

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) X

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

5. Covering Period 07 01 2010 through 07 31 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 11 22 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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

Due to a rare error with our third-party PAC software, a recurring contribution of \$416.66 from Delia Sang, which was intended to be given to Ophthpac, was mistakenly deposited into a different bank account. This error was discovered in late October 2010. We will file amended reports from Nov 2009 through PreGeneral 2010 to reflect these receipts.

**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 | 7 |

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

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

 To: 

|   |   |
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| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| 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 |  | 775049.98 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 928970.90               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 102822.18               | 597113.57                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 1031793.08              | 1372163.55                        |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 130687.29               | 471057.76                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 901105.79               | 901105.79                         |   |   |   |   |   |   |  |           |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

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

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

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| 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) .....  | 79621.07                      | 473732.36                         |
| (ii) Unitemized .....  | 19470.11                      | 107914.98                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 99091.18                      | 581647.34                         |
| (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) .....     | 99091.18                      | 581647.34                         |
| 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                       | 9500.00                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 1231.00                       | 5966.23                           |
| 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)) .....                          | 102822.18                     | 597113.57                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 102822.18                     | 597113.57                         |

**DETAILED SUMMARY PAGE**

of Disbursements

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| <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.....  | 1687.29                               | 12044.12                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 1687.29                               | 12044.12                                  |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 129000.00                             | 452670.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 6343.64                                   |
| (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)) .....                           | 0.00                                  | 6343.64                                   |
| 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))..       | 130687.29                             | 471057.76                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 130687.29                             | 471057.76                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

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| 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) .....        | 99091.18                      | 581647.34                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 6343.64                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 99091.18                      | 575303.70                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1687.29                       | 12044.12                          |
| 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) .....             | 1687.29                       | 12044.12                          |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 106                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

|           |  |                               |   |   |  |
|-----------|--|-------------------------------|---|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Thomas Aaberg, Jr.          |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 20 / 2010 |   |  |
|           | Mailing Address 2081 Hunters Run Northeast                             |                               | <b>Transaction ID:</b> 4903A9D98DB7AC3C6FCD         |   |  |
|           | City<br>Ada  | State<br>MI                   | Zip Code<br>49301-9559                              | 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>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>715.00                    |   |  |

|           |  |                               |   |   |  |
|-----------|--|-------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Richard Abbott              |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 30 / 2010 |   |  |
|           | Mailing Address Ucsf Beckman Vision Center<br>10 Koret Way K-301       |                               | <b>Transaction ID:</b> 4324B8A9389ED4E22F63         |   |  |
|           | 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 Self<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>350.00                    |   |  |

|           |  |                               |   |   |  |
|-----------|--|-------------------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ahmed Abdelsalam            |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2010 |   |  |
|           | Mailing Address 1 E Wacker Drive<br>Suite 3150                         |                               | <b>Transaction ID:</b> 40029957A774FA88C4AD         |   |  |
|           | 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 Self<br>Self  | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>250.02                    |   |  |

|  |               |
|--|---------------|
| <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 8 / 106  
(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)  
Ashim Aggarwal  
 Mailing Address 1800 Bramble Drive  
 City East Lansing State MI Zip Code 48823-1730  
 Date of Receipt 07 / 08 / 2010  
**Transaction ID:** 57F7273A44BB8DB01B4  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
Reno Alessio  
 Mailing Address 4097 Forest Run Cir  
 City Medina State OH Zip Code 44256-6444  
 Date of Receipt 07 / 30 / 2010  
**Transaction ID:** 7F28BFBE54216CEE656  
 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

**C.** Full Name (Last, First, Middle Initial)  
Omar Almallah  
 Mailing Address 20 Mule Road  
 City Toms River State NJ Zip Code 08755-5028  
 Date of Receipt 07 / 11 / 2010  
**Transaction ID:** 4AD6882E2964CBD5CE9D  
 Amount of Each Receipt this Period 50.00  
 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 549.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 915.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 / 106                 |
|   | (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)

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>David Anderson  |   | Date of Receipt   |
|   | Mailing Address 530 South Holmes Avenue<br>PO Box 2410     |   | <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>07 / 01 / 2010 |
|   | City   | State   | Zip Code  |
|   | Idaho Falls  | ID  | 83401-4751  |
|   | FEC ID number of contributing federal political committee. |   | <input type="text"/> C <input type="text"/>   |
|   | 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"/> 500.00           |   |
|   |  | Transaction ID: ODB70D533E88561E374                               |   |
|   |  | Amount of Each Receipt this Period<br><input type="text"/> 500.00 |   |

|   |  |   |   |
|---|--|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Richard Angrist |   | Date of Receipt   |
|   | Mailing Address 3810 River Road                            |   | <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>07 / 22 / 2010 |
|   | City   | State   | Zip Code  |
|   | Point Pleasant Bor   | NJ  | 08742-2054  |
|   | FEC ID number of contributing federal political committee. |   | <input type="text"/> C <input type="text"/>   |
|   | 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"/> 365.00           |   |
|   |  | Transaction ID: 7CF521B8E8BDCACEE47                               |   |
|   |  | Amount of Each Receipt this Period<br><input type="text"/> 365.00 |   |

|   |  |   |   |
|---|--|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Aaron Appiah    |   | Date of Receipt   |
|   | Mailing Address 2280 Wednesday Street                      |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>07 / 21 / 2010 |
|   | City   | State   | Zip Code  |
|   | Tallahassee  | FL  | 32308-4387  |
|   | FEC ID number of contributing federal political committee. |   | <input type="text"/> C <input type="text"/>   |
|   | 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"/> 365.00           |   |
|   |  | Transaction ID: F25F11B7B9373EE8833                               |   |
|   |  | Amount of Each Receipt this Period<br><input type="text"/> 365.00 |   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1230.00 |
| <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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 / 106 |
|   | <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>Roger Alfred Barth          |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 20 / 2010 |
|   | Mailing Address 160 Heritage Way<br>Suite 202                          |                               | <b>Transaction ID:</b> 4567945B351BEDD40739         |
|   | City<br>Kalispell  | State<br>MT                   | Zip Code<br>59901-3127                              |
|   | 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 | 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>350.00                                     |                               |   |

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Richard Beller              |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2010 |
|   | Mailing Address 2358 Chad Court  |                               | <b>Transaction ID:</b> 6B2EAE5E0B31B2C8BC5          |
|   | City<br>Napa   | State<br>CA                   | Zip Code<br>94558-5536                              |
|   | 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>C.</b>   | Full Name (Last, First, Middle Initial)<br>Robert Bergren              |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 17 / 2010 |
|   | Mailing Address 120 Pheasant Dr  |                               | <b>Transaction ID:</b> A972444E-85F2-44D6-          |
|   | City<br>Pittsburgh   | State<br>PA                   | Zip Code<br>15238                                   |
|   | 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 |   |
| 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) .....           | <b>915.00</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 11 / 106  
(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 Bigelow

Mailing Address 1508 Winchester Dr

City State Zip Code  
Midland MI 48642-7101

FEC ID 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  
07 / 29 / 2010

**Transaction ID:** 046468C760EB8611CE1

Amount of Each Receipt this Period  
365.00

**B.**

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

Mailing Address 2821 Northup Way Suite 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 ▼  
850.00

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2010

**Transaction ID:** 413DACB0540660505003

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Evan Black

Mailing Address 4717 Saint Antoine Street

City State Zip Code  
Detroit MI 48201-1423

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2010

**Transaction ID:** 6CFF1F5116A51450F54

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **915.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 106  
(check only one)

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

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

**A.**

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

Mailing Address 101 Mark Drive  
PO Box 1077

City Edenton State NC Zip Code 27932-1778

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt 07 / 11 / 2010  
**Transaction ID:** 4EAF9F1DD5D5F6B47031

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address Retina Consultations  
915 Palmer Road

City Bronxville State NY Zip Code 10708

FEC 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 07 / 09 / 2010  
**Transaction ID:** 4169A98920A52866096D

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Fox Boswell

Mailing Address 4300 Long Beach Boulevard  
Suite 300

City Long Beach State CA Zip Code 90807-2008

FEC 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 07 / 16 / 2010  
**Transaction ID:** 3A1513852B4799535E9

Amount of Each Receipt this Period 500.00

**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 13 / 106

(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>Brian Boxer Wachler  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 09 / 2010 |  |  |
|           | Mailing Address Suite 902<br>465 N Roxbury Drive  |                                    | <b>Transaction ID:</b> 27C1354765581A0F3DF          |  |  |
|           | City<br>Beverly Hills   | State<br>CA                        | Zip Code<br>90210-4212                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | 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>500.00 |   |  |  |

|           |   |                                    |   |  |  |
|-----------|---|------------------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Peter Brasch   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 01 / 2010 |  |  |
|           | Mailing Address 1 Thurber Boulevard   |                                    | <b>Transaction ID:</b> 0783B9719257A2E5B20          |  |  |
|           | City<br>Smithfield  | State<br>RI                        | Zip Code<br>02917-1826                              | Amount of Each Receipt this Period<br>365.00 |  |
|           | 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>365.00 |   |  |  |

|           |   |                                    |   |  |  |
|-----------|---|------------------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Thomas Brewington  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2010 |  |  |
|           | Mailing Address 807 Summit Avenue   |                                    | <b>Transaction ID:</b> B11F1F50-56ED-4B3B-          |  |  |
|           | City<br>Greensboro  | State<br>NC                        | Zip Code<br>27405-7833                              | Amount of Each Receipt this Period<br>365.00 |  |
|           | 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>365.00 |   |  |  |

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

1230.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 106  
(check only one)

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

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

**A.**

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

Mailing Address 21 Medical Park Drive

City Asheville State NC Zip Code 28803-2493

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 07 / 06 / 2010

**Transaction ID:** 42DDABC2DD04EC8F8047

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Brian Michael Brown

Mailing Address 10933 Lakewood Boulevard

City Downey State CA Zip Code 90241-3808

FEC 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 07 / 01 / 2010

**Transaction ID:** B98438D34CDA854D9C5

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 303 W Polk Avenue

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 ▼ 225.00

Date of Receipt 07 / 20 / 2010

**Transaction ID:** 48C79DF69BB11D69E507

Amount of Each Receipt this Period 25.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 106  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 575 Grand Concourse

City State Zip Code  
Miami FL 33138

FEC ID 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  
07 / 22 / 2010

**Transaction ID:** 25F6ED9F-86CA-43ED-

Amount of Each Receipt this Period  
500.00

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

Mailing Address 400 Westhampton Station

City State Zip Code  
Richmond VA 23226-3330

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2010

**Transaction ID:** 4FFCA399BAE63BC6548D

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Mark Cabin

Mailing Address 1555 Barrington Rd Ste 120

City State Zip Code  
Hoffman Estates IL 60169-1062

FEC ID 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  
07 / 30 / 2010

**Transaction ID:** E0C70D68B3F3F8A1080

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 106                |
|   | <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>Charles Campbell            | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2010 |
|   | Mailing Address 5540 Saratoga Boulevard<br>Suite 200                   | <b>Transaction ID:</b> 4A1C821D3988169A023D         |
|   | City State Zip Code<br>Corpus Christi TX 78413-2953                    | 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 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>Sterling Cannon             | Date of Receipt<br>MM / DD / YYYY<br>07 / 13 / 2010 |
|   | Mailing Address 159 E 2nd St   | <b>Transaction ID:</b> 32F803B43628B402E76          |
|   | City State Zip Code<br>Chillicothe OH 45601-2526                       | 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>Jimmy Carter                | Date of Receipt<br>MM / DD / YYYY<br>07 / 01 / 2010 |
|   | Mailing Address 102 Doctors Drive                                      | <b>Transaction ID:</b> 6E23F1558EEA5585AE3          |
|   | City State Zip Code<br>Dothan AL 36301-2911                            | Amount of Each Receipt this Period<br>250.00        |
|   | 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>250.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>698.34</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 17 / 106  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas T. Chang

