

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** CITY STATE ZIPCODE

C00196246

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 2010 through 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 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							
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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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>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 Beginning of Reporting Period	901105.79									
(c) Total Receipts (from Line 19)	80859.59	677973.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	981965.38	1453023.14								
7. Total Disbursements (from Line 31)	108140.45	579198.21								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	873824.93	873824.93								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	61603.19	535335.55
(ii) Unitemized	19090.35	127005.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	80693.54	662340.88
(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)	80693.54	662340.88
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	9500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	166.05	6132.28
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))	80859.59	677973.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80859.59	677973.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	36563.45	48607.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	36563.45	48607.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	506170.00
24. Independent Expenditure (use Schedule E)	18077.00	18077.00
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))..	108140.45	579198.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	108140.45	579198.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	80693.54	662340.88
34. Total Contribution Refunds (from Line 28(d))	0.00	6343.64
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80693.54	655997.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	36563.45	48607.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36563.45	48607.57

**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 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas Aaberg, Jr.	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 2081 Hunters Run NE	Transaction ID: 4EE4B9AB77FB9C827438
	City State Zip Code Ada MI 49301-9559	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00	

B.	Full Name (Last, First, Middle Initial) Richard Abbott	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address Ucsf Beckman Vision Ctr 10 Koret Way K-301	Transaction ID: 41068BABA518B0189DAE
	City State Zip Code San Francisco CA 94143-0001	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Ahmed Abdelsalam	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 1 E Wacker Dr Ste 3150	Transaction ID: 40ADB87C99DE0BCA4D0F
	City State Zip Code Chicago IL 60601-1910	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	183.34
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 8 / 91

(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)

Eric Adams

Mailing Address 6315 N Center Dr
Ste 230

City State Zip Code
Norfolk VA 23502-4006

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
08 / 02 / 2010

Transaction ID: EAC510570D1B9058E2B

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)

John Alder

Mailing Address 6412 S 900 E
Ste 101

City State Zip Code
Murray UT 84121-6050

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
08 / 19 / 2010

Transaction ID: 291EC774E793C43E6FC

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Leon Aleksandrovich

Mailing Address 170 W 73rd St
Apt 3A1

City State Zip Code
New York NY 10023-3005

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
08 / 09 / 2010

Transaction ID: C9D88AEE4286C4E18A4

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶

1095.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 91
(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)
Omar Almallah

Mailing Address 20 Mule Rd

City State Zip Code
Toms River NJ 08755-5028

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 ▼ 599.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 43DA9E37A6044C2E0817

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 1140 W 50th St Ste 301

City State Zip Code
Hialeah FL 33012-3411

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
08 / 23 / 2010

Transaction ID: 3331E96A40E1D5D0357

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Joe Arterberry

Mailing Address 224 E Broadway Ste 110

City State Zip Code
Louisville KY 40202-2016

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 49E5970290F111D75672

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **391.67**

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 10 / 91
(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 Arthur

Mailing Address 831 Gail Gardner Way

City Prescott State AZ Zip Code 86305-1606

FEC 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
08 / 02 / 2010

Transaction ID: F51F15D9E1104244B57

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Grace Bai

Mailing Address 9700 Kenton Ave

City Skokie State IL Zip Code 60076-1250

FEC 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
08 / 12 / 2010

Transaction ID: ACB7B984-4447-4759-

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Stuart Ball

Mailing Address 2880 Dauphin St

City Mobile State AL Zip Code 36606-2457

FEC 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
08 / 23 / 2010

Transaction ID: 91A8B5171FACA73C8E6

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► 1095.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 91
(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)
Ray Balyeat

Mailing Address 2000 S Wheeling Ave

City State Zip Code
Tulsa OK 74104-5641

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
08 / 20 / 2010

Transaction ID: 5627D33F-BB24-4B95-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Roger Alfred Barth

Mailing Address 160 Heritage Way
Ste 202

City State Zip Code
Kalispell MT 59901-3127

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 418FACA3B3AA8FF34C03

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Norbert Mathias Becker

Mailing Address 1000 Randall Rd
Ste 100

City State Zip Code
Geneva IL 60134-2567

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
08 / 27 / 2010

Transaction ID: 74AF2A5FE76FD2471A2

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: PAGE 12 / 91
(check only one)

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

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

A.

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

Mailing Address 2821 Northup Way
Ste 200

City Bellevue State WA Zip Code 98004-1496

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 10 / 2010
Transaction ID: 49C494B10FA29462F84A

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 101 Mark Dr
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 ▼ 540.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 476CB4B865ED9982F7BD

Amount of Each Receipt this Period 25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 12 Curtis St

City Meriden State CT Zip Code 06450-5900

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 08 / 06 / 2010
Transaction ID: 4FD5ACCB522EE4E33D2

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 116.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 91
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) L. Lothaire Bluth		Date of Receipt MM / DD / YYYY 08 / 16 / 2010
	Mailing Address 2610 E University Dr		Transaction ID: 7A6A6144D40D957506B
	City Mesa	State AZ	Zip Code 85213-8436
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Robert Boada		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 1 Calle Rodriguez Serra Apt 401		Transaction ID: 1B9DEE8FC46AC5FD82F
	City San Juan	State Se	Zip Code 00907-1447
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Steven Bodine		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address Retina Consultations 915 Palmer Road		Transaction ID: 4025B7A2BC8CA9BAA462
	City Bronxville	State NY	Zip Code 10708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) William Brawner	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 610 Brunson Dr	Transaction ID: B04E88ADE72F85E94EB
	City State Zip Code Tupelo MS 38801-4947	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Dean Brick	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 6422 E Speedway Blvd Ste 100	Transaction ID: E3E97462EBA8FC66FC4
	City State Zip Code Tucson AZ 85710-1151	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) William Bridges, Jr.	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 21 Medical Park Dr	Transaction ID: 4CF99A874CD23277A471
	City State Zip Code Asheville NC 28803-2493	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	948.34
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jon Philip Brisley
Mailing Address 6522 Fairway Forest Dr
City Roanoke State VA Zip Code 24018-7446
FEC 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 08 / 15 / 2010
Transaction ID: 23D2B4F5-0BCF-4D59-
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Mark Brown
Mailing Address 1100 Savannah Dr
City Mobile State AL Zip Code 36609-5138
FEC 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 08 / 27 / 2010
Transaction ID: CCC7E89C1A61D7622A1
Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
G. Edward Bryant, Jr.
Mailing Address 303 W Polk Ave
City West Memphis State AR Zip Code 72301-4262
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 08 / 20 / 2010
Transaction ID: 4CD2AF89C926BBE540DE
Amount of Each Receipt this Period 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 755.00
TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Bullock, Jr.		Date of Receipt MM / DD / YYYY 08 / 02 / 2010		
	Mailing Address 400 Westhampton Sta		Transaction ID: 40EA977DE5F8E7B05046		
	City Richmond	State VA	Zip Code 23226-3330	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self Self	Occupation Ophthalmologist	Aggregate Year-to-Date 400.00		

B.	Full Name (Last, First, Middle Initial) Charles Campbell		Date of Receipt MM / DD / YYYY 08 / 15 / 2010		
	Mailing Address 5540 Saratoga Blvd Ste 200		Transaction ID: 4A5D8BE8FF7068551B64		
	City Corpus Christi	State TX	Zip Code 78413-2953	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self Self	Occupation Ophthalmologist	Aggregate Year-to-Date 333.36		

C.	Full Name (Last, First, Middle Initial) D. Alan Chandler		Date of Receipt MM / DD / YYYY 08 / 02 / 2010		
	Mailing Address 10271 Matthews Grove Ln		Transaction ID: 99B80DEBDF3EA2F7763		
	City Mechanicsville	State VA	Zip Code 23116-5151	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Self	Occupation Ophthalmologist	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	433.34
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 17 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carol Chappell

