   |
|---|-------------------|
| Purpose of Expenditure<br>Placement Rep Glen Nye VA-2 | Category/<br>Type |
|---|-------------------|

---

Name of Federal Candidate supported or Opposed by expenditure:  
Rep. Glenn C. Nye

---

|   |          |
|---|----------|
| Calendar Year-To-Date Per Election<br>for Office Sought | 64475.96 |
|---|----------|

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

Amount  
64475.96

Transaction ID: V46765-3637811541557

Office Sought:  House State: VA  
 Senate District: 02  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2010

|   |           |
|---|-----------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 205805.96 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... |           |
| (c) TOTAL Independent Expenditures .....                  | 205805.96 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Steven Rausch  
Signature

Date M M / D D / Y Y Y Y  
1 0 / 1 2 / 2 0 1 0