Mailing Address 70 E 10th St Apt 1F

City State Zip Code  
New York NY 10003-5105

FEC ID 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  
07 / 27 / 2010

**Transaction ID:** 0128A3D1D456AD2ACBE

Amount of Each Receipt this Period  
365.00

**B.** Full Name (Last, First, Middle Initial)  
Mohsin Cheema

Mailing Address 370 Washington Ave

City State Zip Code  
Kingston NY 12401-3702

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** E46E0626B2C75E8E3C8

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 514 34th Ave

City State Zip Code  
Seattle WA 98122

FEC ID 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  
07 / 16 / 2010

**Transaction ID:** B22F1C63-FCD3-4610-

Amount of Each Receipt this Period  
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 18 / 106  
(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 Cichowski  
Mailing Address PO Box 1227  
City Coupeville State WA Zip Code 98239-1227  
FEC 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 07 / 06 / 2010  
Transaction ID: 12FE0AC2B53E3825811  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Donald Cinotti  
Mailing Address 600 Pavonia Avenue Suite 6  
City Jersey City State NJ Zip Code 07306-2932  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 07 / 18 / 2010  
Transaction ID: 4D859ADD7380565FECAE  
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 Street  
City Waycross State GA Zip Code 31501-3638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2916.62  
Date of Receipt 07 / 23 / 2010  
Transaction ID: 41F382F35B93692E399B  
Amount of Each Receipt this Period 416.66  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1516.66  
**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 / 106

(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 Coad

Mailing Address 157 W 19th Street  
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  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2010

Transaction ID: 4832817F14350FC83D6E

Amount of Each Receipt this Period

25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Sander M. Zeskin Cohen

Mailing Address Suite 11  
509 S Lenola Road

City State Zip Code  
Moorestown NJ 08057-1556

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 11 / 2010

Transaction ID: 4A318A5003B8F66CE767

Amount of Each Receipt this Period

100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Thomas Conklin

Mailing Address 294 E Moana Ln  
Ste 22

City State Zip Code  
Reno NV 89502-4634

FEC 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  
07 / 29 / 2010

Transaction ID: A909FE9DDC6461EAAE7

Amount of Each Receipt this Period

500.00

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

625.00

**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 / 106  
(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)  
Joseph Conner

Mailing Address 707 W Tipton Street

City State Zip Code  
Seymour IN 47274-2157

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3365.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** B0013E675DD2D53B84C

Amount of Each Receipt this Period  
3365.00

**B.** Full Name (Last, First, Middle Initial)  
Claudio Contreras

Mailing Address 25 N 14th St  
Ste 720

City State Zip Code  
San Jose CA 95112-6215

FEC 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  
MM / DD / YYYY  
07 / 27 / 2010

**Transaction ID:** 2AE5A49DCED07B70E0B

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Cox

Mailing Address 3400 W 10th Street

City State Zip Code  
Sedalia MO 65301-2198

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2010

**Transaction ID:** E0955931-A894-442F-

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4480.00**

**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 / 106  
(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)  
Russell Crain

Mailing Address 11011 Hefner Pointe Drive  
Suite B

City Oklahoma City State OK Zip Code 73120-5005

FEC 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 07 / 17 / 2010

**Transaction ID:** 4129879E19EEE2892C01

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Victor Crosby

Mailing Address 140 Trinity Pl  
Bldg B

City Athens State GA Zip Code 30607-2100

FEC 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 07 / 29 / 2010

**Transaction ID:** 4C4462CC3B2BD5C5793

Amount of Each Receipt this Period 365.00

**C.**

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

Mailing Address 2375 S Main Street

City Moultrie State GA Zip Code 31768-6517

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 07 / 01 / 2010

**Transaction ID:** 4B58B16186705FA6ACDB

Amount of Each Receipt this Period 30.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 445.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 106

(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)

Bret Crumpton

Mailing Address 7015 Winthrop Court

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | GA    | 31904    |

FEC ID number of contributing federal political committee. **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 |
|---|-------------------------------------|

Date of Receipt

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 16 / 2010      |

Transaction ID: 4560625C-51B0-44C7-

Amount of Each Receipt this Period  
1000.00

B.

Full Name (Last, First, Middle Initial)

Peter D'Arienzo

Mailing Address 346 Mill Spring Road

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Manhasset | NY    | 11030-3622 |

FEC ID number of contributing federal political committee. **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>365.00 |
|---|------------------------------------|

Date of Receipt

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 16 / 2010      |

Transaction ID: A8914CCE509AC29ABF5

Amount of Each Receipt this Period  
365.00

C.

Full Name (Last, First, Middle Initial)

Richard Davis

Mailing Address 4 Cobblestone Ct

|            |       |            |
|------------|-------|------------|
| City       | State | Zip Code   |
| Centerport | NY    | 11721-1163 |

FEC ID number of contributing federal political committee. **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>500.00 |
|---|------------------------------------|

Date of Receipt

|                     |
|---------------------|
| M M / D D / Y Y Y Y |
| 07 / 28 / 2010      |

Transaction ID: BA3D6E24EA2472B66D7

Amount of Each Receipt this Period  
500.00

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

1865.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 106  
(check only one)

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

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

**A.**

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

Mailing Address 8401 Golden Valley Road #330

City State Zip Code  
Golden Valley MN 55427-4488

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
07 / 08 / 2010

**Transaction ID:** 432CA9DE9C62814D747B

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Adrienne Marie De La Paz

Mailing Address 422 Poplar St

City State Zip Code  
Terre Haute IN 47807-4209

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** FE9AF857-4787-4A43-

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Adrienne Marie De La Paz

Mailing Address 422 Poplar St

City State Zip Code  
Terre Haute IN 47807-4209

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2010

**Transaction ID:** 13008B8A-F3DB-42C8-

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 106  
(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 Del Pero

Mailing Address 950 Tharp Road  
Suite 1500

City Yuba City State CA Zip Code 95993-8352

FEC 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 07 / 16 / 2010  
**Transaction ID: 2403FF2674FB935A7C1**  
Amount of Each Receipt this Period 365.00

**B.**

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

Mailing Address 1423 N Tejon Street

City Colorado Springs State CO Zip Code 80907-7436

FEC 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 07 / 21 / 2010  
**Transaction ID: 4EE9F6499A2C4167141**  
Amount of Each Receipt this Period 200.00

**C.**

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

Mailing Address 1423 N Tejon Street

City Colorado Springs State CO Zip Code 80907-7436

FEC 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 07 / 21 / 2010  
**Transaction ID: 2C867587DC87122AF24**  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 615.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 106

(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)

Deborah DiStefano

Mailing Address 1815 Gunbarrel Road

City State Zip Code  
Chattanooga TN 37421-3130

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 564.00

Date of Receipt

MM / DD / YYYY  
07 / 19 / 2010

Transaction ID: 33255AD9B9E9B3960D0

Amount of Each Receipt this Period

564.00

**B.**

Full Name (Last, First, Middle Initial)

Steven Dixon

Mailing Address 1111 E Ocean Avenue Suite 7

City State Zip Code  
Lompoc CA 93436-2501

FEC ID 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  
07 / 19 / 2010

Transaction ID: 4D988E3BF168EEEE85E5E

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Pamela Dobson

Mailing Address 211 N Broadway Ste 103

City State Zip Code  
Green Bay WI 54303-2757

FEC ID 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  
07 / 09 / 2010

Transaction ID: F58A8F1F30F76B3745C

Amount of Each Receipt this Period

250.00

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

864.00

**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 26 / 106 |
|   | <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>James Dooner             | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2010 |
|   | Mailing Address Austin Retina Assoc<br>801 W 38th Street            | <b>Transaction ID:</b> 4A5A8A85B2B710C923A7         |
|   | City Austin State TX Zip Code 78705                                 | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
|   | 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>350.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>John Downing             | Date of Receipt<br>MM / DD / YYYY<br>07 / 10 / 2010 |
|   | Mailing Address 985 Matlock Road                                    | <b>Transaction ID:</b> 4F47BDF73C56BD9ED8AF         |
|   | City Bowling Green State KY Zip Code 42104-7408                     | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
|   | 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>850.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Shehab Ebrahim           | Date of Receipt<br>MM / DD / YYYY<br>07 / 17 / 2010 |
|   | Mailing Address 4717 Woodland Avenue                                | <b>Transaction ID:</b> 40098E14D4C693B36649         |
|   | City Metairie State LA Zip Code 70002-1361                          | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED    |
|   | Name of Employer Self Occupation Ophthalmologist                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00                                  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 200.00 |
| <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 27 / 106 |
|   | <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>John Thomas Edmonds         |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 11 / 2010 |
|   | Mailing Address Suite 101<br>3235 Academy Avenue                       |                               | <b>Transaction ID:</b> 47F1A1A2F94D33B46F73         |
|   | City<br>Portsmouth   | State<br>VA                   | Zip Code<br>23703-3200                              |
|   | 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 | 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>549.00                                     |                               |   |

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Katherine Erlichman         |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 22 / 2010 |
|   | Mailing Address 311 Hospital Drive                                     |                               | <b>Transaction ID:</b> 859354164A5792C5BA3          |
|   | City<br>Everett  | State<br>PA                   | Zip Code<br>15537-7022                              |
|   | 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>C.</b>   | Full Name (Last, First, Middle Initial)<br>Suzanne Everhart            |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2010 |
|   | Mailing Address 204 Virginia Street                                    |                               | <b>Transaction ID:</b> 0C9110E2F4DD3549680          |
|   | City<br>Ashland  | State<br>VA                   | Zip Code<br>23005-2049                              |
|   | 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>1500.00                                    |                               |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1050.00 |
| <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 28 / 106  
(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)  
Robert Fabricant  
Mailing Address 555 N 13th Ave  
City Upland State CA Zip Code 91786-4904  
FEC 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 07 / 27 / 2010  
Transaction ID: 47FC998221C9B98E804  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Fammartino  
Mailing Address 804 Apodaca Hill St  
City Santa Fe State NM Zip Code 87501-5910  
FEC 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 07 / 29 / 2010  
Transaction ID: C02C1C2BBDE2E7FF0E1  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jacqueline Ferguson  
Mailing Address 1160 Tompkins Street  
City Cortland State NY Zip Code 13045-3578  
FEC 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 07 / 22 / 2010  
Transaction ID: A859D771260A265FE22  
Amount of Each Receipt this Period 365.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 106  
(check only one)

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

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

**A.**

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

Mailing Address 236 Roseberry Street

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 ▼ 333.36

Date of Receipt 07 / 06 / 2010

**Transaction ID:** 4C18830B2305D63EAF46

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Nicholas Fleming

Mailing Address 1028 Cypress Pointe Dr

City Caseyville State IL Zip Code 62232-2830

FEC 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 07 / 30 / 2010

**Transaction ID:** DAB343238A231B5C81E

Amount of Each Receipt this Period 365.00

**C.**

Full Name (Last, First, Middle Initial)  
Erin Fogel

Mailing Address 13 N Bow Dunbarton Rd

City Bow State NH Zip Code 03304-4701

FEC 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 07 / 13 / 2010

**Transaction ID:** BFF7A05B5F852F3FA8A

Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **813.34**

**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 30 / 106  
(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)  
Ronald Gailun

Mailing Address 299 Carew St  
Ste 119

City Springfield State MA Zip Code 01104-2360

FEC 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 07 / 27 / 2010  
Transaction ID: CA4F844A86E1FD61C23  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Geoffrey Garrett

Mailing Address 1455 E Bert Kouns Industrial Loop

City Shreveport State LA Zip Code 71105-5634

FEC 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 07 / 16 / 2010  
Transaction ID: 40DD7476589D1137F89  
Amount of Each Receipt this Period 365.00

**C.** Full Name (Last, First, Middle Initial)  
Lawrence Geisse

Mailing Address PO Box 250

City Los Alamitos State CA Zip Code 90720-0250

FEC 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 07 / 09 / 2010  
Transaction ID: 0DAAFD906CF363B0B3D  
Amount of Each Receipt this Period 500.00