Mailing Address 5 Saint Vincent Cir
Ste 200

City State Zip Code
Little Rock AR 72205-5416

FEC 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
08 / 13 / 2010

Transaction ID: DE17A3B9BDA870A684F

Amount of Each Receipt this Period
500.00

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

Mailing Address 600 Pavonia Ave
Ste 6

City State Zip Code
Jersey City NJ 07306-2932

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 18 / 2010

Transaction ID: 4B23B4055F5FD889A140

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
G. Gregory Clark

Mailing Address 9002 N Meridian St
Ste 112

City State Zip Code
Indianapolis IN 46260-5349

FEC 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
08 / 16 / 2010

Transaction ID: EC18701C7746E51ED5F

Amount of Each Receipt this Period
365.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 91
	<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) S. William Clark		Date of Receipt MM / DD / YYYY 08 / 23 / 2010		
	Mailing Address 502 Isabella St		Transaction ID: 46B5B55EBFA5F49193AC		
	City Waycross	State GA	Zip Code 31501-3638	Amount of Each Receipt this Period 416.66	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 3333.28		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Christopher Coad		Date of Receipt MM / DD / YYYY 08 / 14 / 2010		
	Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street		Transaction ID: 477893728B80628A382D		
	City New York	State NY	Zip Code 10011	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 275.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Sander M. Zeskin Cohen		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 509 S Lenola Rd Ste 11		Transaction ID: 4EFE83E5C2470618C3C3		
	City Moorestown	State NJ	Zip Code 08057-1556	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	541.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 91
(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 Dr
Ste B

City State Zip Code
Oklahoma City OK 73120-5005

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 4511833083DEFED001FF

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 2375 S Main St

City State Zip Code
Moultrie GA 31768-6517

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 ▼
240.00

Date of Receipt
MM / DD / YYYY
08 / 01 / 2010

Transaction ID: 442886A479AC5CADB334

Amount of Each Receipt this Period
30.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 2055 Reading Rd
Ste 330

City State Zip Code
Cincinnati OH 45202-1439

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
08 / 20 / 2010

Transaction ID: B3E6B102F36EEF2EE89

Amount of Each Receipt this Period
365.00

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 20 / 91
(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)
Bill Davenport
Mailing Address 2090 SE Ocean Blvd
City State Zip Code
Stuart FL 34996-3304
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 08 / 16 / 2010
Transaction ID: BE4217314D30791B7FF
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Richard Davenport
Mailing Address 2424 S 90th St Ste 204
City State Zip Code
West Allis WI 53227-2455
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 ▼ 208.35
Date of Receipt 08 / 09 / 2010
Transaction ID: 41589DB6C5069673BEEC
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Daniel Day
Mailing Address 8401 Golden Valley Rd Ste 330
City 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 ▼ 900.00
Date of Receipt 08 / 08 / 2010
Transaction ID: 41EFB4D4A71D3ABD21AA
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 456.67
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 21 / 91
(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)
Mary DeFrank

Mailing Address 512 E Main St

City Hillsboro State OR Zip Code 97123-4137

FEC 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 08 / 23 / 2010

Transaction ID: 483620E2-029C-45BD-

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Mary DeFrank

Mailing Address 512 E Main St

City Hillsboro State OR Zip Code 97123-4137

FEC 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 08 / 23 / 2010

Transaction ID: 26CCE976-4ED9-46C3-

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Monica Dellimore

Mailing Address 9800 Lile Dr Ste 400

City Little Rock State AR Zip Code 72205-6238

FEC 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 08 / 12 / 2010

Transaction ID: 5EA6E9DCB69059B057E

Amount of Each Receipt this Period 365.00

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 22 / 91
	<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) Steven Dixon		Date of Receipt MM / DD / YYYY 08 / 19 / 2010		
	Mailing Address 1111 E Ocean Ave Ste 7		Transaction ID: 403E974AFD384868B201		
	City Lompoc	State CA	Zip Code 93436-2501	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 350.00		

B.	Full Name (Last, First, Middle Initial) James Dooner		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address Austin Retina Assoc 801 W 38th Street		Transaction ID: 4A418996FF58D3D0064E		
	City Austin	State TX	Zip Code 78705	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 400.00		

C.	Full Name (Last, First, Middle Initial) John Downing		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 985 Matlock Rd		Transaction ID: 46BB8201E93720AAF150		
	City Bowling Green	State KY	Zip Code 42104-7408	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 900.00		

SUBTOTAL of Receipts This Page (optional)	150.00
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 / 91
(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 Drabkin
 Mailing Address 3707 Maidu PI
 City State Zip Code
 Davis CA 95618
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2010
Transaction ID: D5F6264E-64FD-4D63-
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
Ralph Eagle
 Mailing Address Wills Eye Hospital
 840 Walnut Street Suite 1410
 City State Zip Code
 Philadelphia PA 19107
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2010
Transaction ID: C6AFA70E869EFC68243
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 500.00

C. Full Name (Last, First, Middle Initial)
Shehab Ebrahim
 Mailing Address 4717 Woodland Ave
 City State Zip Code
 Metairie LA 70002-1361
 Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2010
Transaction ID: 4162A117C7295A66B34F
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation
 Self Ophthalmologist
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 800.00
 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: (check only one)	PAGE 24 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John Thomas Edmonds	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 3235 Academy Ave Ste 101	Transaction ID: 4FDA92CC94F23FD8D408
	City Portsmouth State VA Zip Code 23703-3200	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 599.00	

B.	Full Name (Last, First, Middle Initial) Robert Elliston	Date of Receipt MM / DD / YYYY 08 / 03 / 2010
	Mailing Address 1750 El Camino Real Ste 103	Transaction ID: 16691000C02E677185C
	City Burlingame State CA Zip Code 94010-3210	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) E. Elmquist	Date of Receipt MM / DD / YYYY 08 / 19 / 2010
	Mailing Address 12670 New Brittany Blvd Ste 102	Transaction ID: 9F0E20C18E32B0220DE
	City Fort Myers State FL Zip Code 33907-3650	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	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: PAGE 25 / 91
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Katherine Erlichman

Mailing Address 311 Hospital Dr

City State Zip Code
Everett PA 15537-7022

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
08 / 05 / 2010

Transaction ID: F8CDC33ABE39DDE369E

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
David Ewing-Chow

Mailing Address 826 Washington St Ste 102

City State Zip Code
Watertown NY 13601-4076

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
08 / 19 / 2010

Transaction ID: 410B5FB3C5333D3ACBE

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Cristina Ferrari

Mailing Address PO Box 968

City State Zip Code
Aguadilla Se 00605-0968

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
08 / 13 / 2010

Transaction ID: A9E1D2523F3D535757D

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 26 / 91
(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 St

City Phillipsburg State NJ Zip Code 08865-1632

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 1 0

Transaction ID: 4D58893500DCC6404322

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 6560 Fannin St
Vitreoretinal Cnslts, Ste 750

City Houston State TX Zip Code 77030-2727

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: 2D262BA37C48A04D987

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Jerry Ford

Mailing Address 2020 Fleischmann Rd

City Tallahassee State FL Zip Code 32308-4599

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: E1B9452DFB107746680

Amount of Each Receipt this Period
365.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 91

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Terry Forrest

Mailing Address 2503 Isaac Dr

City

Goldsboro

State

NC

Zip Code

27530-8116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2010

Transaction ID: 1D0CD96F-8602-4234-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Terry Forrest

Mailing Address 2503 Isaac Dr

City

Goldsboro

State

NC

Zip Code

27530-8116

FEC ID number of contributing federal political committee.