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

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

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

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

FOR LINE NUMBER: PAGE 31 / 106  
(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)  
Tobias George

Mailing Address 29225 Kennedy Court

City Farmington Hills State MI Zip Code 48331-2304

FEC 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 07 / 15 / 2010  
Transaction ID: 5FECCFD70060B390204  
Amount of Each Receipt this Period 450.00

**B.** Full Name (Last, First, Middle Initial)  
Steve Gerber

Mailing Address 707 N Michigan Street

City South Bend State IN Zip Code 46601-1069

FEC 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 07 / 26 / 2010  
Transaction ID: 0C694C44-F01B-44CD-  
Amount of Each Receipt this Period 365.00

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

Mailing Address 25 Parnell Drive

City Cherry Hill State NJ Zip Code 08003

FEC 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 07 / 12 / 2010  
Transaction ID: D1DD6FC1-D179-4D85-  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1315.00

**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 32 / 106 |
|   | <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>Stephen Goode               | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |
|   | Mailing Address 200 W Magnolia Ave<br>Ste 100                          | <b>Transaction ID:</b> C20067E77E23B0D3054          |
|   | City State Zip Code<br>Fort Worth TX 76104-7683                        | 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 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>John Douglas Goosey         | Date of Receipt<br>MM / DD / YYYY<br>07 / 28 / 2010 |
|   | Mailing Address 6545 Rutgers Ave                                       | <b>Transaction ID:</b> 49AEA589DA3DCA321354         |
|   | City State Zip Code<br>Houston TX 77005-3850                           | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | 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>700.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Michael Gordon              | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2010 |
|   | Mailing Address 8910 University Center Lane<br>Suite 800               | <b>Transaction ID:</b> DA4168DDAF64862A23C          |
|   | City State Zip Code<br>San Diego CA 92122-1031                         | 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 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>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 33 / 106  
(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 Gossage

Mailing Address 50 W Carleton Road

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 ▼ 250.00

Date of Receipt 07 / 17 / 2010

Transaction ID: 42FDB495DD643FA07266

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address Seton Health Center  
711 W North Avenue Suite 206

City Chicago State IL Zip Code 60610

FEC 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 07 / 10 / 2010

Transaction ID: 4D7480886941C475E3A8

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address PO Box 3528

City Fort Smith State AR Zip Code 72913-3528

FEC 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 07 / 27 / 2010

Transaction ID: A17AAB83CA7361B5AF3

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 106  
(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>07 / 06 / 2010 |
| Mailing Address Suite 201<br>2400 Patterson   |                                    | <b>Transaction ID:</b> 430FA200032B264ADE64         |
| 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>333.36 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Paul Gulbas  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2010 |
| Mailing Address 1201 N Mesa   |                                    | <b>Transaction ID:</b> 4D52974639B094F71DAF         |
| City<br>El Paso   | State<br>TX                        | Zip Code<br>79902-4517                              |
| 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      | 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>850.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Linda Gunsheski  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |
| Mailing Address 299 W Tietan St   |                                     | <b>Transaction ID:</b> 3705C696ECBE005E28D          |
| City<br>Walla Walla   | State<br>WA                         | Zip Code<br>99362-4363                              |
| 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>1000.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1133.34</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: (check only one)   | PAGE 35 / 106 |
|   | <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>Maged Habib  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 11 / 2010 |
| Mailing Address Suite 102<br>2300 S Congress Avenue   |                                    | <b>Transaction ID:</b> 4D81BC57BA87DBAEBDE1         |
| City<br>Boynnton 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>225.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Julia Haller   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 31 / 2010 |
| Mailing Address 840 Walnut St<br>Ste 1510   |                                    | <b>Transaction ID:</b> 41029302B1BCCCF2766F         |
| City<br>Philadelphia  | State<br>PA                        | Zip Code<br>19107-5109                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>566.67        |
| 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>566.67 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mireille Hamparian   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2010 |
| Mailing Address 2355 Roanoke Road   |                                    | <b>Transaction ID:</b> 4266A366F47589422394         |
| City<br>San Marino  | State<br>CA                        | Zip Code<br>91108-2636                              |
| 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      | 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>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>641.67</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 36 / 106  
(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)  
Cynthia Hampton

Mailing Address Suite 204  
451 Ruin Creek Road

City Henderson State NC Zip Code 27536-5920

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 508.36

Date of Receipt 07 / 01 / 2010  
Transaction ID: 4954BC78E20DDB0011B0  
Amount of Each Receipt this Period 25.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Hampton

Mailing Address Suite 204  
451 Ruin Creek Road

City Henderson State NC Zip Code 27536-5920

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 508.36

Date of Receipt 07 / 03 / 2010  
Transaction ID: 426486223FD87FAE90F4  
Amount of Each Receipt this Period 83.34  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Lawrence E. Hannon

Mailing Address Suite 170  
3545 S Tamarac Drive

City Denver State CO Zip Code 80237-1423

FEC 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 07 / 09 / 2010  
Transaction ID: 4473AB414ED5C004D593  
Amount of Each Receipt this Period 50.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 158.34

**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 37 / 106

(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 Suite 324  
1928 Alcoa Highway

City State Zip Code  
Knoxville TN 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 ▼ 333.36

Date of Receipt

M M / D D / Y Y Y Y  
07 / 03 / 2010

Transaction ID: 40359C40A6EF7EAF69C5

Amount of Each Receipt this Period

83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City State Zip Code  
Wilmington NC 28403-5345

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2010

Transaction ID: 4CB9B05777226E5FFE3

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Edward Hedaya

Mailing Address 1 Highway 70

City State Zip Code  
Lakewood NJ 08701-5895

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 26 / 2010

Transaction ID: 637D0D91FF61133BD89

Amount of Each Receipt this Period

2000.00

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

2133.34

**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 38 / 106  
(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)  
Jeffrey Heier

Mailing Address 50 Staniford Street  
Suite 600

City Boston State MA Zip Code 02114-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 07 / 20 / 2010

**Transaction ID:** 4310806A09DD2A62E7BA

Amount of Each Receipt this Period 600.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 4322 Stonegarden Lane

City Newburgh State IN Zip Code 47630-3701

FEC 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 07 / 05 / 2010

**Transaction ID:** 48C2971505D0CDCF6FFA

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Seaborn Hunt

Mailing Address 3101 Southwest College Road  
Suite 201

City Ocala State FL Zip Code 34474-7444

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 05 / 2010

**Transaction ID:** 4B4A93E5ED06619B7159

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 106  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen Hwang  
Mailing Address 3501 E Carol Ave  
City Phoenix State AZ Zip Code 85028-4941  
FEC 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 07 / 13 / 2010  
Transaction ID: E7C412ACC9AB70F4F85  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
W. Jackson Iliif  
Mailing Address 4 W Rolling Crossroads Rear 7  
City Catonsville State MD Zip Code 21228-6278  
FEC 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 07 / 30 / 2010  
Transaction ID: 47178872601F69FB9514  
Amount of Each Receipt this Period 50.00  
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Edward Isbey, III  
Mailing Address 8 Medical Park Dr  
City Asheville State NC Zip Code 28803-2493  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 333.36  
Date of Receipt 07 / 29 / 2010  
Transaction ID: 4F84ACDAADB49FA58325  
Amount of Each Receipt this Period 83.34  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1133.34  
**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 40 / 106  
(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)  
Morton Israel

Mailing Address 770 Magnolia Avenue  
Suite 1X

City State Zip Code  
Corona CA 92879-3122

FEC ID 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  
07 / 15 / 2010

**Transaction ID:** 414EAD3B464239CBC72

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 7257 South Jeffrey Boulevard

City State Zip Code  
Chicago IL 60649-3014

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2010

**Transaction ID:** 5964FC73EBF4E6588BC

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Randolph Johnston

Mailing Address 1300 E 20th St

City State Zip Code  
Cheyenne WY 82001-4021

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
07 / 31 / 2010

**Transaction ID:** 4DFD92C234B945D1DF19

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

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

FOR LINE NUMBER: PAGE 41 / 106  
(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)  
Lawrence Kahn

Mailing Address 5881 E Sapphire Lane

City State Zip Code  
Paradise Valley AZ 85253-2203

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** 43E084A43C7445B097D8

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.** Full Name (Last, First, Middle Initial)  
Leslie Kanda

Mailing Address 11434 North 13th Terrace

City State Zip Code  
Phoenix AZ 85020

FEC ID 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  
07 / 23 / 2010

**Transaction ID:** 95E37E9B-097D-47C3-

Amount of Each Receipt this Period  
365.00

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

Mailing Address PO Box 134

City State Zip Code  
Red Wing MN 55066-0134

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** 4C218A78736F3934D70B

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 106

(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)

Alyssa Kim

Mailing Address 6262 E Broadway Rd  
Ste 106

City State Zip Code  
Mesa AZ 85206-6101

FEC ID 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  
07 / 27 / 2010

Transaction ID: CA8EA81C448F2EB249B

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)

Ivory Kinslow

Mailing Address 310 Thompson Ave

City State Zip Code  
El Dorado AR 71730-4569

FEC ID 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  
07 / 30 / 2010

Transaction ID: 65ECEB4E9082FE1A52C

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)

James Klein

Mailing Address 21711 Greater Mack Avenue

City State Zip Code  
St. 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 ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2010

Transaction ID: 405490F8847C61E3063B

Amount of Each Receipt this Period  
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

830.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 106  
(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 Klimek

Mailing Address 741 Broad Street Extension

City Waterford State CT Zip Code 06385-1347

FEC 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 07 / 11 / 2010

**Transaction ID:** 48658C942CE9E27A6E28

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 930 Springdale Road Northeast

City Atlanta State GA Zip Code 30306-2628

FEC 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 07 / 19 / 2010

**Transaction ID:** 3809AB2060875BE170E

Amount of Each Receipt this Period 250.00

**C.**

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

Mailing Address 566 Toll Gate Rd

City Warwick State RI Zip Code 02886-2716

FEC 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 07 / 27 / 2010

**Transaction ID:** 2930763AD3D240758E5

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 44 / 106  
(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 Kopp

Mailing Address 2222 W 24th Street  
Unit 10

City Plainview State TX Zip Code 79072-1802

FEC 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 07 / 08 / 2010  
**Transaction ID:** 437A8F85DD341DD177F4  
 Amount of Each Receipt this Period 50.00  
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3982 N Milwaukee Avenue

City Chicago State IL Zip Code 60641-2703

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 17 / 2010  
**Transaction ID:** 478C9547620074A90548  
 Amount of Each Receipt this Period 25.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Scott Lanoux

Mailing Address 2820 Napoleon Avenue  
Suite 900

City New Orleans State LA Zip Code 70115-8200

FEC 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 07 / 20 / 2010  
**Transaction ID:** 49D386755D9D62F29847  
 Amount of Each Receipt this Period 25.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 106  
(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)  
Robert Lehner

Mailing Address 3805A Spring St  
PO Box 1677

City Racine State WI Zip Code 53405-1600

FEC 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 07 / 27 / 2010  
Transaction ID: 40A43AE6E0E786D6B83  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Rick Leoni

Mailing Address 203 Rue Louis XIV  
Suite A

City Lafayette State LA Zip Code 70508-5736

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 715.00

Date of Receipt 07 / 20 / 2010  
Transaction ID: 4D27A5C4D1840565D379  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Cecily Lesko

Mailing Address 1005 Clifton Avenue

City Clifton State NJ Zip Code 07013-3520

FEC 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 07 / 23 / 2010  
Transaction ID: 53FFC276-4D5A-4B60-  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