C

Name of Employer
Self

Occupation
Ophthalmologist

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 90F0C0A26FEB854EF42

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Samuel Friedel

Mailing Address 827 Linden Ave

City

Baltimore

State

MD

Zip Code

21201-4606

FEC 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
08 / 09 / 2010

Transaction ID: 15ECD89D9636ECD41E1

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: (check only one)	PAGE 28 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) M. Stewart Galloway	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 57 Fairfield Blvd	Transaction ID: D05DDD257E4986A2BDB
	City State Zip Code Crossville TN 38558-4417	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self: Ophthalmologist Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Ana Galva	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address 735 Ave Ponce de Leon Ste 603	Transaction ID: CF39A7B43494319EAA5
	City State Zip Code San Juan Se 00917-5028	Amount of Each Receipt this Period 665.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self: Ophthalmologist Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 665.00	

C.	Full Name (Last, First, Middle Initial) James Gills	Date of Receipt MM / DD / YYYY 08 / 09 / 2010
	Mailing Address PO Box 5000	Transaction ID: AE8277C3DF4014F1B7E
	City State Zip Code Tarpon Springs FL 34688-5000	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self: Ophthalmologist Occupation: Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1530.00
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 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
John Douglas Goosey
Mailing Address 6545 Rutgers Ave
City Houston State TX Zip Code 77005-3850
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 800.00
Date of Receipt 08 / 28 / 2010
Transaction ID: 4E35804575952AEDD5CE
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
David Gossage
Mailing Address 50 W Carleton Rd
City Hillsdale State MI Zip Code 49242-1202
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 08 / 17 / 2010
Transaction ID: 46A39A7ED63C2EACE2D6
Amount of Each Receipt this Period 50.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. 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 ▼ 400.00
Date of Receipt 08 / 10 / 2010
Transaction ID: 4BFFBB22FD2B65AF4FBA
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 200.00
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 30 / 91
	<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) Edward Graul		Date of Receipt MM / DD / YYYY 08 / 09 / 2010		
	Mailing Address 251 Moosa Blvd		Transaction ID: 4711B728360BD159FDDE		
	City Eunice	State LA	Zip Code 70535-3638	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 208.35	

B.	Full Name (Last, First, Middle Initial) Allen Greenbaum		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 170 Maple Ave		Transaction ID: 9690C9D4B5C4DBA5C0C		
	City White Plains	State NY	Zip Code 10601-4710	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer Self	Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Marvin Greenbaum		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 501 Belmont Ave		Transaction ID: 62BEB5CDBC76D41F137		
	City Bala Cynwyd	State PA	Zip Code 19004-1302	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self	Occupation Ophthalmologist		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)	656.67
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 31 / 91
(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)
Craig Greven

Mailing Address Med Center Boulevard

City State Zip Code
Winston Salem NC 27157-0001

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 36B88AC3D51CA33CA81

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2400 Patterson St
Ste 201

City State Zip Code
Nashville TN 37203-1587

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.70

Date of Receipt
MM / DD / YYYY
08 / 06 / 2010

Transaction ID: 42C0A6F0DFBB539D9B52

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1201 N Mesa St

City State Zip Code
El Paso TX 79902-4517

FEC 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
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 4B7F97A5608F3196DD2E

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **633.34**

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 32 / 91
(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)
Maged Habib

Mailing Address 2300 S Congress Ave
Ste 102

City State Zip Code
Boynton Beach FL 33426-7400

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
08 / 11 / 2010

Transaction ID: 4456A270F4DE05DC8F31

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Lealis Hale

Mailing Address 619 Cambridge Avenue

City State Zip Code
Fort Walton Beach FL 32547-6707

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
08 / 30 / 2010

Transaction ID: C68B4432-487D-4C7D-

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Julia Haller

Mailing Address 840 Walnut St
Ste 1510

City State Zip Code
Philadelphia PA 19107-5109

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1133.34

Date of Receipt
MM / DD / YYYY
08 / 31 / 2010

Transaction ID: 4D0AA6943614818D6823

Amount of Each Receipt this Period
566.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1091.67

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 33 / 91
(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)
Mireille Hamparian

Mailing Address 2355 Roanoke Rd

City San Marino State CA Zip Code 91108-2636

FEC 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 08 / 05 / 2010

Transaction ID: 425CBA4926252DA0841A

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Cynthia Hampton

Mailing Address 451 Ruin Creek Rd Ste 204

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 ▼ 616.70

Date of Receipt 08 / 01 / 2010

Transaction ID: 410AB808E65935F84922

Amount of Each Receipt this Period 25.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Cynthia Hampton

Mailing Address 451 Ruin Creek Rd Ste 204

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 ▼ 616.70

Date of Receipt 08 / 03 / 2010

Transaction ID: 47DC8DB4053FD1BB6739

Amount of Each Receipt this Period 83.34

BATCH TOOL RECURRING 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 34 / 91
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Lawrence E. Hannon		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 3545 S Tamarac Dr Ste 170		Transaction ID: 435DBBC58B81CB171A5D
City Denver	State Zip Code CO 80237-1423	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Roger Harrie		Date of Receipt MM / DD / YYYY 08 / 03 / 2010
Mailing Address 5095 Boabab Ct		Transaction ID: 3F82F91D3A95D29D0C5
City Salt Lake City	State Zip Code UT 84117-6883	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) David Harris, Jr.		Date of Receipt MM / DD / YYYY 08 / 03 / 2010
Mailing Address 1928 Alcoa Hwy Ste 324		Transaction ID: 47F39F2566538C3A2B43
City Knoxville	State Zip Code TN 37920-1505	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	633.34
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 35 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1729 New Hanover Medical Park Dr

City State Zip Code
Wilmington NC 28403-5345

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 17 / 2010

Transaction ID: 4D648BD7C675F78E9CDE

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Paul Henry

Mailing Address 22 W Colt Square Dr

City State Zip Code
Fayetteville AR 72703-2813

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 ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 249386FE5544436E466

Amount of Each Receipt this Period
800.00

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

Mailing Address 4322 Stonegarden Ln

City State Zip Code
Newburgh IN 47630-3701

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 4E699E74EDDA463EF19A

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 91
	<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) Seaborn Hunt	Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 3101 SW College Rd Ste 201	Transaction ID: 48979024C86E5E765B19
	City Ocala State FL Zip Code 34474-7444	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) W. Jackson Iliff	Date of Receipt MM / DD / YYYY 08 / 30 / 2010
	Mailing Address 4 W Rolling Crossroads Rear 7	Transaction ID: 4A33A38B6630AB7D3313
	City Catonsville State MD Zip Code 21228-6278	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Edward Isbey, III	Date of Receipt MM / DD / YYYY 08 / 29 / 2010
	Mailing Address 8 Medical Park Dr	Transaction ID: 423F8972E8C43D50623E
	City Asheville State NC Zip Code 28803-2493	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional)	233.34
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 / 91
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
John Steven Jarstad

Mailing Address 34719 6th Ave S

City State Zip Code
Federal Way WA 98003-8714

FEC 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: 08 / 23 / 2010
Transaction ID: EE1A3E6F9C3E549024C
Amount of Each Receipt this Period: 250.00

B. 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
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 08 / 31 / 2010
Transaction ID: 4A7FA119487D08DC5462
Amount of Each Receipt this Period: 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Colleen Anne Joseph

Mailing Address 1515 Chain Bridge Rd Ste G17

City State Zip Code
Mc Lean VA 22101-4421

FEC 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: 08 / 23 / 2010
Transaction ID: 47E26922C2C7F96051F
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 91

(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 Jungers

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
Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2010

Transaction ID: D3CC5EDCF1AABBB87CF

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Emilio Justo

Mailing Address 19052 N R H Johnson Blvd

City State Zip Code
Sun City West AZ 85375-4401

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 208.30

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2010

Transaction ID: 4637987C5BF54A70EACB

Amount of Each Receipt this Period

41.66

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Lawrence Kahn

Mailing Address 5881 E Sapphire Ln

City State Zip Code
Paradise Valley AZ 85253-2203

FEC 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
08 / 20 / 2010

Transaction ID: 4BD79DAA790A0D1F5D02

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶

456.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 91
	<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) Peter Kansas		Date of Receipt
	Mailing Address 24 Century Hill Dr Ste 1		<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 08 / 13 / 2010
	City	State	Zip Code
	Latham	NY	12110-2133
	FEC ID number of contributing federal political committee.		Transaction ID: E0FCC6320A903E62594
	C		Amount of Each Receipt this Period
		365.00	
Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		365.00	