**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 46 / 106 |
|   | <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>Byron Long   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2010 |  |  |
|           | Mailing Address 895 Canton Road Northeast Building 100  |                                    | <b>Transaction ID:</b> D8CC096ECC5101287C0          |  |  |
|           | City<br>Marietta  | State<br>GA                        | Zip Code<br>30060-8935                              | Amount of Each Receipt this Period<br>365.00 |  |
|           | 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>365.00 |   |  |  |

|           |   |                                    |   |  |  |
|-----------|---|------------------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Jennifer Lyons   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2010 |  |  |
|           | Mailing Address 3220 Southwest Sherwood Place   |                                    | <b>Transaction ID:</b> A2F9A737511AD4EC480          |  |  |
|           | City<br>Portland  | State<br>OR                        | Zip Code<br>97201-1402                              | Amount of Each Receipt this Period<br>365.00 |  |
|           | 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>365.00 |   |  |  |

|           |   |                                    |   |   |  |
|-----------|---|------------------------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Jonathan Macy  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 08 / 2010 |   |  |
|           | Mailing Address 8635 W 3rd Street Suite 360W  |                                    | <b>Transaction ID:</b> 425E8041E29B4DB18612         |   |  |
|           | City<br>Los Angeles   | State<br>CA                        | Zip Code<br>90048-6149                              | Amount of Each Receipt this Period<br>50.00 |  |
|           | 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>350.00 |   |   |  |

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 780.00 |
| <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 47 / 106  
(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)  
Louis Maisel

Mailing Address PO Box 547

City State Zip Code  
New City NY 10956-0547

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** 9A3CF09B-445E-4EDA-

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ray Maizel

Mailing Address 2224 Alaqua Drive

City State Zip Code  
Longwood FL 32779-3100

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 930.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2010

**Transaction ID:** 8DE7AD90B82DAF9F904

Amount of Each Receipt this Period  
565.00

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

Mailing Address 1237 B Street

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 ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2010

**Transaction ID:** 4980BB2A045E16BA1BBA

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1148.34**

**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 48 / 106 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Stephen Martin           |                               | Date of Receipt   |
|   | Mailing Address 707 S Western Road                                  |                               | <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>07 / 19 / 2010 |
|   | City  | State                         | Zip Code  |
|   | Stillwater  | OK                            | 74074-4126  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | <b>Transaction ID:</b> 4BBF350D-57B8-46FE-  |
| Name of Employer<br>Self  |   | Occupation<br>Ophthalmologist | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/><br>500.00  |

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Carlos Martinez          |                               | Date of Receipt   |
|   | Mailing Address 3325 Palo Verde Avenue Suite 103                    |                               | <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>07 / 16 / 2010 |
|   | City  | State                         | Zip Code  |
|   | Long Beach  | CA                            | 90808-4132  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | <b>Transaction ID:</b> 1C76C12F16B8BB44514  |
| Name of Employer<br>Self  |   | Occupation<br>Ophthalmologist | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/><br>365.00  |

|   |   |                               |   |
|---|---|-------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Benjamin Mason           |                               | Date of Receipt   |
|   | Mailing Address 1110 Eagle Ridge Rd                                 |                               | <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>07 / 31 / 2010 |
|   | City  | State                         | Zip Code  |
|   | Cedar Falls   | IA                            | 50613-1514  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                               | <b>Transaction ID:</b> 48329460FD63A591181C   |
| Name of Employer<br>Self  |   | Occupation<br>Ophthalmologist | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼      | <input type="text"/><br>500.00  |

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

|  |                                |
|--|--------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>965.00 |
| <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 49 / 106  
(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 Massios

Mailing Address 530 by Pass 123 Suite C

City Seneca State SC Zip Code 29678-0859

FEC 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: 07 / 22 / 2010  
**Transaction ID:** E5CCFD2E4097A47E18D  
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 48 N Broadway Suite A

City Pennsville State NJ Zip Code 08070-1754

FEC 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: 07 / 16 / 2010  
**Transaction ID:** C812FA11C40A5CC53CC  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Rodney McCarthy

Mailing Address Suite 170 2865 N Reynolds Road

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 ▼ 350.00

Date of Receipt: 07 / 08 / 2010  
**Transaction ID:** 42EB9F5303650D80C766  
 Amount of Each Receipt this Period: 50.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 106

(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 McDonald, II

Mailing Address 3318 N Northhills Boulevard

City State Zip Code  
Fayetteville AR 72703-4008

FEC 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  
07 / 01 / 2010

Transaction ID: A257928280A0146624B

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

M. Lisa McHam

Mailing Address 2110 Dorchester Avenue

City State Zip Code  
Dorchester Center MA 02124

FEC 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  
07 / 21 / 2010

Transaction ID: D9E36F20-DBD3-476F-

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)

Calvin Mein

Mailing Address 9480 Huebner Road  
Suite 310

City State Zip Code  
San Antonio TX 78240-1657

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: 4A2AB84FAAF696DD0D13

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

915.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 106  
(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 Michels

Mailing Address Suite 350  
3399 Pga Boulevard

City State Zip Code  
Palm Beach Gardens FL 33410-2831

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2010

**Transaction ID:** 4B81B0A71D348CF40611

Amount of Each Receipt this Period  
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 13414 Medical Complex Drive  
Suite 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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2010

**Transaction ID:** 452F80C8546400A52F7C

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Carl Minning, Jr.

Mailing Address 2935 Maple Avenue

City State Zip Code  
Zanesville OH 43701-1487

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2010

**Transaction ID:** 6F9DFE88D20B15116C5

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**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 52 / 106 |
|   | <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>Amalia Miranda              | Date of Receipt<br>MM / DD / YYYY<br>07 / 14 / 2010 |
|   | Mailing Address 3435 Northwest 56th Street # 700<br>Building A         | <b>Transaction ID:</b> 42BA96EA7D4DE8F00ECC         |
|   | City State Zip Code<br>Oklahoma City OK 73112-4448                     | 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>David Aaron Mittleman       | Date of Receipt<br>MM / DD / YYYY<br>07 / 08 / 2010 |
|   | Mailing Address Suite 400<br>2000 Palm Beach Lakes Boulevard           | <b>Transaction ID:</b> 291AD69B7C2CE071744          |
|   | City State Zip Code<br>West Palm Beach FL 33409-6504                   | Amount of Each Receipt this Period<br>50.00         |
|   | 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>249.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Robert Mobley               | Date of Receipt<br>MM / DD / YYYY<br>07 / 01 / 2010 |
|   | Mailing Address Suite 400<br>42524 Hayes Road                          | <b>Transaction ID:</b> C32B7A45DE27DCA80CD          |
|   | City State Zip Code<br>Clinton Township MI 48038-3643                  | Amount of Each Receipt this Period<br>1000.00       |
|   | 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>1000.00                                    |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1150.00 |
| <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 53 / 106  
(check only one)

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

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

**A.**

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

Mailing Address 929 Business Park Dr

City State Zip Code  
Traverse City MI 49686-8683

FEC ID 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  
07 / 30 / 2010

Transaction ID: C0234135-DC2E-48A6-

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
C. Blake Myers

Mailing Address 28 Craigwood Court

City State Zip Code  
Greenville SC 29607

FEC ID 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  
07 / 17 / 2010

Transaction ID: 16FEFE34-B914-424F-

Amount of Each Receipt this Period  
365.00

**C.**

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

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 ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 12 / 2010

Transaction ID: 823E69CC790AC9D2AF3

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 106  
(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)  
Sok Nam

Mailing Address 243 N Windsor Boulevard

City State Zip Code  
Los Angeles CA 90004-3837

FEC ID 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  
07 / 01 / 2010

**Transaction ID:** D7F01AC211AA86135DB

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kamal Nassif

Mailing Address #1155  
2300 North Mayfair Road

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2010

**Transaction ID:** 4442B2F19CBAA294157B

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Sanjeev Nath

Mailing Address 530 E 76th Street  
Apt. 34E

City State Zip Code  
New York NY 10021-3177

FEC ID 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  
07 / 16 / 2010

**Transaction ID:** EBCDE7FE925A068E4AB

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 106  
(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 Neahrng

Mailing Address 1309 Liberty Street Southeast

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 ▼ 350.00

Date of Receipt 07 / 08 / 2010  
**Transaction ID:** 417791457A1CC5D9307D  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 417 Latimer Lane

City Fort Mill State SC Zip Code 29715-7841

FEC 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 07 / 22 / 2010  
**Transaction ID:** D0EA52F5C4A04668630  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Eric Nelson

Mailing Address Suite W460  
6405 France Avenue S

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 ▼ 350.00

Date of Receipt 07 / 02 / 2010  
**Transaction ID:** 4774A98CA8A24FCD1E48  
Amount of Each Receipt this Period 25.00  
PACWEB RECURRING CC 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 56 / 106

(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>Leo Neu, III         |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 10 / 2010 |   |  |
|   | Mailing Address 1265 E Primrose Street                          |                               | <b>Transaction ID:</b> 488D949DE23F1C70AF8E         |   |  |
|   | City<br>Springfield   | State<br>MO                   | Zip Code<br>65804-4278                              | Amount of Each Receipt this Period<br>50.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                               | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |   |  |
|   | Name of Employer Self<br>Self                                   | Occupation<br>Ophthalmologist | Aggregate Year-to-Date<br>350.00                    |   |  |
| 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 Nordlund        |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |  |  |
|   | Mailing Address 113 Bulifants Blvd Ste A                        |                               | <b>Transaction ID:</b> FF04F3E2FB71AD218D4          |  |  |
|   | City<br>Williamsburg  | State<br>VA                   | Zip Code<br>23188-5719                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                               |   |  |  |
|   | Name of Employer Self<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>C.</b>   | Full Name (Last, First, Middle Initial)<br>William Nunery       |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 15 / 2010 |  |  |
|   | Mailing Address 7404 N Park Avenue                              |                               | <b>Transaction ID:</b> 9D77876C99E1D74A30E          |  |  |
|   | City<br>Indianapolis  | State<br>IN                   | Zip Code<br>46240-3029                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                               |   |  |  |
|   | Name of Employer Self<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) .....           | ▶ | 1050.00 |
| <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 57 / 106                |
|   | <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)  
S. Richard Ombres, Jr.

Mailing Address PO Box 190

City State Zip Code  
Christiansted VI 00821-0190

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
MM / DD / YYYY  
07 / 10 / 2010

**Transaction ID:** 4580B2CB967E712D8470

Amount of Each Receipt this Period  
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Samuel Packer

Mailing Address 84 Beverly Rd

City State Zip Code  
Great Neck NY 11021-1621

FEC ID 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  
07 / 28 / 2010

**Transaction ID:** C365F2A2090C666A0E4

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Laura Pallan

Mailing Address 807 Timber Lane

City State Zip Code  
Sewickley PA 15143-8962

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 374.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2010

**Transaction ID:** 428FB08BF783F4A4E67B

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **473.34**

**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 58 / 106  
(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)  
Paul Pare

Mailing Address 304 Southeast Hospital Avenue

City State Zip Code  
Stuart FL 34994-2338

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 02 / 2010

**Transaction ID:** 490E9CCE588762C1AAB8

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Susanna Park

Mailing Address 4860 Y St Ste 2400

City State Zip Code  
Sacramento CA 95817-2307

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 29 / 2010

**Transaction ID:** 3FAF2FF483E7589FF0B

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Anjali Pathak

Mailing Address 500 N and South Rd Apt 106

City State Zip Code  
Saint Louis MO 63130-3937

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** BB1144714E816DA92C2

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

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

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

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

FOR LINE NUMBER: PAGE 59 / 106  
(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)  
Maria Patterson  
 Mailing Address 12690 W North Avenue  
 City State Zip Code  
 Brookfield WI 53005-4636  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 20 / 2010  
**Transaction ID:** 466190390129BB817564  
 Amount of Each Receipt this Period  
 25.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 374.00

**B.** Full Name (Last, First, Middle Initial)  
Randall Peairs  
 Mailing Address 200 Mifflin Ave  
 City State Zip Code  
 Scranton PA 18503-1982  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2010  
**Transaction ID:** 1DF21E4BA10B5793DFE  
 Amount of Each Receipt this Period  
 365.00  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