B.	Full Name (Last, First, Middle Initial) Jean Katow		Date of Receipt
	Mailing Address 420 E 3rd St Ste 603		<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 08 / 02 / 2010
	City	State	Zip Code
	Los Angeles	CA	90013-1645
	FEC ID number of contributing federal political committee.		Transaction ID: DE41A20EF918FA2CDB8
	C		Amount of Each Receipt this Period
		365.00	
Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		365.00	

C.	Full Name (Last, First, Middle Initial) Kent Kebert		Date of Receipt
	Mailing Address 1307 Aston Ave		<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 08 / 09 / 2010
	City	State	Zip Code
	McComb	MS	39648-2898
	FEC ID number of contributing federal political committee.		Transaction ID: 4A31189F-08FE-4D4B-
	C		Amount of Each Receipt this Period
		500.00	
Name of Employer Self		Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		500.00	

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 40 / 91
(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 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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 47CC9DB86CF0F9F6EDFD

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 8101 E Lowry Blvd
Ste 210

City State Zip Code
Denver CO 80230-7195

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: 42EFAAE02CA948621F42

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 21711 Greater Mack Ave

City State Zip Code
Saint Clair Shores MI 48080-2418

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 05 / 2010

Transaction ID: 441B818E1F985815D830

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 91
	<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) Robert Klimek		Date of Receipt
	Mailing Address 741 Broad Street Ext		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 11 / 2010
	City	State	Zip Code
	Waterford	CT	06385-1347
	FEC ID number of contributing federal political committee. C		Transaction ID: 461795ED02301FD8469F
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Douglas Kopp		Date of Receipt
	Mailing Address 2222 W 24th St Unit 10		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 08 / 2010
	City	State	Zip Code
	Plainview	TX	79072-1802
	FEC ID number of contributing federal political committee. C		Transaction ID: 49B9B7E5DA3A569FFDDE
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 50.00
Receipt For:		Aggregate Year-to-Date ▼	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 400.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Michael Korey		Date of Receipt
	Mailing Address 3982 N Milwaukee Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 17 / 2010
	City	State	Zip Code
	Chicago	IL	60641-2703
	FEC ID number of contributing federal political committee. C		Transaction ID: 4F99A2CF26425E791241
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Ophthalmologist	<input type="text"/> 25.00
Receipt For:		Aggregate Year-to-Date ▼	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 565.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 125.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 91
	<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) Scott Lanoux	Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 2820 Napoleon Ave Ste 900	Transaction ID: 4D448BC91A34832EE607
	City State Zip Code New Orleans LA 70115-8200	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Dean Larson	Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 15620 New Hampshire Ct	Transaction ID: 03DCA270C549EE5F5B1
	City State Zip Code Fort Myers FL 33908-4168	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Elmar M. Lawaczek	Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 1009 Montgomery Hwy Ste 200	Transaction ID: D1C2660B2F17C972817
	City State Zip Code Birmingham AL 35216-2860	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 91
	<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) Cheri Leng		Date of Receipt MM / DD / YYYY 08 / 09 / 2010		
	Mailing Address Mott Building 1001 Riverside Avenue		Transaction ID: CDE4C59570A14DC947B		
	City Roseville	State CA	Zip Code 95678	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Rick Leoni		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 203 Rue Louis XIV Ste A		Transaction ID: 4C52B98133D7C894BF3F		
	City Lafayette	State LA	Zip Code 70508-5736	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 765.00			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Jeffrey Todd Liegner		Date of Receipt MM / DD / YYYY 08 / 18 / 2010		
	Mailing Address 350 Sparta Ave Bldg A		Transaction ID: F9BA0D2A00B30AA9E9D		
	City Sparta	State NJ	Zip Code 07871-1120	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 91
(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 Lipsky

Mailing Address 11550 Fuqua Street
Suite 250

City State Zip Code
Houston TX 77034-4200

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
08 / 23 / 2010

Transaction ID: 6D36A7F277581FADD4C

Amount of Each Receipt this Period
1000.00

B.

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

Mailing Address 10 Hospital Cir

City State Zip Code
Batesville AR 72501-7310

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 ▼
5000.00

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

Transaction ID: F739016B4609B9002A6

Amount of Each Receipt this Period
2500.00

C.

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

Mailing Address 8635 W 3rd St Ste 360W

City State Zip Code
Los Angeles CA 90048-6149

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

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

Transaction ID: 4A3ABAD23317463C42C6

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **3550.00**

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 / 91
(check only one)

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

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

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

A.

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

Mailing Address 400 S Oyster Bay Rd
Ste 305

City State Zip Code
Hicksville NY 11801-3500

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
08 / 09 / 2010

Transaction ID: 38E07F7FA329C305278

Amount of Each Receipt this Period
1000.00

B.

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 ▼ 700.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2010

Transaction ID: 4CAAADA14970FCF2C794

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Masud Malik

Mailing Address 3865 N Mulford Rd

City State Zip Code
Rockford IL 61114-5603

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 489BBC71850EE0C725AD

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1108.34

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 46 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1237 B St

City State Zip Code
Hayward CA 94541-2915

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt
MM / DD / YYYY
08 / 03 / 2010

Transaction ID: 42FEA8AE4BF740A2A534

Amount of Each Receipt this Period
83.34

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Barry Mandell

Mailing Address 3101 Yellowfin Ct

City State Zip Code
Virginia Beach VA 23452-6285

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
08 / 26 / 2010

Transaction ID: 2A5C8CCE0A74B42B73E

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mark Christophe Maria

Mailing Address 150 Quail Ln

City State Zip Code
Lebanon PA 17042-9403

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
08 / 16 / 2010

Transaction ID: 8A179D18BA1D16AE834

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1083.34**

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 47 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Sharon Marshall	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 7075 Campus Dr Ste 100	Transaction ID: 478EA048BE2B9983DB0B
	City State Zip Code Colorado Springs CO 80920-6524	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

B.	Full Name (Last, First, Middle Initial) Benjamin Mason	Date of Receipt MM / DD / YYYY 08 / 31 / 2010
	Mailing Address 1110 Eagle Ridge Rd	Transaction ID: 49C7AA8708909F29FE9B
	City State Zip Code Cedar Falls IA 50613-1514	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Rodney McCarthy	Date of Receipt MM / DD / YYYY 08 / 08 / 2010
	Mailing Address 2865 N Reynolds Rd Ste 170	Transaction ID: 405A874EFECB836BB427
	City State Zip Code Toledo OH 43615-2076	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	191.67
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 91
	<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) C. McCarty		Date of Receipt MM / DD / YYYY 08 / 02 / 2010
	Mailing Address 7703 Garden Oaks		Transaction ID: 5B18C29D-3CB0-42B3-
	City Amarillo	State TX	Zip Code 79119
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) J. Arch McNamara		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 2300 Highland Ave Ste 201		Transaction ID: 4588B499DB250A92D33F
	City Bethlehem	State PA	Zip Code 18020-8920
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35	

C.	Full Name (Last, First, Middle Initial) Calvin Mein		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
	Mailing Address 9480 Huebner Rd Ste 310		Transaction ID: 4D98A2FA5798758B5D8B
	City San Antonio	State TX	Zip Code 78240-1657
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	591.67
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 49 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alan Mendelsohn

Mailing Address 4651 Sheridan St
Ste 100

City Hollywood State FL Zip Code 33021-3459

FEC 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 08 / 12 / 2010
Transaction ID: 49D7B95550B0864A647
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 3399 Pga Blvd
Ste 350

City Palm Beach Gardens State FL Zip Code 33410-2831

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 11 / 2010
Transaction ID: 4F4A9845E772504CF88A
 Amount of Each Receipt this Period 100.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 11 PATRICE COURT