**C.** Full Name (Last, First, Middle Initial)  
Marc Peden  
 Mailing Address 1600 Southwest Archer Road # M1-20  
 Box 100284, Room M1-20  
 City State Zip Code  
 Gainesville FL 32610-3003  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 14 / 2010  
**Transaction ID:** 409EA07F8D7F8CB8F34C  
 Amount of Each Receipt this Period  
 41.67  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 236.68

**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 60 / 106  
(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)  
Bryan Phillips

Mailing Address 3807 Royal Portrush Drive

City Naperville State IL Zip Code 60564-5916

FEC 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 07 / 11 / 2010  
**Transaction ID:** 48CE94BFB780914DE9FB  
 Amount of Each Receipt this Period 50.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Dawn Phillips

Mailing Address 1280 Windham Parkway

City Romeoville State IL Zip Code 60446-1673

FEC 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 07 / 11 / 2010  
**Transaction ID:** 436AA49A4D867BE5FF64  
 Amount of Each Receipt this Period 50.00  
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Christine Platt

Mailing Address 1 Lakeview Park

City Rochester State NY Zip Code 14613-1708

FEC 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 07 / 22 / 2010  
**Transaction ID:** CFE31D20F37C78039C5  
 Amount of Each Receipt this Period 250.00

**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: PAGE 61 / 106

(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)

Jonathan Ply

Mailing Address 3911 Highway 17

City State Zip Code  
Murrells Inlet SC 29576-5014

FEC 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  
07 / 12 / 2010

Transaction ID: 6A518F1B26650609A8D

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Alan Pollack

Mailing Address 4660 Kenmore Avenue  
Suite 416

City State Zip Code  
Alexandria VA 22304-1306

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1700.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: 41F283C5B4C85DE48E01

Amount of Each Receipt this Period

100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Jonathan Prenner

Mailing Address 1700 Galloping Hill

City State Zip Code  
Kenilworth NJ 07033

FEC 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  
07 / 17 / 2010

Transaction ID: B6D764BC-BA01-4C98-

Amount of Each Receipt this Period

500.00

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

965.00

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

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

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 62 / 106 |
|   | <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>Claire Price         |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 27 / 2010 |   |  |
|   | Mailing Address 3000 Rogers Ave                                 |                                     | <b>Transaction ID:</b> 32CA843304564E38E5E          |   |  |
|   | City<br>Fort Smith  | State<br>AR                         | Zip Code<br>72901-4232                              | 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>B.</b>   | Full Name (Last, First, Middle Initial)<br>William Quayle       |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2010 |  |  |
|   | Mailing Address Houston Eye Associates<br>2855 Gramercy         |                                    | <b>Transaction ID:</b> E9D0448176C24FD5DCD          |  |  |
|   | City<br>Houston   | State<br>TX                        | Zip Code<br>77025                                   | Amount of Each Receipt this Period<br>250.00 |  |
|   | 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>650.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Matthew Reed         |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 14 / 2010 |  |  |
|   | Mailing Address 11800 Rock Landing Drive                        |                                    | <b>Transaction ID:</b> 4F5EBD179438B8ECC5EB         |  |  |
|   | City<br>Newport News  | State<br>VA                        | Zip Code<br>23606-4206                              | Amount of Each Receipt this Period<br>100.00     |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer Self   | Occupation<br>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>700.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1350.00 |
| <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 63 / 106  
(check only one)

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

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

**A.**

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

Mailing Address 5007 Matterhorn Drive

City Duluth State MN Zip Code 55811-3812

FEC 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 07 / 11 / 2010

**Transaction ID:** 4F6C8DDD5BE1D23B29E3

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

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

Mailing Address 207 S Santa Anita Ave Ste P25

City San Gabriel State CA Zip Code 91776-1145

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2219.00

Date of Receipt 07 / 26 / 2010

**Transaction ID:** 43A1AB13907F24EBF364

Amount of Each Receipt this Period 317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
H. Miller Richert

Mailing Address 1750 Pine St

City Abilene State TX Zip Code 79601-3044

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 29 / 2010

**Transaction ID:** 1276FC084A490C4ACA2

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2367.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 106  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Martin Richler

Mailing Address 20 Hope Avenue  
Suite 212

City State Zip Code  
Waltham MA 02453-2717

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2010

**Transaction ID:** 96A71B8C5ECEA75D8C8

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Chester Ridenour

Mailing Address 398 Highgate Avenue

City State Zip Code  
Worthington OH 43085-3019

FEC ID 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  
07 / 01 / 2010

**Transaction ID:** F3156A344572A6D2520

Amount of Each Receipt this Period  
365.00

**C.** Full Name (Last, First, Middle Initial)  
Ralph Riffenburgh

Mailing Address 10 Congress Street Suite 340

City State Zip Code  
Pasadena CA 91105-3020

FEC ID 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  
07 / 06 / 2010

**Transaction ID:** 0EB88617F6688E1ACE0

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1030.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 106

(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)

Jeffrey Rinkoff

Mailing Address 748 State St

City State Zip Code  
Medford OR 97504-8473

FEC 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  
07 / 27 / 2010

Transaction ID: F7EBF2FDF86E87942A4

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Rosenberg

Mailing Address 1015 Ridge Road  
Ocusight Eye Care Center

City State Zip Code  
Webster NY 14580-2907

FEC 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

M M / D D / Y Y Y Y  
07 / 20 / 2010

Transaction ID: 4504B3DA7860843B1E6B

Amount of Each Receipt this Period  
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)

Melvin Rothberger

Mailing Address 575 Kings Highway

City State Zip Code  
Brooklyn NY 11223-2046

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2010

Transaction ID: 133BC16F40E908B6E51

Amount of Each Receipt this Period  
250.00

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

1300.00

**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 66 / 106  
(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)  
Frank Ryburn

Mailing Address 3420 23 Street

City Lubbock State TX Zip Code 79410-1322

FEC 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: 07 / 01 / 2010  
**Transaction ID:** AAB474BFA6F301EE7AC  
Amount of Each Receipt this Period: 500.00

**B.**

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

Mailing Address 11261 Nall Avenue

City Leawood State KS Zip Code 66211-1669

FEC 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: 07 / 21 / 2010  
**Transaction ID:** A2A476D7A723ABCF655  
Amount of Each Receipt this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert David Sacks

Mailing Address 1125 S Beverly Dr Ste 710

City Los Angeles State CA Zip Code 90035-1180

FEC 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: 07 / 27 / 2010  
**Transaction ID:** 6542A385C9B7EE622C5  
Amount of Each Receipt this Period: 365.00

**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 67 / 106                |
|   | <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>Delia Sang                  |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 01 / 2010 |
|   | Mailing Address 3934 S Americus Street                                 |                               | <b>Transaction ID:</b> 406C934741C6503200E6         |
|   | City<br>Seattle  | State<br>WA                   | Zip Code<br>98118-1640                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | Amount of Each Receipt this Period<br>416.66        |
|   | Name of Employer<br>Self   | Occupation<br>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>2916.62                                    |                               |   |

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Martin Schneider            |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2010 |
|   | Mailing Address 500 W Main St  |                               | <b>Transaction ID:</b> 64115F6E75DAD3565C1          |
|   | City<br>Freehold   | State<br>NJ                   | Zip Code<br>07728-2500                              |
|   | 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                                     |                               |   |

|   |  |                               |   |
|---|--|-------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Todd Schneiderman           |                               | Date of Receipt<br>MM / DD / YYYY<br>07 / 20 / 2010 |
|   | Mailing Address 9800 Levin Road Northwest Suite 203                    |                               | <b>Transaction ID:</b> 4296BEA75F2361B65DCC         |
|   | City<br>Silverdale   | State<br>WA                   | Zip Code<br>98383-7849                              |
|   | 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 | 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>1700.00                                    |                               |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>881.66</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

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

FOR LINE NUMBER: PAGE 68 / 106

(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)

Barbara Schroeder

Mailing Address 3301 Lake Avenue

City State Zip Code  
Fort Wayne IN 46805-5529

FEC 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  
07 / 22 / 2010

Transaction ID: 66A3309C0D916418FF9

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

N. Niki Silverstein

Mailing Address 198 North Road

City State Zip Code  
Chester NJ 07930-2323

FEC 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  
07 / 06 / 2010

Transaction ID: 97162C7EC2F7DCB3802

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Marc Silverstein

Mailing Address 4240 Blue Ridge Blvd  
Ste 1000

City State Zip Code  
Kansas City MO 64133-1754

FEC 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  
07 / 30 / 2010

Transaction ID: C80CCFAAA380F890634

Amount of Each Receipt this Period  
500.00

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

1365.00

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 69 / 106 |
|   | <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>Sidney Simonian             | Date of Receipt<br>MM / DD / YYYY<br>07 / 24 / 2010 |
|   | Mailing Address 27483 Dequindre Road                                   | <b>Transaction ID:</b> 399E8438-0385-4D6E-          |
|   | City State Zip Code<br>Madison Heights MI 48071-5715                   | 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>Scott So                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 19 / 2010 |
|   | Mailing Address 2100 Webster Street Suite 214                          | <b>Transaction ID:</b> 46FF9AA1509D9155C4B3         |
|   | City State Zip Code<br>San Francisco CA 94115-2375                     | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self<br>Occupation<br>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>700.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>James Sprague               | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2010 |
|   | Mailing Address 4851 Indian Lane Northwest                             | <b>Transaction ID:</b> 49F5A8A10F5E1F089E29         |
|   | City State Zip Code<br>Washington DC 20016-3203                        | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer<br>Occupation   | 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>350.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>515.00</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 70 / 106

(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)

Mitchell Brian Stein

Mailing Address 69 S Moger Avenue

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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 13 / 2010

Transaction ID: 4AF38231C978C679C17C

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)

Harry Stephenson

Mailing Address 4001 Kresge Way  
200 Baptist E Office Park

City State Zip Code  
Louisville KY 40207

FEC ID 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  
07 / 01 / 2010

Transaction ID: C1189D378F34417CA96

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Marion Joseph Stoj

Mailing Address 43 Woodland St

City State Zip Code  
Hartford CT 06105-2363

FEC ID 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  
07 / 13 / 2010

Transaction ID: 508FEA7ECBF68F91709

Amount of Each Receipt this Period

500.00

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

915.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 106  
(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)  
Drew Stoken

Mailing Address 338 Alexander Spring Road

City Carlisle State PA Zip Code 17015-9129

FEC 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 07 / 11 / 2010

**Transaction ID:** 4CBA9008B9D0846F8F10

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Donald Stone

Mailing Address 748 Tuscany Way

City Edmond State OK Zip Code 73034-6786

FEC 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 07 / 02 / 2010

**Transaction ID:** 41608B309F8820FDB66A

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 303 East Park Avenue

City Long Beach State NY Zip Code 11561-3600

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 11 / 2010

**Transaction ID:** 497C9F4196A43FED90B7

Amount of Each Receipt this Period 25.00

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 72 / 106

(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 Street  
Suite 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 ▼ 1700.00

Date of Receipt MM / DD / YYYY  
07 / 24 / 2010

**Transaction ID:** 4946ACC6362484C81ED0

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 ▼ 905.00

Date of Receipt MM / DD / YYYY  
07 / 10 / 2010

**Transaction ID:** 4378A75F6BAB46742A02

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Craig Suiter

Mailing Address 4020 N 54th Place

City Phoenix State AZ Zip Code 85018-4508

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt MM / DD / YYYY  
07 / 21 / 2010

**Transaction ID:** E981BB0A2C74E97330F

Amount of Each Receipt this Period 365.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 106  
(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 Swartley

Mailing Address 222 N 2nd Street

City State Zip Code  
Boise ID 83702-6130

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2010

**Transaction ID:** 3C413986-35E2-41B5-

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10 Jacobs Ln

City State Zip Code  
Newport News VA 23606-2815

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 43239B8059A9F7C07B64

Amount of Each Receipt this Period  
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 3575 Pecos McLeod

City State Zip Code  
Las Vegas NV 89121-3803

FEC 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  
07 / 22 / 2010

**Transaction ID:** FCF18C4543F84E693EA

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 106  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Andrew Tharp