City Pittsburgh State PA Zip Code 15221

FEC 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 08 / 25 / 2010
Transaction ID: 77953BC0-6141-4A3D-
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00

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 50 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Aaron Miller	Date of Receipt MM / DD / YYYY 08 / 23 / 2010
	Mailing Address 13414 Medical Complex Dr Ste 4	Transaction ID: 4A1382CA7819459123EC
	City State Zip Code Tomball TX 77375-3333	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Amalia Miranda	Date of Receipt MM / DD / YYYY 08 / 14 / 2010
	Mailing Address 3435 NW 56th St # 700 Bldg A	Transaction ID: 4A648369E92D148C626F
	City State Zip Code Oklahoma City OK 73112-4448	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00		

C.	Full Name (Last, First, Middle Initial) David Misch	Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 250 Avenue K SW Ste 200	Transaction ID: F39801479C18211D60C
	City State Zip Code Winter Haven FL 33880-3919	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 91
	<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) Ramana Moorthy		Date of Receipt MM / DD / YYYY 08 / 27 / 2010		
	Mailing Address 3404 Walnut Creek Ct		Transaction ID: 4E5FA4ABF5EA338406E		
	City Carmel	State IN	Zip Code 46032-9034	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Ronald Lee Morton		Date of Receipt MM / DD / YYYY 08 / 29 / 2010		
	Mailing Address 1001 Tower Way Ste 150		Transaction ID: 4EA1A1D67DEA739C08D7		
	City Bakersfield	State CA	Zip Code 93309-1586	Amount of Each Receipt this Period 30.41	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 152.05			

C.	Full Name (Last, First, Middle Initial) Daniel Nadler		Date of Receipt MM / DD / YYYY 08 / 09 / 2010		
	Mailing Address 111 Hazel Ln Ste 102		Transaction ID: 61B56A061C715AB49E8		
	City Sewickley	State PA	Zip Code 15143-1253	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	760.41
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 91
	<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) Kamal Nassif		Date of Receipt MM / DD / YYYY 08 / 11 / 2010		
	Mailing Address 2300 N Mayfair Rd Ste 1155		Transaction ID: 4FAB8F80018CF07209BA		
	City Milwaukee	State WI	Zip Code 53226-1553	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

B.	Full Name (Last, First, Middle Initial) Richard Neahring		Date of Receipt MM / DD / YYYY 08 / 08 / 2010		
	Mailing Address 1309 Liberty St SE		Transaction ID: 4C2A9FF1FDA59FEEF0FE		
	City Salem	State OR	Zip Code 97302-4245	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

C.	Full Name (Last, First, Middle Initial) Eric Nelson		Date of Receipt MM / DD / YYYY 08 / 02 / 2010		
	Mailing Address 6405 France Ave S Ste W460		Transaction ID: 4E95B7DEECF365F26040		
	City Edina	State MN	Zip Code 55435-2189	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

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: (check only one)	PAGE 53 / 91
	<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) Leo Neu, III		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 1265 E Primrose St		Transaction ID: 4F1D8BC32E2E1E4263F8
	City Springfield	State MO	Zip Code 65804-4278
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Self	Occupation Ophthalmologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Juan Nevarez		Date of Receipt MM / DD / YYYY 08 / 12 / 2010
	Mailing Address 1699 Calle Parana Rio Piedras Heights		Transaction ID: 38D3372C5235109B292
	City San Juan	State Se	Zip Code 00926-3143
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Kevin O'Neal		Date of Receipt MM / DD / YYYY 08 / 05 / 2010
	Mailing Address 209 W Camden Forest Dr		Transaction ID: 2041737EE44A85CD0E6
	City Cary	State NC	Zip Code 27518-9041
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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 54 / 91
(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)
Paul Olson

Mailing Address 1055 N 300 W
Ste 204

City Provo State UT Zip Code 84604-3374

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.34

Date of Receipt 08 / 20 / 2010
Transaction ID: 4C0AA6EDF125472FE649
Amount of Each Receipt this Period 208.34
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
S. Richard Ombres, Jr.

Mailing Address PO Box 190

City Christiansted State VI Zip Code 00821-0190

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 08 / 10 / 2010
Transaction ID: 424BBCE75FE7012BB0D1
Amount of Each Receipt this Period 83.34
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address Ozog Eye Care and Laser Center
1417 9th Street South #100

City Great Falls State MT Zip Code 59405

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 08 / 14 / 2010
Transaction ID: 41A0AD276290A07DAD3A
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **333.35**

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 / 91
(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)
Laura Pallan

Mailing Address 807 Timber Ln

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 ▼ 399.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 451385BF3F5AA246955E

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 304 SE Hospital Ave

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 459AB4C62227B18F9F3E

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 12690 W North Ave

City State Zip Code
Brookfield WI 53005-4636

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 399.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 40CDAF36D6193B8F6B03

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: (check only one)	PAGE 56 / 91
	<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) Peter Pavan		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 12901 Bruce B Downs Blvd Mdc Box 21		Transaction ID: B3217616A4F0EAC1D3E		
	City Tampa	State FL	Zip Code 33612-4799	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) Marc Peden		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 1600 SW Archer Rd # 100284 Rm M1-20		Transaction ID: 42509A7C9680D67E64C6		
	City Gainesville	State FL	Zip Code 32610-3003	Amount of Each Receipt this Period 10.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.35			

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) Marc Peden		Date of Receipt MM / DD / YYYY 08 / 14 / 2010		
	Mailing Address 1600 SW Archer Rd # 100284 Rm M1-20		Transaction ID: 472C9A1104046FF6862D		
	City Gainesville	State FL	Zip Code 32610-3003	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.35			

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	416.67
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 57 / 91
(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) Dimitri Perros		Date of Receipt MM / DD / YYYY 08 / 19 / 2010
Mailing Address 800 Austin St Ste 507		Transaction ID: D038446AC86190FD9C5
City Evanston	State Zip Code IL 60202-3445	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Bryan Phillips		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 3807 Royal Portrush Dr		Transaction ID: 49CEB2A145E266E319A1
City Naperville	State Zip Code IL 60564-5916	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial) Dawn Phillips		Date of Receipt MM / DD / YYYY 08 / 11 / 2010
Mailing Address 1280 Windham Pkwy		Transaction ID: 419AA10119491E7E2ABA
City Romeoville	State Zip Code IL 60446-1673	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 91
(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)
Denise Phillips

Mailing Address 3000 Old Canton Rd
Ste 305

City Jackson State MS Zip Code 39216-4245

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 ▼ 500.00

Date of Receipt 08 / 19 / 2010
Transaction ID: D6089F9FF1F7C1AB56A
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Jerome Poland

Mailing Address 1 3rd Ave NE

City Crosby State MN Zip Code 56441-1665

FEC 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 08 / 23 / 2010
Transaction ID: CA13B3C86ADEC5B4F5A
Amount of Each Receipt this Period 500.00

C.