Mailing Address 4233 Gateway Blvd

City State Zip Code  
Newburgh IN 47630-8900

FEC ID 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  
07 / 13 / 2010

**Transaction ID:** 1A3193DB77397627A31

Amount of Each Receipt this Period  
365.00

**B.**

Full Name (Last, First, Middle Initial)  
Randall Tozer

Mailing Address 9811 N 95th Street Suite 101

City State Zip Code  
Scottsdale AZ 85258-4527

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
448.34

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2010

**Transaction ID:** 4715AB7103DA49FA0E13

Amount of Each Receipt this Period  
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

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

Mailing Address 645 Ridgewood Rd

City State Zip Code  
Duluth MN 55804-1856

FEC ID 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  
07 / 27 / 2010

**Transaction ID:** 3D8C3953D7E2E2A5F97

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **771.67**

**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 75 / 106  
(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)  
C. Howell Tucker

Mailing Address 101 Yorktown Dr  
Ste 225

City Fayetteville State GA Zip Code 30214-1568

FEC 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 07 / 12 / 2010  
**Transaction ID: 1E7770C258F05F9E682**  
Amount of Each Receipt this Period 365.00

**B.** Full Name (Last, First, Middle Initial)  
Peter Utrata

Mailing Address 262 Neil Avenue  
Suite 320

City Columbus State OH Zip Code 43215-7311

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2010  
**Transaction ID: 4A138B60FE020235C10D**  
Amount of Each Receipt this Period 50.00  
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.** Full Name (Last, First, Middle Initial)  
Ronald Vanderlugt

Mailing Address Borgess N Prof Building  
1717 Shaffer Street/Suite 207

City Kalamazoo State MI Zip Code 49048-1625

FEC 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 07 / 01 / 2010  
**Transaction ID: D674CB3B91DDF5822BE**  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 815.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 106  
(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)  
M. Teresa Vives

Mailing Address 200 Henry Clay Ave

City State Zip Code  
New Orleans LA 70118-5720

FEC ID 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  
07 / 29 / 2010

**Transaction ID:** A414BF6567077823372

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Marc Von Roemer

Mailing Address Invision  
1 Route 70

City State Zip Code  
Lakewood NJ 08701-5895

FEC ID 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  
M M / D D / Y Y Y Y  
07 / 26 / 2010

**Transaction ID:** 7A409FD193FEBC4C0B9

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Lynnwood Walmer

Mailing Address 2701 Orchard Avenue

City State Zip Code  
Montoursville PA 17754-9528

FEC ID 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  
07 / 01 / 2010

**Transaction ID:** 7B1264C59F09B2FE8C4

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 77 / 106 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Joseph Walsh   | Date of Receipt<br>MM / DD / YYYY<br>07 / 22 / 2010 |
|           | Mailing Address 310 E 14th Street<br>Ny Eye and Ear Infirmary   | <b>Transaction ID:</b> 0F339861B632DD7046E          |
|           | City New York State NY Zip Code 10003-4201  | Amount of Each Receipt this Period<br>500.00        |
|           | 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 <input type="checkbox"/> 500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Thomas Peter Ward  | Date of Receipt<br>MM / DD / YYYY<br>07 / 14 / 2010 |
|           | Mailing Address 18 Old Stone Crossing   | <b>Transaction ID:</b> 49B0BDE4B1284AC09FDD         |
|           | City West Hartford State CT Zip Code 06117-1859   | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED    |
|           | Name of Employer Self Occupation Ophthalmologist<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date <input type="checkbox"/> 350.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>L. Andrew Watkins  | Date of Receipt<br>MM / DD / YYYY<br>07 / 08 / 2010 |
|           | Mailing Address Suite 100<br>427 W 20th Street  | <b>Transaction ID:</b> 4DED97A14E9521253753         |
|           | City Houston State TX Zip Code 77008-2425   | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED   |
|           | 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 <input type="checkbox"/> 300.00 |   |

|  |               |
|--|---------------|
| <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 78 / 106

(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)  
Daniel Weaver

Mailing Address 2750 North Gregory Drive

City State Zip Code  
Billings MT 59102-0570

FEC 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  
07 / 01 / 2010

Transaction ID: 5484C6079E0977CE041

Amount of Each Receipt this Period

365.00

**B.**

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

Mailing Address the Landmark Suite 190  
25700 Science Park Drive

City State Zip Code  
Beachwood OH 44122-7319

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

Name of Employer Self Occupation  
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 29 / 2010

Transaction ID: 17AEAFD247220560337

Amount of Each Receipt this Period

400.00

**C.**

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

Mailing Address 3934 S Americus Street

City State Zip Code  
Seattle WA 98118-1640

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

Name of Employer Self Occupation  
Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2010

Transaction ID: 40A38340523442F6E4D1

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

815.00

**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 79 / 106 |
|   | <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>Paul Weishaar  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 19 / 2010 |  |  |
|           | Mailing Address 530 N Lorraine Avenue<br>Suite 200  |                                    | <b>Transaction ID:</b> A2C3199EE7F0A10A1B0          |  |  |
|           | City<br>Wichita   | State<br>KS                        | Zip Code<br>67214-4837                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | 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>500.00 |   |  |  |

|           |   |                                    |   |   |  |
|-----------|---|------------------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Barry Welch  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 29 / 2010 |   |  |
|           | Mailing Address 424 Yellowstone Ave<br>Ste 110  |                                    | <b>Transaction ID:</b> 432E94D6C2BF72C02489         |   |  |
|           | City<br>Cody  | State<br>WY                        | Zip Code<br>82414-9309                              | Amount of Each Receipt this Period<br>83.34 |  |
|           | 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>333.36 |   |   |  |

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

|           |   |                                     |   |  |  |
|-----------|---|-------------------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>John Wells, III  |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 01 / 2010 |  |  |
|           | Mailing Address 124 Sunset Court  |                                     | <b>Transaction ID:</b> 6AB16893CB63DD62786          |  |  |
|           | City<br>West Columbia   | State<br>SC                         | Zip Code<br>29169-2429                              | Amount of Each Receipt this Period<br>900.00 |  |
|           | 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>1600.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1483.34 |
| <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 80 / 106  
(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 Wells, III

Mailing Address 124 Sunset Court

City State Zip Code  
West Columbia SC 29169-2429

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 ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 08 / 2010

**Transaction ID:** 4709BAF8CD9C6FE223F0

Amount of Each Receipt this Period  
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Westfall

Mailing Address 2450 12th Street Southeast

City State Zip Code  
Salem OR 97302-2152

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 20 / 2010

**Transaction ID:** 4843BA71A0F19FD9DB4B

Amount of Each Receipt this Period  
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**C.**

Full Name (Last, First, Middle Initial)  
Amy Wexler

Mailing Address 509 S Lenola Road Suite 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 ▼ 675.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 17 / 2010

**Transaction ID:** 4A1BB02C61059EFF6028

Amount of Each Receipt this Period  
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**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 81 / 106 |
|   | <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>Jeffrey Whitman             |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 16 / 2010 |   |  |
|   | Mailing Address 2801 Lemmon Avenue<br>Suite 400                        |                                     | <b>Transaction ID:</b> 018CCD44EFFF78ED9EB          |   |  |
|   | City<br>Dallas   | State<br>TX                         | Zip Code<br>75204-2399                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |   |   |  |
|   | 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>B.</b>   | Full Name (Last, First, Middle Initial)<br>Michael Wild                |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 30 / 2010 |  |  |
|   | Mailing Address 3433 S Lafountain St                                   |                                    | <b>Transaction ID:</b> AD50A0166AC91521DD7          |  |  |
|   | City<br>Kokomo   | State<br>IN                        | Zip Code<br>46902-3801                              | 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  | 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>C.</b>   | Full Name (Last, First, Middle Initial)<br>Joseph Wilhelm              |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2010 |   |  |
|   | Mailing Address 702 W Lake Lansing Road                                |                                    | <b>Transaction ID:</b> 43199DCBFC3DF56CE40C         |   |  |
|   | City<br>East Lansing   | State<br>MI                        | Zip Code<br>48823-8526                              | Amount of Each Receipt this Period<br>50.00       |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |   |  |
|   | Name of Employer 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>850.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1550.00 |
| <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 82 / 106  
(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)  
James Williams

Mailing Address 902 Westwood St

City State Zip Code  
Pascagoula MS 39567-7574

FEC ID 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  
07 / 27 / 2010

**Transaction ID:** A53BF52D47FE63B150C

Amount of Each Receipt this Period  
365.00

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

Mailing Address PO Box 1226

City State Zip Code  
Anderson SC 29622-1226

FEC ID 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  
07 / 27 / 2010

**Transaction ID:** 1B6960FD7E19D8EE9BC

Amount of Each Receipt this Period  
365.00

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

Mailing Address 3375 SW Terwilliger Blvd

City State Zip Code  
Portland OR 97239-4146

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

Name of Employer Self Occupation  
Self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 13 / 2010

**Transaction ID:** 2ECCC6A1474C68EC400

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1730.00**

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

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

|   |   |               |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 83 / 106 |
|   | <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>Harold Woodcome, Jr.   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 06 / 2010 |
| Mailing Address 690 Eddy Street   |                                    | <b>Transaction ID:</b> 6E7DCE18ADE8E8CC8D3          |
| City<br>Providence  | State<br>RI                        | Zip Code<br>02903-4928                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>450.00        |
| 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>450.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Lyn Yakubov  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 17 / 2010 |
| Mailing Address 10 Dutton Drive<br>Eye Care Assoc Inc   |                                    | <b>Transaction ID:</b> 4F15A1383F78F133CB34         |
| City<br>Youngstown  | State<br>OH                        | Zip Code<br>44502-1818                              |
| 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>675.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Carol Ziel   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 10 / 2010 |
| Mailing Address Suite 100<br>2025 Frontis Plaza Boulevard   |                                    | <b>Transaction ID:</b> 406288E23F3B54DE2508         |
| City<br>Winston Salem   | State<br>NC                        | Zip Code<br>27103-5663                              |
| 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      | 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>475.01 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 525.00 |
| <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 84 / 106                |
|   | (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>Carol Ziel                  | Date of Receipt<br>MM / DD / YYYY<br>07 / 20 / 2010      |
|   | Mailing Address 2025 Frontis Plaza Boulevard<br>Suite 100              | <b>Transaction ID:</b> 469E9EE64E09A56D8F0A              |
|   | City State Zip Code<br>Winston Salem NC 27103-5663                     | Amount of Each Receipt this Period<br>41.67              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | <b>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</b> |
| Name of Employer Self<br>Occupation<br>Ophthalmologist  | Aggregate Year-to-Date<br>475.01                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| <hr/>   |  |  |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Harry Zink                  | Date of Receipt<br>MM / DD / YYYY<br>07 / 01 / 2010      |
|   | Mailing Address 3519 Friendsville Road                                 | <b>Transaction ID:</b> 4D61B9B0121B8FA9E6D5              |
|   | City State Zip Code<br>Wooster OH 44691-1241                           | Amount of Each Receipt this Period<br>83.33              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | <b>BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED</b> |
| Name of Employer Self<br>Occupation<br>Ophthalmologist  | Aggregate Year-to-Date<br>750.32                                       |  |
| 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) .....           | <b>125.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>79621.07</b> |

**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 85 / 106                          |                             |
|   | (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>Sooners United for Leadership, Loyalty and You (SULLY) Fund |                          | Date of Receipt                       |  |  |
|   | Mailing Address PO Box 650552  |                          | M M / D D / Y Y Y Y<br>07 / 27 / 2010 |  |  |
|   | City   | State                    | Zip Code                              | <b>Transaction ID:</b> 2D9BF2064198850BE33 |  |
|   | Potomac Falls  | VA                       | 20165                                 | Amount of Each Receipt this Period         |  |
|   | FEC ID number of contributing federal political committee.   |                          | C                                     | 2500.00                                    |  |
|   | Name of Employer   |                          | Occupation                            | Refund of excessive 6/1/10 contribution    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 106  
(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)  
Bank of America