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

Mailing Address 4660 Kenmore Ave
Ste 416

City Alexandria State VA Zip Code 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 ▼ 1800.00

Date of Receipt 08 / 20 / 2010
Transaction ID: 4FC9A5329D052C1FD05B
Amount of Each Receipt this Period 100.00
BATCH TOOL RECURRING 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: (check only one)	PAGE 59 / 91
	<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) Bernardo Puebla		Date of Receipt MM / DD / YYYY 08 / 16 / 2010		
	Mailing Address PO Box 117 27 W E Gonzalez Street		Transaction ID: 12C962431151DD7E398		
	City Guayama	State Se	Zip Code 00785-0117	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) James George Ralston		Date of Receipt MM / DD / YYYY 08 / 26 / 2010		
	Mailing Address 65 Medical Park Blvd Ste 101		Transaction ID: 4FA78FBFCE2117A6F49		
	City Pineville	State LA	Zip Code 71360-8422	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

C.	Full Name (Last, First, Middle Initial) James Rambasek		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 7003 Pearl Rd		Transaction ID: 54DFF6578F99EF7DCEF		
	City Middleburg Heights	State OH	Zip Code 44130-4941	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 91
	<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) Matthew Reed	Date of Receipt MM / DD / YYYY 08 / 14 / 2010
	Mailing Address 11800 Rock Landing Dr	Transaction ID: 44049B5C07590769691A
	City State Zip Code Newport News VA 23606-4206	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Susan Jane Relf	Date of Receipt MM / DD / YYYY 08 / 11 / 2010
	Mailing Address 5007 Matterhorn Dr	Transaction ID: 4F96B73D61F4CDA8FAD6
	City State Zip Code Duluth MN 55811-3812	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) David Richardson	Date of Receipt MM / DD / YYYY 08 / 26 / 2010
	Mailing Address 207 S Santa Anita Ave Ste P25	Transaction ID: 478D8351F7FC819E6102
	City State Zip Code San Gabriel CA 91776-1145	Amount of Each Receipt this Period 317.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2536.00	

SUBTOTAL of Receipts This Page (optional)	467.00
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 / 91
(check only one)

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

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

A.

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

Mailing Address 594 Firestone PI

City Augusta State GA Zip Code 30907-8955

FEC 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 08 / 12 / 2010

Transaction ID: CFEB8ED3F6BAE659420

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 834 N Seminary St Ste 103

City Galesburg State IL Zip Code 61401-2897

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt 08 / 03 / 2010

Transaction ID: 40A6910E7D40C8500ADF

Amount of Each Receipt this Period 41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Lilia Rivera

Mailing Address 239 Ave Arterial Hostos Ste 306

City San Juan State Se Zip Code 00918-1475

FEC 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 08 / 10 / 2010

Transaction ID: 82B1185F4EF3C664726

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ **656.67**

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 62 / 91
(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)
Luis Rivera-Rodriguez

Mailing Address PO Box 3241

City State Zip Code
Mayaguez Se 00681-3241

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
08 / 13 / 2010

Transaction ID: 2397BC766B695FB76D1

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Elias Rosa

Mailing Address PO Box 195402

City State Zip Code
San Juan Se 00919-5402

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
08 / 16 / 2010

Transaction ID: 43039503FC8DFA772C5

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address 1015 Ridge Rd
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
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 494296A7C19B3F79972F

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 63 / 91

(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)

Carlos Rosende

Mailing Address 7703 Floyd Curl Dr

City

San Antonio

State

TX

Zip Code

78229-3901

FEC 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
08 / 26 / 2010

Transaction ID: B0721127565721B81AF

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Harold Ross

Mailing Address 738 Pre Emption Rd

City

Geneva

State

NY

Zip Code

14456-1336

FEC 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
08 / 09 / 2010

Transaction ID: E9F82CDA99FD7D8E1C0

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bryan Rutledge

Mailing Address Retina Vitreous Surgeons
3107 E Genesee Street

City

Syracuse

State

NY

Zip Code

13224

FEC 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
08 / 05 / 2010

Transaction ID: 434D2EA2E80DBEDE1D2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 91
(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)
Siv Brit Saetre

Mailing Address 4061 Treeline Dr

City Bettendorf State IA Zip Code 52722-7155

FEC 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 08 / 27 / 2010

Transaction ID: FAE92170706D2CB2E1E

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Delia Sang

Mailing Address 3934 S Americus St

City Seattle State WA Zip Code 98118-1640

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 01 / 2010

Transaction ID: 479DA9DD758878FEC551

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1517 Nicholasville Rd Ste 101

City Lexington State KY Zip Code 40503-1429

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 699.00

Date of Receipt 08 / 05 / 2010

Transaction ID: 5A694D645D801E2DA3B

Amount of Each Receipt this Period 699.00

SUBTOTAL of Receipts This Page (optional) ► **1615.66**

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 65 / 91
(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)
Barry Scher

Mailing Address 681 3rd Ave

City Chula Vista State CA Zip Code 91910-5797

FEC 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
08 / 16 / 2010

Transaction ID: 78C59AA928E4F2AA451

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Todd Schneiderman

Mailing Address 9800 Levin Rd NW Ste 203

City Silverdale State WA Zip Code 98383-7849

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2010

Transaction ID: 4764B61A04542DFBF911

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1015 Ridge Rd

City Webster State NY Zip Code 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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
08 / 26 / 2010

Transaction ID: 3F60358D38BB11AB66C

Amount of Each Receipt this Period
365.00

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 66 / 91
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Mitchell Shultz		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 18350 Roscoe Blvd Ste 101		Transaction ID: 65B926BC856F9D582D6
City Northridge	State Zip Code CA 91325-4145	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Eric Smith		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 135 W Ravine Rd Ste 2-C		Transaction ID: 581B1C819B285C7AA15
City Kingsport	State Zip Code TN 37660-3847	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Neal Snebold		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 1900 Crown Colony Dr		Transaction ID: 4AEEB871-2CEC-4583-
City Quincy	State Zip Code MA 02169-0979	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Scott So		Date of Receipt MM / DD / YYYY 08 / 19 / 2010		
	Mailing Address 2100 Webster St Ste 214		Transaction ID: 412793E443E2968D6192		
	City San Francisco	State CA	Zip Code 94115-2375	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 800.00	

B.	Full Name (Last, First, Middle Initial) Gerald Spindel		Date of Receipt MM / DD / YYYY 08 / 24 / 2010		
	Mailing Address 6 Tsienneto Rd Ste 101		Transaction ID: 4BD9BB3B869554A598E2		
	City Derry	State NH	Zip Code 03038-1584	Amount of Each Receipt this Period 41.67	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist		Aggregate Year-to-Date 208.35	

C.	Full Name (Last, First, Middle Initial) James Sprague		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 4851 Indian Ln NW		Transaction ID: 4915B36DDF5EEAF42419		
	City Washington	State DC	Zip Code 20016-3203	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer	Occupation		Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	191.67
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 91
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mitchell Brian Stein

Mailing Address 69 S Moger Ave

City State Zip Code
Mount Kisco NY 10549-2217

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: 45929508FADA72938019

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 177 Parkwood Dr

City State Zip Code
Elkin NC 28621-2429

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.35

Date of Receipt
MM / DD / YYYY
08 / 29 / 2010

Transaction ID: 452480BA48A6763A775D

Amount of Each Receipt this Period
41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 338 Alexander Spring Rd

City State Zip Code
Carlisle PA 17015-9129

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 4343A50018B4CD15E2CA

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 141.67

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

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

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

FOR LINE NUMBER: PAGE 69 / 91
(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 Stone

Mailing Address 748 Tuscany Way

City State Zip Code
Edmond OK 73034-6786

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 02 / 2010

Transaction ID: 49E8B5012233ECF61983

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Lawrence Stone

Mailing Address 4640 N Marine Dr

City State Zip Code
Chicago IL 60640-5719

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
08 / 13 / 2010

Transaction ID: 667EC1EFBE29C3DC312

Amount of Each Receipt this Period
250.00

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

Mailing Address 303 E Park Ave

City State Zip Code
Long Beach NY 11561-3600

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2010

Transaction ID: 414ABDCE5F8B19DE7E47

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **325.00**

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 70 / 91
(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)
Bradley Straatsma

Mailing Address Jules Stein Eye/Ucla Sch Med

City Los Angeles State CA Zip Code 90095

FEC 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: 08 / 13 / 2010
Transaction ID: 3066E0E9-76DF-4A70-
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Brad Stuckenschneider

Mailing Address 3398 Legacy Dr

City Poplar Bluff State MO Zip Code 63901-8661

FEC 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: 08 / 03 / 2010
Transaction ID: 5C0DEB870350E0B00B2
 Amount of Each Receipt this Period: 1000.00

C.