Mailing Address 101 S Marengo Avenue  
3rd Floor

City Pasadena State CA Zip Code 91101

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1311.23

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 31 / 2010

**Transaction ID:** 30718EC923311D9FDE0

Amount of Each Receipt this Period  
141.00

CD interest - Jul 2010

**B.**

Full Name (Last, First, Middle Initial)  
Maria Berrocal

Mailing Address PO Box 41281 Minillas Station

City San Juan State PA Zip Code 00940

FEC 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  
 07 / 16 / 2010

**Transaction ID:** 4BB15809-BA24-499A-

Amount of Each Receipt this Period  
500.00

PAC Admin

**C.**

Full Name (Last, First, Middle Initial)  
Jansen Colberg-Lugo

Mailing Address Gpo Box 909

City Cabo Rojo State Se Zip Code 00623-0909

FEC 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  
 07 / 01 / 2010

**Transaction ID:** A3A4982F4FBC10A52CC

Amount of Each Receipt this Period  
365.00

PAC Admin

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1006.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 1006.00 |

**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 87 / 106

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

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Wells Fargo Bank N.A.<br><hr/> Mailing Address PO Box 63020<br><hr/> City San Francisco State CA Zip Code 94163<br><hr/> Purpose of Disbursement<br>AMEX discount - Jul 2010<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 298D516F2C6625742E0<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>767.70<br><hr/> Category/<br>Type<br>001                       |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Wells Fargo Bank N.A.<br><hr/> Mailing Address PO Box 63020<br><hr/> City San Francisco State CA Zip Code 94163<br><hr/> Purpose of Disbursement<br>Bank charges - Jul 2010<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 55177C1F4840D928A61<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 3 1 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>919.59<br><hr/> Category/<br>Type<br>001                       |

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

1687.29

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

1687.29

**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 88 / 106

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>Anna Eshoo for Congress   | Transaction ID: 76024-4584619402885<br>Date of Disbursement<br>07 / 02 / 2010 |
|   | Mailing Address 555 Capitol Mall, Suite 1425   | Amount of Each Disbursement this Period<br>2500.00                            |
|   | City Sacramento State CA Zip Code 95814  | 011<br>Category/<br>Type  |
|   | Purpose of Disbursement 2010 GENERAL<br>Candidate Name Anna G. Eshoo   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 14 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Becerra for Congress  | Transaction ID: 76024-4283716082572<br>Date of Disbursement<br>07 / 02 / 2010 |
|   | Mailing Address PO Box 261060  | Amount of Each Disbursement this Period<br>1000.00                            |
|   | City Los Angeles State CA Zip Code 90026   | 011<br>Category/<br>Type  |
|   | Purpose of Disbursement Contribution 2010 GENERAL<br>Candidate Name Xavier Becerra   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 31 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Becerra for Congress  | Transaction ID: 20526-6391870379448<br>Date of Disbursement<br>07 / 22 / 2010 |
|   | Mailing Address PO Box 261060  | Amount of Each Disbursement this Period<br>1500.00                            |
|   | City Los Angeles State CA Zip Code 90026   | 011<br>Category/<br>Type  |
|   | Purpose of Disbursement Contribution 2010 GENERAL<br>Candidate Name Xavier Becerra   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 31 | 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)

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Benishek for Congress<br><hr/> Mailing Address 802 Pentoga Trail<br><hr/> City Crystal Falls State MI Zip Code 49920<br><hr/> Purpose of Disbursement<br>Contribution 2010 PRIMARY<br>Candidate Name<br>Daniel J. Benishek<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: MI District: 01 | Transaction ID: 44444-6536523699760<br>Date of Disbursement<br>07 / 27 / 2010 |
|   | Amount of Each Disbursement this Period<br>5000.00<br>Category/Type: 011      |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Boucher for Congress Committee<br><hr/> Mailing Address PO Box 2000<br><hr/> City Abingdon State VA Zip Code 24212<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Frederick C. Boucher<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: VA District: 09 | Transaction ID: 76336-1706964373588<br>Date of Disbursement<br>07 / 02 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00<br>Category/Type: 011      |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Brave Pac<br><hr/> Mailing Address 499 S. Capitol St, SW<br>Suite 404<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement<br>Event date: 6/24/10<br>Candidate Name<br>Brave Pac<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: 76024-8540307879448<br>Date of Disbursement<br>07 / 02 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00<br>Category/Type: 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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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/>Bright for Congress</p> <p>Mailing Address PO Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Bobby Bright</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AL 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> 76024-1395074725151</p> <p>Date of Disbursement<br/>07 / 01 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Charles Boustany Jr. Md for Congress, Inc.</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: LA District: 07</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> 20526-1177789568901</p> <p>Date of Disbursement<br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Citizens for Altmire</p> <p>Mailing Address PO Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement 2010 GENERAL</p> <p>Candidate Name Jason Altmire</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA 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> 20526-5639764666557</p> <p>Date of Disbursement<br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/Type</p> |

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dutch Ruppensberger for Congress  | Transaction ID: 76024-1270715594291                      |
|           | Mailing Address 22 West Padonia Road Suite C-141   | Date of Disbursement<br>MM / DD / YYYY<br>07 / 02 / 2010 |
|           | City Timonium State MD Zip Code 21093  | Amount of Each Disbursement this Period<br>1000.00       |
|           | Purpose of Disbursement 2010 PRIMARY<br>Candidate Name C.A. Dutch Ruppensberger<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: MD District: 02 | 011<br>Category/<br>Type                                 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Fleming for Congress  | Transaction ID: 20526-4740411639213                      |
|           | Mailing Address PO Box 1236  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 22 / 2010 |
|           | City Minden State LA Zip Code 71058  | Amount of Each Disbursement this Period<br>1000.00       |
|           | Purpose of Disbursement 2010 PRIMARY<br>Candidate Name John Calvin Fleming, Jr.<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: LA District: 04 | 011<br>Category/<br>Type                                 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Friends of Bill Posey   | Transaction ID: 76024-5100213885307                      |
|           | Mailing Address PO Box 360877  | Date of Disbursement<br>MM / DD / YYYY<br>07 / 02 / 2010 |
|           | City Melbourne State FL Zip Code 32936   | Amount of Each Disbursement this Period<br>1000.00       |
|           | Purpose of Disbursement 2010 PRIMARY<br>Candidate Name Bill Posey<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: FL District: 15               | 011<br>Category/<br>Type                                 |

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

3000.00

**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 Blanche Lincoln<br><hr/> Mailing Address PO Box 3197<br><hr/> City Little Rock State AR Zip Code 72203<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Blanche Lambert Lincoln<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District:<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | <b>Transaction ID:</b> 76024-3349878191947<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 0 2 / 2 0 1 0                              |
|  | 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>Friends of Jim Clyburn<br><hr/> Mailing Address PO Box 12567<br><hr/> City Columbia State SC Zip Code 29211<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>James E. Clyburn<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SC District: 06<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 20526-5199243426322<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0                              |
|  | 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>Georgians for Isakson<br><hr/> Mailing Address Post Office Box 250116<br><hr/> City Atlanta State GA Zip Code 30325<br><hr/> Purpose of Disbursement<br>2010 General<br>Candidate Name<br>Johnny Isakson<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District:<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | <b>Transaction ID:</b> 18846-5581323504447<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 1 6 / 2 0 1 0                              |
|  | 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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>Grassroots Organizing Acting & Leading Pac - Goalpac                                      | Transaction ID: 76024-0365106463432<br>Date of Disbursement  |
|    | Mailing Address PO Box 30344   | <input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>  |
|    | City Bethesda State MD Zip Code 20824  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Event date: 3/26/10   | <input type="text" value="2500.00"/>   |
|    | Candidate Name<br>Grassroots Organizing Acting & Leading Pac - Goalpac   | <input type="text" value="011"/><br>Category/<br>Type  |
|    | 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. | Full Name (Last, First, Middle Initial)<br>Hoyer for Congress   | Transaction ID: 20526-4430353045463<br>Date of Disbursement  |
|    | Mailing Address 607 14th Street, NW Suite 800   | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>  |
|    | City Washington State DC Zip Code 20005   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>2010 General   | <input type="text" value="2500.00"/>   |
|    | Candidate Name<br>Steny H. Hoyer  | <input type="text" value="011"/><br>Category/<br>Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 05 | 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>Jeff Miller for Congress   | Transaction ID: 20526-4791070818901<br>Date of Disbursement  |
|    | Mailing Address PO Box 126  | <input type="text" value="07"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>  |
|    | City Pensacola State FL Zip Code 32591  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>Contribution 2010 PRIMARY  | <input type="text" value="2000.00"/>   |
|    | Candidate Name<br>Jefferson B. Miller   | <input type="text" value="011"/><br>Category/<br>Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 01 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 106

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>Jim Jordan for Congress<br><hr/> Mailing Address 1709 State Route 560 South<br><hr/> City Urbana State OH Zip Code 43078<br><hr/> Purpose of Disbursement<br>Event date: 6/17/10<br>Candidate Name<br>James Jordan<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: OH District: 04<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 76024-6081659197807<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 02 / 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>Klein for Congress<br><hr/> Mailing Address 21301 Powerline Road, Suite 204<br><hr/> City Boca Raton State FL Zip Code 33433<br><hr/> Purpose of Disbursement<br>2010 PRIMARY<br>Candidate Name<br>Ron Klein<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: FL District: 22<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: 20526-2542077898979<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 22 / 2010   |
|   | Amount of Each Disbursement this Period<br>2000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Lamborn for Congress<br><hr/> Mailing Address PO Box 64107<br><hr/> City Colorado Springs State CO Zip Code 80962<br><hr/> Purpose of Disbursement<br>2010 PRIMARY<br>Candidate Name<br>Douglas L. Lamborn<br><hr/> Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CO District: 05<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: 18846-3493463397026<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2010   |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

4000.00

**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/>Larson for Congress</p> <p>Mailing Address 109 Pitkin Street</p> <p>City East Hartford State CT Zip Code 06108</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CT 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> 18846-3201257586479</p> <p>Date of Disbursement<br/>07 / 16 / 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/>Lee Terry for Congress</p> <p>Mailing Address PO Box 540098</p> <p>City Omaha State NE Zip Code 68154</p> <p>Purpose of Disbursement Contribution 2010 General</p> <p>Candidate Name Lee Terry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NE 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> 76336-7605859637260</p> <p>Date of Disbursement<br/>07 / 02 / 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/>Legpac</p> <p>Mailing Address 38 Ivy St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Event date: 6/26/10</p> <p>Candidate Name Legpac</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> 76024-3772088885307</p> <p>Date of Disbursement<br/>07 / 02 / 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)