Full Name (Last, First, Middle Initial)
Shigemi Sugiki

Mailing Address 1380 Lusitana St Ste 714

City Honolulu State HI Zip Code 96813-2443

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 08 / 24 / 2010
Transaction ID: 4CA8B21B84524D35FC8B
 Amount of Each Receipt this Period: 100.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 91
(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)
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 ▼ 930.00

Date of Receipt: 08 / 10 / 2010
Transaction ID: 4FC9A814AA36EC2C5B08
 Amount of Each Receipt this Period: 25.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 302 Wey Bridge Ter

City Camillus State NY Zip Code 13031-1951

FEC 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: 08 / 23 / 2010
Transaction ID: 6F06ADF2F9BF5A5544F
 Amount of Each Receipt this Period: 365.00

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

Mailing Address 10 Jacobs Ln

City Newport News State VA Zip Code 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 ▼ 900.00

Date of Receipt: 08 / 29 / 2010
Transaction ID: 4A898BFDF0AC67C079E9
 Amount of Each Receipt this Period: 50.00
 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **440.00**

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 / 91

(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)

Randall Tozer

Mailing Address 9811 N 95th St
Ste 101

City State Zip Code
Scottsdale AZ 85258-4527

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.01

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2010

Transaction ID: 4689AECC33523B68DB4

Amount of Each Receipt this Period

41.67

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Peter Utrata

Mailing Address 262 Neil Ave
Ste 320

City State Zip Code
Columbus OH 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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2010

Transaction ID: 483A91CCA010FC70DDDB

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Julia Valdez

Mailing Address 18112 US Highway 18

City State Zip Code
Apple Valley CA 92307-2211

FEC 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
08 / 16 / 2010

Transaction ID: 86361F704D095F8EC24

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) ▶

456.67

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 73 / 91
(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)
Lorna Vargas

Mailing Address PO Box 950

City State Zip Code
Mayaguez Se 00681-0950

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
08 / 12 / 2010

Transaction ID: 64671A33AB939F61B82

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Nestor Vazquez Aponte

Mailing Address PO Box 56096

City State Zip Code
Bayamon Se 00960-6296

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
08 / 12 / 2010

Transaction ID: 363448776BE4400194D

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Zarmeena Vendal

Mailing Address 5656 Bee Caves Rd
Ste F200

City State Zip Code
West Lake Hills TX 78746-5236

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
08 / 25 / 2010

Transaction ID: 8EBF914DE592C8F8317

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: PAGE 74 / 91
(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)
Manfred Von Fricken

Mailing Address 8505 Arlington Blvd
Ste 300

City State Zip Code
Fairfax VA 22031-4630

FEC 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
08 / 20 / 2010

Transaction ID: A19012EC89A8BD873B4

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 2664 Hartford Hwy

City State Zip Code
Dothan AL 36305-4904

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 ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 19 / 2010

Transaction ID: 35BD029F78E0F0ABE01

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
W. Lee Wan

Mailing Address 115 Cleveland Court

City State Zip Code
Ventura CA 93003

FEC 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
08 / 11 / 2010

Transaction ID: 10F304BB-FA27-4DC7-

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 75 / 91
	<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 Peter Ward	Date of Receipt MM / DD / YYYY 08 / 14 / 2010
	Mailing Address 18 Old Stone Xing	Transaction ID: 45D2992F6CC143EC4BD9
	City State Zip Code West Hartford CT 06117-1859	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) William Waterhouse	Date of Receipt MM / DD / YYYY 08 / 10 / 2010
	Mailing Address 2478 F Rd Ste 7	Transaction ID: 2B5C2720B431A58D500
	City State Zip Code Grand Junction CO 81505-1266	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) L. Andrew Watkins	Date of Receipt MM / DD / YYYY 08 / 08 / 2010
	Mailing Address 427 W 20th St Ste 100	Transaction ID: 40EF8872D203F146B7D4
	City State Zip Code Houston TX 77008-2425	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
	Name of Employer Self Occupation Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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: (check only one)	PAGE 76 / 91
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Aaron Weingeist		Date of Receipt MM / DD / YYYY 08 / 05 / 2010		
	Mailing Address 3934 S Americus St		Transaction ID: 4833A48335B770F88F5A		
	City Seattle	State WA	Zip Code 98118-1640	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Barry Welch		Date of Receipt MM / DD / YYYY 08 / 29 / 2010		
	Mailing Address 424 Yellowstone Ave Ste 110		Transaction ID: 4A1EA53DF6022A6DAC34		
	City Cody	State WY	Zip Code 82414-9309	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 416.70		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Wells, III		Date of Receipt MM / DD / YYYY 08 / 08 / 2010		
	Mailing Address 124 Sunset Ct		Transaction ID: 4477BF9525A635822E97		
	City West Columbia	State SC	Zip Code 29169-2429	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date 1700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	233.34
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 77 / 91
	<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 Westfall		Date of Receipt MM / DD / YYYY 08 / 20 / 2010		
	Mailing Address 2450 12th St SE		Transaction ID: 41E097EABB3162B9EC24		
	City Salem	State OR	Zip Code 97302-2152	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1800.00		

B.	Full Name (Last, First, Middle Initial) Amy Wexler		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 509 S Lenola Rd Ste 11		Transaction ID: 421896BFF1E1C877FA9C		
	City Moorestown	State NJ	Zip Code 08057-1556	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED		
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 700.00		

C.	Full Name (Last, First, Middle Initial) Mark Wieland		Date of Receipt MM / DD / YYYY 08 / 03 / 2010		
	Mailing Address 50 S San Mateo Dr Ste 125		Transaction ID: 4401967DE286BD611C3		
	City San Mateo	State CA	Zip Code 94401-3859	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 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 78 / 91
(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 Wilhelm

Mailing Address 702 W Lake Lansing Rd

City East Lansing State MI Zip Code 48823-8526

FEC 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 08 / 05 / 2010
Transaction ID: 4079A5008E6A109B699E

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 250 Fame Ave Ste 225

City Hanover State PA Zip Code 17331-1576

FEC 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 08 / 09 / 2010
Transaction ID: 1072FB01677A3AE72FB

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
L. Brent Wilshire

Mailing Address 6 Office Park Dr

City Jacksonville State NC Zip Code 28546-7325

FEC 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 08 / 09 / 2010
Transaction ID: C37849B69ACFA52349D

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: (check only one)	PAGE 79 / 91
	<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 Wing		Date of Receipt MM / DD / YYYY 08 / 03 / 2010		
	Mailing Address 1551 Renaissance Towne Dr Ste 340		Transaction ID: F71D9DCBD4828AE0853		
	City Bountiful	State UT	Zip Code 84010-7670	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Lyn Yakubov		Date of Receipt MM / DD / YYYY 08 / 17 / 2010		
	Mailing Address 10 Dutton Dr Eye Care Assoc Inc		Transaction ID: 47C49FA47DE9128740EB		
	City Youngstown	State OH	Zip Code 44502-1818	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

C.	Full Name (Last, First, Middle Initial) Carol Ziel		Date of Receipt MM / DD / YYYY 08 / 10 / 2010		
	Mailing Address 2025 Frontis Plaza Blvd Ste 100		Transaction ID: 4EF7A34A4D2358547A92		
	City Winston Salem	State NC	Zip Code 27103-5663	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self	Occupation Ophthalmologist		BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 566.68			

SUBTOTAL of Receipts This Page (optional)	▶	375.00
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 80 / 91
	(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) Carol Ziel		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 2025 Frontis Plaza Blvd Ste 100		Transaction ID: 42E9A3A169737D435A1A
City Winston Salem	State Zip Code NC 27103-5663	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Self	Occupation Ophthamologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.68	

B.

Full Name (Last, First, Middle Initial) Harry Zink		Date of Receipt MM / DD / YYYY 08 / 01 / 2010
Mailing Address 3519 Friendsville Rd		Transaction ID: 499281847A0711C0BBE4
City Wooster	State Zip Code OH 44691-1241	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Self	Occupation Ophthamologist	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.65	

SUBTOTAL of Receipts This Page (optional)	125.00
TOTAL This Period (last page this line number only)	61603.19

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 81 / 91	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Bank of America		Date of Receipt																				
Mailing Address 101 S Marengo Avenue 3rd Floor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	1		2	0	1	0													
City	State	Zip Code																				
Pasadena	CA	91101																				
FEC ID number of contributing federal political committee.		Transaction ID: 1B48936B5E49982357A																				
C		Amount of Each Receipt this Period																				
		141.05																				
Name of Employer	Occupation	CD interest - Aug 2010																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1452.28																					

SUBTOTAL of Receipts This Page (optional)	▶	141.05
TOTAL This Period (last page this line number only)	▶	141.05

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) DMI</p> <p>Mailing Address 1145 W Collins Ave</p> <p>City Orange State CA Zip Code 92867</p> <p>Purpose of Disbursement Invoice 10203 Miller Meek Poll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V70194-8423272967338</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10500.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mullen & Company</p> <p>Mailing Address 1101 Pennsylvania Ave. NW Fifth Floor</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Survey Research</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: V23597-3389703631401</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="24500.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A.</p> <p>Mailing Address PO Box 63020</p> <p>City San Francisco State CA Zip Code 94163</p> <p>Purpose of Disbursement AMEX discount - Aug 2010</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 623EEB13F2C7E4D771E</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="545.14"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

35545.14

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 83 / 91

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City
San Francisco

State
CA

Zip Code
94163

Purpose of Disbursement
Bank charges - Aug 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: CA4B7AE9E9AA19EF538

Date of Disbursement

08 / 31 / 2010

Amount of Each Disbursement this Period

1018.31

SUBTOTAL of Disbursements This Page (optional)

1018.31

TOTAL This Period (last page this line number only)

36563.45

**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) Connolly for Congress <hr/> Mailing Address PO Box 563 <hr/> City Merrifield State VA Zip Code 22116 <hr/> Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Gerald E. Connolly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 68521-3100702166557 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) David Schweikert for Congress <hr/> Mailing Address 15749 E El Lago Blvd <hr/> City Fountain Hills State AZ Zip Code 85268 <hr/> Purpose of Disbursement Contribution 2010 Primary Candidate Name David Schweikert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 68521-2033349871635 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) David Schweikert for Congress <hr/> Mailing Address 15749 E El Lago Blvd <hr/> City Fountain Hills State AZ Zip Code 85268 <hr/> Purpose of Disbursement Contribution 2010 PRIMARY Candidate Name David Schweikert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 68521-2862054705619 Date of Disbursement 08 / 19 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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)

A.	Full Name (Last, First, Middle Initial) David Schweikert for Congress	Transaction ID: 99770-27952212095260
	Mailing Address 15749 E El Lago Blvd	Date of Disbursement 08 / 23 / 2010
	City Fountain Hills State AZ Zip Code 85268	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement Void 8/19/10 check	011 Category/ Type
	Candidate Name David Schweikert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) David Schweikert for Congress	Transaction ID: 99770-4968988299369
	Mailing Address 15749 E El Lago Blvd	Date of Disbursement 08 / 23 / 2010
	City Fountain Hills State AZ Zip Code 85268	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution 2010 PRIMARY	011 Category/ Type
	Candidate Name David Schweikert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) David Schweikert for Congress	Transaction ID: 99770-57650393247604
	Mailing Address 15749 E El Lago Blvd	Date of Disbursement 08 / 23 / 2010
	City Fountain Hills State AZ Zip Code 85268	Amount of Each Disbursement this Period -2500.00
	Purpose of Disbursement Void 8/19/10 check	011 Category/ Type
	Candidate Name David Schweikert	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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>A. Full Name (Last, First, Middle Initial) Fitzpatrick for Congress</p> <p>Mailing Address PO Box 185</p> <p>City Langhorne State PA Zip Code 19047</p> <p>Purpose of Disbursement Contribution 2010 GENERAL</p> <p>Candidate Name Michael Fitzpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 08</p>	<p>Transaction ID: 68521-9646875262260</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement Contribution 2010 GENERAL</p> <p>Candidate Name David G. Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 08</p>	<p>Transaction ID: 68521-9755365252494</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Geoff Davis for Congress</p> <p>Mailing Address PO Box 17192 Suite F</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement Contribution 2010 GENERAL</p> <p>Candidate Name Geoffrey C. Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 04</p>	<p>Transaction ID: 68521-3879205584526</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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) Heath Shuler for Congress	Transaction ID: 68521-6132470965385
	Mailing Address PO Box 8446	Date of Disbursement 08 / 19 / 2010
	City Asheville State NC Zip Code 28814	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution 2010 General	011 Category/Type
	Candidate Name Heath Shuler	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NC District: 11	

B.	Full Name (Last, First, Middle Initial) Jeff Miller for Congress	Transaction ID: 68521-9507867693901
	Mailing Address PO Box 126	Date of Disbursement 08 / 19 / 2010
	City Pensacola State FL Zip Code 32591	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contribution 2010 PRIMARY	011 Category/Type
	Candidate Name Jefferson B. Miller	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 01	

C.	Full Name (Last, First, Middle Initial) Kirk for Senate	Transaction ID: 68521-3759118914604
	Mailing Address PO Box 8	Date of Disbursement 08 / 19 / 2010
	City Winnetka State IL Zip Code 60093	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution 2010 GENERAL	011 Category/Type
	Candidate Name Mark Steven Kirk	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District:	

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)

<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>A. Full Name (Last, First, Middle Initial) Pallone for Congress</p> <p>Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Frank Pallone, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 68521-4540521502494</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Price for Congress</p> <p>Mailing Address PO Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement Contribution 2010 GENERAL</p> <p>Candidate Name Thomas E. Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 68521-3037073016166</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Richard Burr Committee; the</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 68521-5086938738822</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Robert Hurt for Congress	Transaction ID: 68521-8906366229057
	Mailing Address PO Box 2	Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	City Chatham State VA Zip Code 24531	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution 2010 GENERAL Candidate Name Robert Hurt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund	Transaction ID: 68521-5035974383354
	Mailing Address 607 14th Street, N.W. Suite 800	Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution 2010 Candidate Name Searchlight Leadership Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Silver State 21st Century Pac	Transaction ID: 68521-3912164568901
	Mailing Address 3069 Conquista Ct.	Date of Disbursement MM / DD / YYYY 08 / 19 / 2010
	City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution 2010 Candidate Name Silver State 21st Century Pac Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 90 / 91

<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)
Washington State Democratic Central Committee

Mailing Address PO Box 4027

City State Zip Code
Seattle WA 98194

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Washington State Democratic Central Committee

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: District: Contribution

Transaction ID: 68521-0670129656791
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
Wyden for Senate

Mailing Address 232 NE 9th Avenue

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Contribution 2010 GENERAL

Category/
Type

Candidate Name
Ron Wyden

Office Sought: House Senate President
Disbursement For: 2010
 Primary General
 Other (specify) ▼
State: OR District: Contribution

Transaction ID: 68521-0203363299369
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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

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

Mailing Address
1145 W Collins Ave

City Orange	State CA	Zip Code 92867
----------------	-------------	-------------------

Purpose of Expenditure Video shoot	Category/ Type
---------------------------------------	-------------------

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

Calendar Year-To-Date Per Election for Office Sought	18077.00
---	----------

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

Amount
4577.00

Transaction ID: V23597-3973199725151

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

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

Mailing Address
1145 W Collins Ave

City Orange	State CA	Zip Code 92867
----------------	-------------	-------------------

Purpose of Expenditure Production/Creative Services	Category/ Type
--	-------------------

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

Calendar Year-To-Date Per Election for Office Sought	18077.00
---	----------

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

Amount
13500.00

Transaction ID: V70194-5955163836479

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

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
 2010

(a) SUBTOTAL of Itemized Independent Expenditures	18077.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	18077.00

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

Steven Rausch
Signature

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