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Lone Star Leadership Pac   | Transaction ID: 76336-5348321795463<br>Date of Disbursement<br>07 / 02 / 2010 |
|    | Mailing Address 7315 Wisconsin Avenue<br>Suite 310 East   | Amount of Each Disbursement this Period<br>2500.00                            |
|    | City Bethesda State MD Zip Code 20814   |   |
|    | Purpose of Disbursement<br>Event date: 6/24/10  | 011<br>Category/<br>Type  |
|    | Candidate Name<br>Lone Star Leadership Pac  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: Contribution |   |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>Madison Pac; the   | Transaction ID: 76024-7072107195854<br>Date of Disbursement<br>07 / 02 / 2010 |
|    | Mailing Address 235 State Street #206   | Amount of Each Disbursement this Period<br>5000.00                            |
|    | City Springfield State MA Zip Code 01103  |   |
|    | Purpose of Disbursement<br>Event date: 7/23-25/10   | 011<br>Category/<br>Type  |
|    | Candidate Name<br>Madison Pac; the  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: Contribution |   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>Majority Initiative To Keep Electing Republicans Fund<br>A.K.A Mike R Fund   | Transaction ID: 20526-2601434588432<br>Date of Disbursement<br>07 / 22 / 2010 |
|    | Mailing Address PO Box 2485   | Amount of Each Disbursement this Period<br>1000.00                            |
|    | City Springfield State VA Zip Code 22152  |   |
|    | Purpose of Disbursement<br>2010 Contribution  | 011<br>Category/<br>Type  |
|    | Candidate Name<br>Majority Initiative To Keep Electing Republicans<br>Fund A.K.A Mike R Fund  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼<br>State: District: Contribution |   |

|  |         |
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| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 8500.00 |
| <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>McCollum for Congress<br><hr/> Mailing Address PO Box 14131<br><hr/> City State Zip Code<br>St. Paul MN 55114<br><hr/> Purpose of Disbursement<br>Event date: 6/15/10<br>Candidate Name<br>Betty McCollum<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 04<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | <b>Transaction ID:</b> 76024-0074121356010<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 0 2 / 2 0 1 0 |
|  | 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>Michael Burgess for Congress<br><hr/> Mailing Address PO Box 2334<br><hr/> City State Zip Code<br>Denton TX 76202<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Michael C. Burgess<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 26<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | <b>Transaction ID:</b> 76024-2324640154838<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 0 2 / 2 0 1 0 |
|  | 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>Mike Rogers for Congress<br><hr/> Mailing Address 123 East 13th Street<br><hr/> City State Zip Code<br>Anniston AL 36201<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br>Candidate Name<br>Michael Dennis Rogers<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL 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> 76024-1029474139213<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 0 2 / 2 0 1 0 |
|  | Amount of Each Disbursement this Period<br>1000.00  |
|  | Category/<br>Type<br>011  |
|  |   |

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Miller-Meeks for Congress   | Transaction ID: 44444-3124048113822                |
|           | Mailing Address PO Box 3091  | Date of Disbursement<br>07 / 27 / 2010             |
|           | City Iowa City State IA Zip Code 52244   | Amount of Each Disbursement this Period<br>5000.00 |
|           | Purpose of Disbursement Contribution 2010 General<br>Candidate Name Mariannette Jane Miller-Meeks<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 02<br>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>B.</b> | Full Name (Last, First, Middle Initial)<br>Mission Pac   | Transaction ID: 76024-2908899188041                |
|           | Mailing Address 1831 Bay St SE   | Date of Disbursement<br>07 / 02 / 2010             |
|           | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>2500.00 |
|           | Purpose of Disbursement 2010 Contribution<br>Candidate Name Mission Pac<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  | 011<br>Category/<br>Type                           |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mission Pac   | Transaction ID: 20526-3903924822807                |
|           | Mailing Address 1831 Bay St SE   | Date of Disbursement<br>07 / 22 / 2010             |
|           | City Washington State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>2500.00 |
|           | Purpose of Disbursement 2010 Contribution<br>Candidate Name Mission Pac<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  | 011<br>Category/<br>Type                           |

**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>Montanans for Tester<br><hr/> Mailing Address PO Box 1135<br><hr/> City Helena State MT Zip Code 59624<br><hr/> Purpose of Disbursement<br>Contribution 2012 General<br>Candidate Name<br>Jon Tester<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District:<br>Disbursement For: 2012<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 18846-0154840350151<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 16 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Contribution   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Oklahomans for Mike Thompson<br><hr/> Mailing Address PO Box 60332<br><hr/> City Oklahoma City State OK Zip Code 73146<br><hr/> Purpose of Disbursement<br>Contribution 2010 PRIMARY<br>Candidate Name<br>Mike Thompson<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OK District: 05<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 20526-8541223406791<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 22 / 2010 |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Contribution   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>People for Enterprise Trade and Economic Growth (PETE PAC)<br><hr/> Mailing Address 7804 Evening Lane<br><hr/> City Alexandria State VA Zip Code 22306<br><hr/> Purpose of Disbursement<br>2010 contribution<br>Candidate Name<br>People for Enterprise Trade and Economic Growth (P-ETE PAC)<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Transaction ID: 76024-2456476092338<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>07 / 01 / 2010 |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Contribution   |

**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)

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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>Pete Stark Re-Election Committee<br><hr/> Mailing Address PO Box 8331<br><hr/> City Fremont State CA Zip Code 94537<br><hr/> Purpose of Disbursement<br>Contribution 2010 GENERAL<br><hr/> Candidate Name<br>Fortney H. Pete Stark<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CA District: 13<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Transaction ID:</b> 20526-9814416766166<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0                              |
|   | 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) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Randy Hultgren for Congress<br><hr/> Mailing Address PO Box 39<br><hr/> City Batavia State IL Zip Code 60510<br><hr/> Purpose of Disbursement<br>Contribution 2010 General<br><hr/> Candidate Name<br>Randall M. Hultgren<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IL District: 14<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | <b>Transaction ID:</b> 44444-7970392107963<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 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>Richard Hanna for Congress Committee<br><hr/> Mailing Address 2308 Genesee Street<br><hr/> City Utica State NY Zip Code 13502<br><hr/> Purpose of Disbursement<br>Contribution 2010 PRIMARY<br><hr/> Candidate Name<br>Richard Hanna<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 24<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 44444-9430353045463<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 7 / 2 7 / 2 0 1 0                              |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

13000.00

**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 / 106

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>Rodney Alexander for Congress Inc.<br><hr/> Mailing Address 319 Nancy's Road<br><hr/> City Quitman State LA Zip Code 71268<br><hr/> Purpose of Disbursement<br>Event date: 6/15/10<br>Candidate Name<br>Rodney Alexander<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 05<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 76024-3227655291557<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 2 / 2 0 1 0 |
|   | 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>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: 20526-3765680193901<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1500.00  |
|   | Category/<br>Type<br>011  |
|   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Ryan for Congress<br><hr/> Mailing Address PO Box 1919<br>PO Box 1919<br><hr/> City Janesville State WI Zip Code 53547<br><hr/> Purpose of Disbursement<br>2010 PRIMARY<br>Candidate Name<br>Paul Ryan<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 01<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 76024-9161340594291<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 2 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1000.00  |
|   | Category/<br>Type<br>011  |
|   |   |

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

|  |  |  |                          |                   |
|--|--|--|--------------------------|-------------------|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Ryan for Congress   | <b>Transaction ID:</b> 20526-1037256121635<br>Date of Disbursement<br>07 / 22 / 2010 |                          |                   |
|  | Mailing Address<br>PO Box 1919<br>PO Box 1919  | Amount of Each Disbursement this Period<br>1500.00                                   |                          |                   |
|  | City<br>Janesville   |  | State<br>WI              | Zip Code<br>53547 |
|  | Purpose of Disbursement<br>2010 PRIMARY  |  | 011<br>Category/<br>Type |                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |                   |
| State: WI  | District: 01   |  |                          |                   |
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Stivers for Congress  | <b>Transaction ID:</b> 44444-4725915789604<br>Date of Disbursement<br>07 / 27 / 2010 |                          |                   |
|  | Mailing Address<br>4679 Winterset Drive  | Amount of Each Disbursement this Period<br>5000.00                                   |                          |                   |
|  | City<br>Columbus   |  | State<br>OH              | Zip Code<br>43220 |
|  | Purpose of Disbursement<br>Contribution 2010 General   |  | 011<br>Category/<br>Type |                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |                   |
| State: OH  | District: 15   |  |                          |                   |
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Sue Myrick for Congress   | <b>Transaction ID:</b> 18846-4186670184135<br>Date of Disbursement<br>07 / 16 / 2010 |                          |                   |
|  | Mailing Address<br>PO Box 37091  | Amount of Each Disbursement this Period<br>1000.00                                   |                          |                   |
|  | City<br>Charlotte  |  | State<br>NC              | Zip Code<br>28237 |
|  | Purpose of Disbursement<br>Contribution 2010 General   |  | 011<br>Category/<br>Type |                   |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                          |                   |
| State: NC  | District: 09   |  |                          |                   |

**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)

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Tammy Baldwin for Congress<br><hr/> Mailing Address PO Box 696<br><hr/> City Madison State WI Zip Code 53701<br><hr/> Purpose of Disbursement<br>Contribution 2010 PRIMARY<br>Candidate Name<br>Tammy Baldwin<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 02<br><hr/> Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 20526-9993402361869<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 2 0 1 0  |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Ted Deutch for Congress Committee<br><hr/> Mailing Address 20423 Sr 7 Suite F6-383<br><hr/> City Boca Raton State FL Zip Code 33498<br><hr/> Purpose of Disbursement<br>2010 General<br>Candidate Name<br>Theodore Eliot Deutch<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: 19<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 20526-5356408953666<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 2 / 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) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Texans for Lamar Smith<br><hr/> Mailing Address PO Box 6155<br><hr/> City San Antonio State TX Zip Code 78209<br><hr/> Purpose of Disbursement<br>2010 GENERAL<br>Candidate Name<br>Lamar Smith<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 21<br><hr/> Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                 | Transaction ID: 63922-0936548113822<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 2 8 / 2 0 1 0  |
|  | 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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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>Tiberi for Congress<br><hr/> Mailing Address 2931 E Dublin Granville Road<br>Suite 190<br><hr/> City Columbus State OH Zip Code 43231<br><hr/> Purpose of Disbursement<br>Event date: 6/18/10<br>Candidate Name<br>Pat Tiberi<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 12<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 76336-5810663104057<br>Date of Disbursement<br>07 / 02 / 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>Upton for All of Us<br><hr/> Mailing Address PO Box 490<br><hr/> City St. Joseph State MI Zip Code 49085<br><hr/> Purpose of Disbursement<br>Event date: 6/14/10<br>Candidate Name<br>Fredrick Stephen Upton<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 06<br>Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                  | Transaction ID: 76024-9621393084526<br>Date of Disbursement<br>07 / 02 / 2010  |
|  | Amount of Each Disbursement this Period<br>2500.00   |
|  | Category/<br>Type<br>011   |
|  | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Upton for All of Us<br><hr/> Mailing Address PO Box 490<br><hr/> City St. Joseph State MI Zip Code 49085<br><hr/> Purpose of Disbursement<br>2010 General<br>Candidate Name<br>Fredrick Stephen Upton<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 06<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | Transaction ID: 20526-8018762469291<br>Date of Disbursement<br>07 / 22 / 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) ..... ▶

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)

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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/>Victory in November Election Pac (VINEPAC)</p> <p>Mailing Address 607 14th Street, NW, Suite 800<br/>Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>Event date: 6/24/10</p> <p>Candidate Name<br/>Victory in November Election Pac (VINEPAC)</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> 76336-4379541277885<br/><b>Date of Disbursement</b><br/>07 / 02 / 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/>Walden for Congress</p> <p>Mailing Address PO Box 1091</p> <p>City Hood River State OR Zip Code 97031</p> <p>Purpose of Disbursement<br/>Contribution 2010 GENERAL</p> <p>Candidate Name<br/>Greg P. Walden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR 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> 20526-2011529803276<br/><b>Date of Disbursement</b><br/>07 / 22 / 2010</p> <p>Amount of Each Disbursement this Period<br/>3000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Waring 2010</p> <p>Mailing Address 4715 North 32nd Street Suite 107</p> <p>City Phoenix State AZ Zip Code 85018</p> <p>Purpose of Disbursement<br/>Contribution 2010 PRIMARY</p> <p>Candidate Name<br/>Jim Waring</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AZ District: 03</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> 44444-8181878924369<br/><b>Date of Disbursement</b><br/>07 / 27 / 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) ..... ▶

10500.00

**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)

A.

Full Name (Last, First, Middle Initial)

Welch for Congress

Mailing Address PO Box 1682

City  
Burlington

State  
VT

Zip Code  
05402

Purpose of Disbursement  
Contribution 2010 PRIMARY

Candidate Name  
Peter F. Welch

Office Sought:  House  
 Senate  
 President

State: VT District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20526-7460138201713

Date of Disbursement

07 / 22 / 2010

Amount of Each Disbursement this Period

1500.00

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

1500.00

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

129000.00